



**STOCKPORT**  
METROPOLITAN BOROUGH COUNCIL



**Stockport**  
Primary Care Trust



**NHS**

# Stockport JSNA

joint strategic needs assessment

## Stockport Adult Lifestyle Survey 2009

November 2009

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## 1 Executive Summary

### 1.1. Introduction

The Stockport Adult Lifestyle Survey 2009 has been conducted on behalf of the Stockport Partnership by the Public Health Team at NHS Stockport. NHS Stockport has an ongoing strategy of using lifestyle surveys to estimate the prevalence of key lifestyle behaviours amongst the population of Stockport and to establish how behaviours vary by demographic group.

The data from this survey provides an assessment of health behaviour in Stockport and will allow the Partnership to set priorities and develop strategies to improve health and reduce health inequalities by targeting resources at areas of highest need. It provides an update to the 2006 Stockport Health Survey and enables the monitoring of progress of interventions that aim to improve health behaviour.

A postal questionnaire was sent out to a stratified sample of 20,442 Stockport residents aged 18 and over; 7,489 completed surveys were returned. The large sample size enabled analysis of the data by age group, gender and deprivation quintile. Analysis of lifestyles by ethnicity, religion, health, mental wellbeing and sexual orientation has also been presented wherever possible.

Overall the survey respondents represent a population that is older and slightly more affluent than the current Stockport population. The survey respondents are also more ethnically diverse and less likely to be Christian than the population documented by the 2001 census. This should be borne in mind when generalising the results of the survey to the whole Stockport population.

The analysis of the 2009 Stockport Adult Lifestyle Survey is presented in eight sections: multiple risks, mental wellbeing, smoking, alcohol, obesity, physical activity, food & diet and drug use. A summary of the main findings is outlined below.

### 1.2. Key Findings

#### 1.2.1. Multiple Risks

- 47.8% of respondents have at least one of the three most risky lifestyle factors – smoking, binge drinking and obesity; however only 0.8% of respondents reported all three behaviours.
- Men are significantly more likely to have a risky behaviour (52.4%), and women are significantly less likely to have a risky behaviour (43.5%).
- Risk taking behaviour peaks in middle age between the ages of 35 and 59; older people are much less likely to have a risk factor than younger people.
- Risky behaviour increases as deprivation increases. There is a 20% difference in risky behaviour between the most and least deprived quintiles.
- People who do not have good health are more likely to have lifestyle risk factors as are those with below average mental wellbeing.
- Comparisons to the previous lifestyle survey show no significant change.

#### 1.2.2. Mental Wellbeing

- 16.4% of respondents report above average mental wellbeing, 12.5% report below average mental wellbeing.
- Mental wellbeing decreases as deprivation increases.

- Mental wellbeing increases with age and peaks at age 80-84.
- Non white ethnic groups are more likely to have below average mental wellbeing.

### 1.2.3. Smoking

- 15.8% of respondents currently smoke; the evidence suggests this is an underestimate.
- There is a strong deprivation profile, with smoking rates significantly higher in the two most deprived quintiles and significantly lower in the two least deprived quintiles.
- Though Stockport has one of the lower smoking rates in Greater Manchester, the deprivation profile is steeper than in other boroughs.
- People who do not feel in good health are significantly more likely to be smokers and significantly less likely to be non smokers; the reverse is true for those who feel they are in good health.
- The under 30s have significantly higher levels of smoking. This is because people quit smoking as they age.
- Rates of passive smoking suggest adults are self-segregating into smokers and non-smokers.

### 1.2.4. Alcohol

- One fifth of respondents binge on the day they drink most in a week.
- 4.1% of respondents consume a harmful amount of alcohol over a week, and a further 17.7% drink hazardously.
- Men are more likely to binge drink and drink harmfully than women.
- Links with deprivation are not clear and demonstrate trends that are different to those seen for other lifestyle behaviours.
- Those who were drinking unhealthy amounts of alcohol and were classed as both binge drinkers and harmful drinkers only identified their drinking as harmful in 29.5% of cases. A further 52.9% of them did say their drinking was probably harmful. However, 7.6% of those who binge and drink harmful amounts said they did not think that level of drinking could harm their health. In total only a third of respondents could correctly assess the harm associated with their drinking.
- Only 6.4% of people are drinking the recommended amount of alcohol in the most beneficial pattern.

### 1.2.5. Obesity

- Obesity is increasing in Stockport with 15.8% of respondents classed as obese.
- Due to the self reporting methodology of this survey this prevalence is known to be an underestimate and the true level of obesity has been estimated to be 23%.
- There is a general rise in the percent of overweight people as age increases from 18 to 74, rising from 19.0% to 42.4%.
- Those who feel they do not have good health are significantly more likely to be obese.
- Among women, obesity increases with deprivation, but this pattern is not found with men.
- Most obese and overweight people do recognise that they are overweight.

- Reported levels of physical activity are lower for obese people.
- Reported poor dietary habits are not significantly higher for obese people.

#### 1.2.6. Physical Activity

- Only a quarter of respondents are achieving the recommended amounts of physical activity a week.
- Respondents who felt they did not have good health are significantly less likely to get adequate physical activity, and significantly more likely to be very inactive, with 30.4% of them being active less than once a week
- The proportion of people undertaking some physical activity has risen from 2006.
- Leisure / sport activities and travel are the most common sources of physical activity for those exercising 5 or more times a week.

#### 1.2.7. Food and Diet

- Only 18% of respondents were eating the target amount of 5 or more portions a day of fruit and vegetables in their diets.
- Men are less likely than women to eat enough portions of fruit and vegetables.
- The likelihood of eating enough fruit and vegetables decreases as deprivation increases.
- Those who do eat 5+ portions of fruit and vegetables a day are more likely to have other good eating habits.

#### 1.2.8. Drug Use

- This survey found very low rates of current drug use.
- The under 40s are more likely to use drugs currently or to have used them in the past.
- Men are more likely than women to use drugs currently or to have used them in the past.
- Those who identified as not heterosexual were significantly more likely to use drugs currently or to have used them in the past.

#### 1.2.9. Summary Segmentation

The two tables on pages 10 and 11 summarise the key data for each lifestyle topic by population segments.

The first table presents the sample size for each population group within the survey and then the percentage of each group who reported poor lifestyle behaviours across each domain. The data is presented with the 95% confidence interval range and an indication of the significance of these results in comparison to the Stockport average.

The second table presents the range of the estimated number of people in Stockport in each group who undertake these risky behaviours, if the whole population followed the trends reported by our sample.

Key findings from these analyses are as follows:

- Males are more likely to have unhealthy behaviours than females, especially drinking, diet and drug use.



- Younger people are more likely to have unhealthy behaviours than older people, especially mental wellbeing, smoking, drinking, diet and drug use. Obesity peaks in middle age however.
- There are strong deprivation profiles for mental wellbeing, smoking, obesity and diet, but unhealthy drinking and physical activity are an issue across Stockport.
- People in not good health are more likely to have unhealthy behaviours than people in good health, especially mental wellbeing, smoking, obesity, physical activity and diet. Unhealthy drinking doesn't demonstrate this trend, as many older people in not good health are non drinkers; however young people in not good health do drink more unhealthily than average. Across the board young people in not good health have poorer health behaviours than other groups.
- Those with below average mental wellbeing are more likely to have unhealthy behaviours than people with average or above average mental wellbeing, especially smoking, obesity, physical activity, diet and drug use.
- Non white populations are less likely to have unhealthy behaviours than white British populations, however the non white group are more likely to have poorer levels of mental wellbeing, physical activity and diet; unhealthy drinking levels are especially low in this group.
- This survey suggests that overall an estimated 110,500-116,000 adults in Stockport have at least one of the three main health risk factors:
  - 33,500-39,500 currently smoke
  - 64,000-69,000 drink unhealthily
  - 35,500-39,500 are obese
  - 28,000-31,500 have low wellbeing
  - 174,00-178,500 are not physically active enough
  - 192,500-196,500 do not eat recommended amounts of fruit and vegetables
  - 7,000-9,000 use illegal drugs

2009 Adult Lifestyle Survey – Prevalence of risky behaviours by population segments											
	Sample Size	Low Mental Wellbeing	Current Smokers	Unhealthy Drinkers	Obese	Not Active Physically	Unhealthy Diet	Drug Users	Multiple Risks <sup>a</sup>		
<b>All responses (18+)</b>	7,489	12.5% (11.8% - 13.3%)	15.8% (15.0% - 16.7%)	27.9% (26.9% - 29.0%)	15.8% (15.0% - 16.7%)	74.3% (73.3% - 75.3%)	82.0% (81.1% - 82.8%)	3.4% (3.0% - 3.8%)	47.8% (46.6% - 48.9%)		
<b>Gender</b>											
<b>Females</b>	3,847	13.4% (12.3% - 14.6%)	14.2% (13.1% - 15.3%)	21.9% <sup>L</sup> (20.6% - 23.3%)	15.8% (14.6% - 17.0%)	75.4% (74.0% - 76.7%)	79.7% <sup>L</sup> (78.4% - 81.0%)	2.2% <sup>L</sup> (1.8% - 2.8%)	43.5% <sup>L</sup> (41.9% - 45.1%)		
<b>Males</b>	3,562	11.3% (10.3% - 12.5%)	17.7% (16.5% - 19.0%)	34.6% <sup>H</sup> (33.0% - 36.2%)	15.7% (14.6% - 17.0%)	73.1% (71.6% - 74.6%)	84.3% <sup>H</sup> (83.1% - 85.5%)	4.6% <sup>H</sup> (3.9% - 5.3%)	52.4% <sup>H</sup> (50.8% - 54.1%)		
<b>Age Group</b>											
<b>18-44</b>	3,089	14.2% <sup>H</sup> (13.0% - 15.5%)	19.9% <sup>H</sup> (18.6% - 21.4%)	34.7% <sup>H</sup> (33.0% - 36.4%)	11.9% <sup>L</sup> (10.8% - 13.1%)	74.2% (72.6% - 75.5%)	86.5% <sup>H</sup> (85.2% - 87.7%)	6.5% <sup>H</sup> (5.7% - 7.5%)	51.3% <sup>H</sup> (49.5% - 53.1%)		
<b>45-64</b>	2,610	11.3% (10.1% - 12.6%)	15.3% (13.9% - 16.7%)	30.2% (28.4% - 32.0%)	20.4% <sup>H</sup> (18.9% - 22.0%)	73.8% (72.1% - 75.4%)	78.3% (76.6% - 79.8%)	1.5% <sup>L</sup> (1.1% - 2.0%)	52.6% <sup>H</sup> (50.7% - 54.6%)		
<b>65+</b>	1,757	11% (9.5% - 12.7%)	9.4% <sup>L</sup> (8.1% - 10.9%)	12.3% <sup>L</sup> (10.8% - 13.9%)	15.8% (14.1% - 17.6%)	75.5% (73.4% - 77.5%)	79.4% (77.5% - 81.3%)	0.5% <sup>L</sup> (0.3% - 1.0%)	33.8% <sup>L</sup> (31.6% - 36.1%)		
<b>2007 National Index of Multiple Deprivation</b>											
<b>1 - Most deprived</b>	739	18.8% <sup>H</sup> (16.0% - 22.0%)	29.5% <sup>H</sup> (26.3% - 32.9%)	24.4% (21.3% - 27.7%)	24.3% <sup>H</sup> (21.3% - 27.6%)	73.2% (69.9% - 76.6%)	88.6% <sup>H</sup> (86.1% - 90.7%)	5.1% (3.8% - 7.0%)	60.0% <sup>H</sup> (56.3% - 63.5%)		
<b>2 - 2nd most deprived</b>	1,007	16.1% <sup>H</sup> (13.9% - 18.6%)	22.7% <sup>H</sup> (20.2% - 25.4%)	26.9% (24.2% - 29.8%)	21.4% <sup>H</sup> (18.9% - 24.0%)	71.8% (69.0% - 74.5%)	85.7% <sup>H</sup> (83.4% - 87.7%)	4.7% (3.5% - 6.2%)	54.6% <sup>H</sup> (51.5% - 57.7%)		
<b>3 - Mid deprived</b>	1,248	12.0% (10.2% - 14.0%)	17.0% (15.0% - 19.2%)	28.4% (25.9% - 31.0%)	15.2% (13.9% - 17.3%)	73.0% (70.4% - 75.4%)	85.0% <sup>H</sup> (83.0% - 86.9%)	3.4% (2.5% - 4.5%)	47.7% (44.9% - 50.5%)		
<b>4 - 2nd least deprived</b>	1,494	10.4% (8.9% - 12.2%)	12.3% <sup>L</sup> (10.7% - 14.0%)	24.8% (22.6% - 27.1%)	14.3% (12.6% - 16.2%)	74.6% (72.3% - 76.7%)	79.8% (77.7% - 81.7%)	2.1% <sup>L</sup> (1.5% - 2.9%)	42.6% <sup>L</sup> (40.1% - 45.2%)		
<b>5 - Least deprived</b>	2,075	9.8% <sup>L</sup> (8.6% - 11.2%)	8.3% <sup>L</sup> (7.1% - 9.5%)	28.7% (26.8% - 30.8%)	11.4% <sup>L</sup> (10.1% - 12.8%)	75.1% (73.2% - 76.9%)	76.3% <sup>L</sup> (74.4% - 78.1%)	2.0% <sup>L</sup> (1.5% - 2.7%)	40.5% <sup>L</sup> (38.4% - 42.6%)		
<b>Priority 1 Neighbourhoods</b>											
<b>All PI</b>	325	16.2% (12.3% - 21.0%)	33.1% <sup>H</sup> (28.2% - 38.4%)	27.7% (23.0% - 33.0%)	24.5% <sup>H</sup> (20.1% - 29.6%)	71.8% (66.6% - 76.5%)	89.7% <sup>H</sup> (85.9% - 92.6%)	5.8% (3.8% - 9.0%)	65.1% <sup>H</sup> (59.6% - 70.3%)		
<b>Perceived Health Status</b>											
<b>Not good health</b>	1,952	27.2% <sup>H</sup> (25.2% - 29.4%)	21.4% <sup>H</sup> (19.7% - 23.3%)	20.5% <sup>L</sup> (18.7% - 22.4%)	27.3% <sup>H</sup> (25.3% - 29.4%)	79.0% <sup>H</sup> (77.1% - 80.8%)	86.5% <sup>H</sup> (85.0% - 88.0%)	4.0% (3.3% - 5.0%)	53.6% <sup>H</sup> (51.3% - 55.9%)		
<b>Good health</b>	5,497	7.7% <sup>L</sup> (7.0% - 8.5%)	13.9% <sup>L</sup> (13.0% - 14.8%)	30.6% <sup>H</sup> (29.4% - 31.8%)	11.8% <sup>L</sup> (11.0% - 12.7%)	72.6% (71.4% - 73.8%)	80.3% (79.3% - 81.4%)	3.1% (2.7% - 3.6%)	45.7% (44.4% - 47.0%)		
<b>Mental Wellbeing Category</b>											
<b>Above Average</b>	1,140	-	11.2% <sup>L</sup> (9.5% - 13.2%)	25.3% (22.9% - 28.0%)	14.2% (12.3% - 16.4%)	69.5% <sup>L</sup> (66.7% - 72.1%)	74.1% <sup>L</sup> (71.5% - 76.6%)	1.7% <sup>L</sup> (1.1% - 2.6%)	42.7% <sup>L</sup> (39.8% - 45.6%)		
<b>Average</b>	4,924	-	15.0% (14.1% - 16.1%)	30% (28.7% - 31.3%)	14.7% (13.8% - 15.8%)	74.2% (73.0% - 75.4%)	81.8% (80.7% - 82.9%)	3.5% (3.0% - 4.0%)	47.7% (46.2% - 49.1%)		
<b>Below Average</b>	867	-	24.0% <sup>H</sup> (21.3% - 26.9%)	28.6% (25.7% - 31.8%)	23.4% <sup>H</sup> (20.7% - 26.4%)	81.0% <sup>H</sup> (78.2% - 83.5%)	89.2% <sup>H</sup> (87.0% - 91.1%)	6.0% <sup>H</sup> (4.6% - 7.8%)	58.4% <sup>H</sup> (55.1% - 61.7%)		
<b>Ethnicity</b>											
<b>White British</b>	6,749	12.4% (11.6% - 13.2%)	16.0% (15.1% - 16.9%)	29.6% (28.5% - 30.7%)	15.5% (14.7% - 16.4%)	73.8% (72.8% - 74.9%)	81.7% (80.7% - 82.6%)	3.5% (3.1% - 3.9%)	48.9% (47.7% - 50.1%)		
<b>Not White</b>	414	17.4% <sup>H</sup> (13.9% - 21.6%)	14.9% (11.2% - 18.0%)	5.0% <sup>L</sup> (3.3% - 7.6%)	16.7% (13.4% - 20.7%)	82.6% <sup>H</sup> (78.6% - 86.0%)	89.3% (85.9% - 91.9%)	2.6% (1.5% - 4.7%)	31.3% <sup>L</sup> (27.0% - 36.0%)		

<sup>a</sup> smoking, unhealthy drinking & obesity

Figures in brackets refer to the 95% confidence intervals, L and H indicate if a figure is statistically significantly lower (L) or higher (H) than the Stockport average

2009 Adult Lifestyle Survey – Estimated number of people undertaking risky behaviours by population segments									
	Total Population	Low Mental Wellbeing	Current Smokers	Unhealthy Drinkers	Obese	Not Active Physically	Unhealthy Diet	Drug Users	Multiple Risks <sup>a</sup>
<b>All responses (18+)</b>	237,000	28,000-31,500	35,500-39,500	64,000-69,000	35,500-39,500	174,000-178,500	192,500-196,500	7,000-9,000	110,500-116,000
<b>Gender</b>									
<b>Females</b>	121,000	15,000-17,500	16,000-18,500	25,000-28,000	18,000-20,500	89,500-93,000	95,000-98,000	2,000-3,500	51,000-54,500
<b>Males</b>	116,000	12,000-14,500	19,000-22,000	38,500-42,000	17,000-19,500	83,000-86,500	96,500-99,000	4,500-6,000	59,000-62,500
<b>Age Group</b>									
<b>18-44</b>	106,000	14,000-16,500	19,500-22,500	35,000-38,500	11,500-14,000	77,000-80,500	90,500-93,000	6,000-8,000	52,500-56,500
<b>45-64</b>	79,500	8,000-10,000	11,000-13,500	22,500-25,500	15,000-17,500	57,500-60,000	61,000-63,500	1,000-1,500	40,500-43,500
<b>65+</b>	51,500	5,000-6,500	4,000-5,500	5,500-7,000	7,500-9,000	38,000-40,000	40,000-42,000	500	16,000-18,500
<b>2007 National Index of Multiple Deprivation</b>									
<b>1 - Most deprived</b>	28,000	4,500-6,000	7,500-9,000	6,000-8,000	6,000-7,500	19,500-21,500	24,000-25,500	1,000-2,000	16,000-18,000
<b>2 - 2<sup>nd</sup> most deprived</b>	41,500	6,000-7,500	8,500-10,500	10,000-12,500	8,000-10,000	28,500-31,000	34,500-36,500	1,500-2,500	21,500-24,000
<b>3 - Mid deprived</b>	47,500	5,000-6,500	7,000-9,000	12,500-14,500	6,500-8,000	33,500-35,500	39,500-41,000	1,000-2,000	21,500-24,000
<b>4 - 2<sup>nd</sup> least deprived</b>	52,500	4,500-6,500	5,500-7,500	12,000-14,000	6,500-8,500	38,000-40,500	41,000-43,000	1,000-1,500	21,000-23,500
<b>5 - Least deprived</b>	68,000	6,000-7,500	5,000-6,500	18,000-21,000	7,000-8,500	49,500-52,000	50,500-53,000	1,000-2,000	26,000-29,000
<b>Priority 1 Neighbourhoods</b>									
<b>All PI</b>	13,500	1,500-3,000	4,000-5,000	3,000-4,500	2,500-4,000	9,000-10,000	11,500-12,500	500-1,000	8,000-9,500
<b>Perceived Health Status</b>									
<b>Not good health</b>	26,500	6,500-7,500	5,000-6,000	5,000-6,000	6,500-7,500	20,500-21,500	22,500-23,000	1,000-1,500	13,500-14,500
<b>Good health</b>	211,000	15,000-18,000	27,500-31,000	62,000-67,000	23,000-27,000	150,500-155,500	167,000-171,500	5,500-7,500	93,500-99,500
<b>Mental Wellbeing Category</b>									
<b>Above Average</b>	39,000	-	3,500-5,000	9,000-11,000	5,000-6,500	26,000-28,000	28,000-30,000	500-1,000	15,500-17,500
<b>Average</b>	168,500	-	23,500-27,000	48,500-53,000	23,000-26,500	123,000-127,000	136,000-139,500	5,000-6,500	78,000-82,500
<b>Below Average</b>	29,000	-	6,000-8,000	7,500-9,500	6,000-7,500	23,000-24,500	25,500-26,500	1,500-2,500	16,000-18,000
<b>Ethnicity</b>									
<b>White British</b>	221,500	25,500-29,000	33,500-37,500	63,000-68,000	32,500-36,500	161,000-166,000	179,000-183,000	7,000-8,500	105,500-111,000
<b>Not White</b>	9,000	1,000-2,000	1,000-1,500	500	1,000-2,000	7,000-7,500	7,500-8,000	500	2,500-3,000

<sup>a</sup> smoking, unhealthy drinking & obesity

## 2 Methodology

### 2.1. Introduction

The Stockport Adult Lifestyle Survey 2009 has been conducted on behalf of the Stockport Partnership by the Public Health Team at NHS Stockport. NHS Stockport has an ongoing strategy of using lifestyle surveys to estimate the prevalence of key lifestyle behaviours amongst the population of Stockport and to establish how behaviours vary by age group, sex and deprivation.

The results of this survey are aimed at helping priority setting across the Health and Wellbeing Partnership, the development of strategies to improve health and reduce health inequalities, the monitoring of impact of implemented policies and the effective targeting of resources to areas of need.

The objectives of the survey were to:

- To attain a profile of the mental wellbeing of Stockport residents by age group, sex and deprivation.
- To establish the proportion of Stockport residents who currently smoke by age group, sex and deprivation.
- To investigate alcohol consumption patterns of Stockport residents by age group, sex and deprivation.
- To attain a profile of Body Mass Index (obesity) of Stockport residents by age group, sex and deprivation.
- To investigate fruit and vegetable consumption by age group, sex and deprivation.
- To establish the frequency with which Stockport residents undertake at least moderate physical activity by age group, sex and deprivation.
- To attain a profile of recreational drug use within the Stockport adult population by age group, sex and deprivation.
- To collect information about various population segments to support NHS Stockport's Equality & Diversity Strategy and where possible to also analyse their health behaviours.
- To provide local estimates for all the above which can be benchmarked against regional and national data.
- To provide an understanding of how trends have changed since the previous survey was conducted in 2006.

### 2.2. Organisation of Report

The remainder of this introduction discusses the survey design and administration. It also summarises issues relating to the response rate and data quality, and contains a profile of the survey respondents.

Following the introduction each specific health topic has a section. These all start with key insights from the analyses and more detailed information follows with a rationale for inclusion followed by an analysis by gender, age, perceived general health status, mental wellbeing, deprivation, ethnicity, religion, and sexual orientation.

Throughout the tables in this report, a superscript L indicates that a value is mathematically significantly lower than the figure for all of Stockport and a superscript H indicates a value that is mathematically significantly higher.

The appendices include a copy of the survey and data tables for each health topic.

### **2.3. Survey Design**

The survey was administered as a self-completion questionnaire posted to residents' own homes. An effort was made to keep the survey as brief as possible to maximise response rates. Questions were selected to collect quantitative rather than qualitative data and wherever possible nationally validated questions were used.

The survey covered the same topics as the 2006 survey plus some additional ones. However, several questions were changed based on previous experience, guidance from national and regional organisations (such as the North West Public Health Observatory) and discussion with topic leads. Mental wellbeing was added as a new topic, using the newly developed WEMWBS (Warwick Edinburgh Mental Wellbeing Scale) tool to measure positive mental wellbeing amongst the population. Questions on recreational drug use were also added. To understand the diversity of our population, questions on caring responsibilities, religion and sexual orientation were also added.

The survey was designed by the Public Health Team and the questionnaire was tested within the department, with a consultant statistician from the University of Salford and with the Stockport Local Involvement Network (LINK) Reading Group. The final survey was distributed and collated by a third party contractor, Radius Designs. All analysis has been conducted within the Public Health department.

### **2.4. Sample Selection and Response Rate**

A total of 20,442 surveys were sent out to Stockport residents aged 18+, approximately 8.7% of the total population over the first quarter (January – March) of 2009. The sample was drawn from the GP registration system. A small number (3.4%) were returned to sender marked as recipient not known at this address.

For the previous, 2006 adult lifestyle survey, a simple random sample of all adults was used to select participants, however return rates varied by age, gender and deprivation so that the sample was skewed towards older adults, more affluent areas, and females.

For 2009 it was decided to stratify the sample, using the response rates to the 2006 survey, so that this bias in response rates was accounted for. The population was split into twelve groups; by gender, age (18-34, 35-64, 65+) and deprivation (most deprived quintile, rest of Stockport), and the response rates from 2006 were used to assess what proportion of each population would need to be sampled to achieve a returned sample of around 3% from each group. The sample sizes ranged from 5% for women aged 65+ in less deprived areas to 20% for young men in the most deprived areas. Within each group a random sample was taken of the appropriate size.

Overall 36.6% of surveys (7,489) were returned; the respondents represented 3.2% of the total Stockport population. The stratification of the sample was mainly successful so that the age, gender and deprivation profile of the sample was much closer to the Stockport population than previously, although not an exact match.

Response rate for each stratification group varied between 2.9% and 3.4% of the total population. Overall data was of sufficiently high quality to enable analysis without weighting; although readers should bear in mind the differences between the sample and the population when interpreting results (see section 2.7).

## **2.5. Data Quality**

To check the data entry, a random selection of 150 returned surveys were entered into a separate database, and then that data was compared to the data provided by Radius Designs.

Of the sample checked, 0.8% of the data entry was incorrect in some way. Twenty six of these surveys had a data entry error on only one question. Another 9 had two to eight mistakes in the data entry. Questions most likely to have data entry errors are listed in Appendix 3.

Overall data was of sufficiently high quality to permit analysis without the need for adjustment.

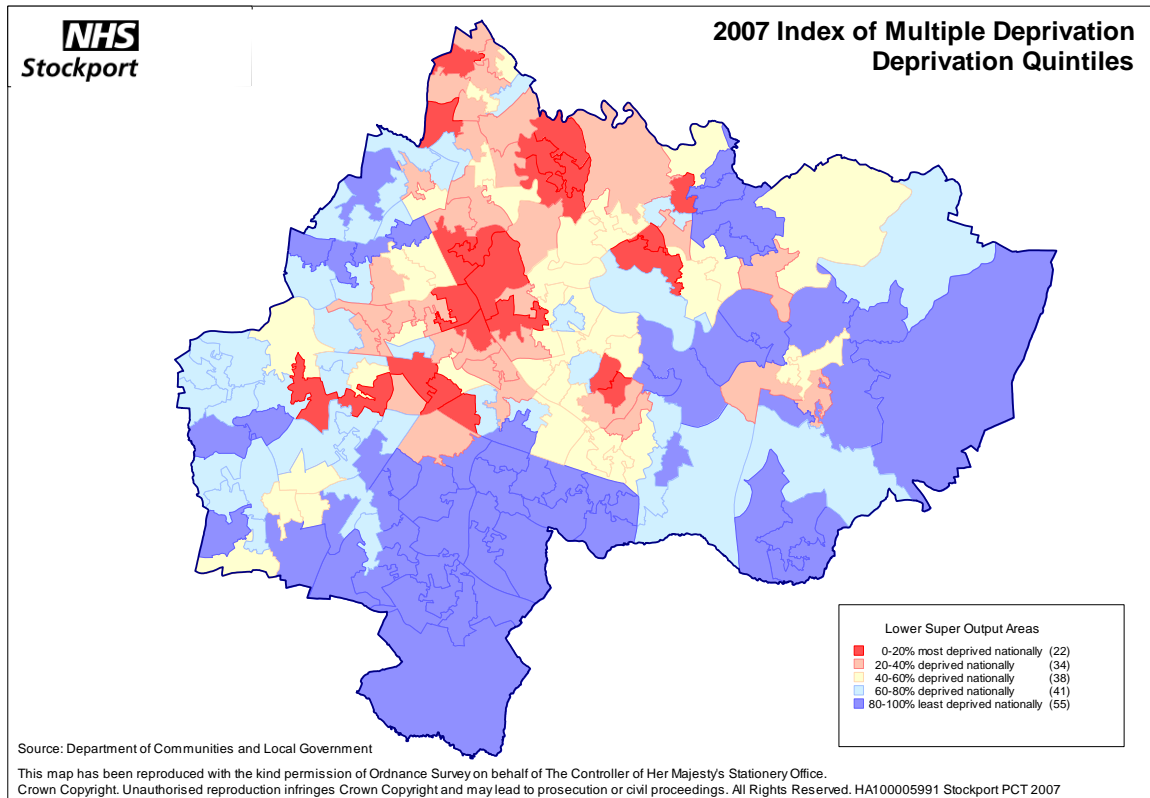
## **2.6. Assigning Geography and Deprivation Index**

The question asking for full postcode had a noticeably low response rate, with 11.6% of respondents not providing a postcode that could be matched to our postcode file. In over half these cases, the respondents had given only the start of their postcode, purposefully leaving the rest out. This may reflect fears concerning data protection and confidentiality, in the light of high profile data protection lapses in the media.

The people who did not supply their postcodes are significantly more likely to be under 65 and had an even gender split.

Because of the high number of responses without postcodes, analysis by geographies is problematic. For example, there are over twice as many responses with unknown postcodes as there are responses from any given ward. Additionally, assigning deprivation relies on using the postcode to match to the 2007 Index of Multiple Deprivation and again there are more responses with unknown postcodes than there are responses assignable to the most deprived quintile in Stockport. It should therefore be noted that all geographical analysis is limited by this and care should be given to the interpretation of these results.

Throughout this report data is presented by quintile of deprivation, based on the national categorisation of the 2007 Index of Multiple Deprivation. The map below shows how these quintiles are distributed across Stockport.



Data for other geographies, namely 2004 electoral wards, Neighbourhood Renewal Priority 1 Areas, Practice Based Commissioning (PBC) Localities and Inclusive and Supportive Communities (ISC) Clusters are presented in the data tables in appendix 2.

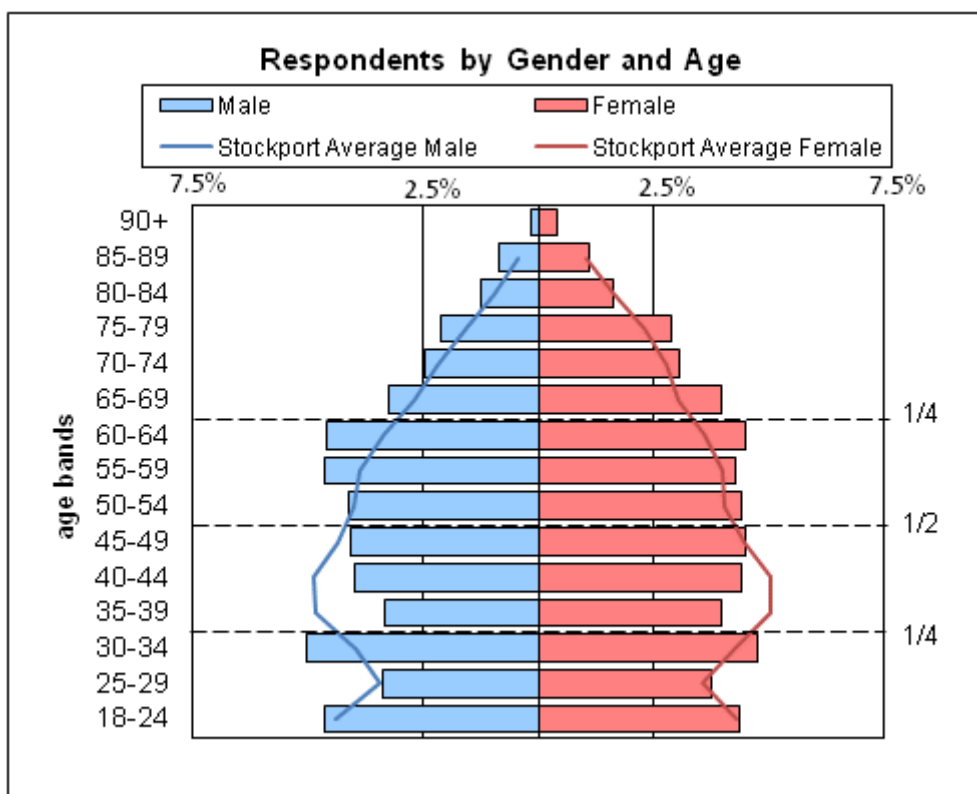
## 2.7. Respondent Profile

The following information sets out the key demographics of the sample. Each of the lifestyle topics is analysed using these breakdowns.

### 2.7.1. Gender and Age

The respondents were split 51.9% female and 48.1% male. A quarter of respondents were under 35, and half under 50, then another quarter under 65.





The graph above compares the respondent age and gender profile to the Stockport average. The survey has a profile that is slightly older than average, especially for males. People between the ages of 35 and 44 are the most under represented group within the survey. Unlike the previous survey the proportion of younger adults surveyed was very close to their population share.

### 2.7.2. Perceived Health Status

Respondents were asked to rate their health in general as very good, good, fair, bad or very bad, following the question proposed for the 2011 Census. Those rating their health as good or very good were added together, forming a good health category which included 73.8% of respondents. The 26.2% who were categorised as not having good health had mostly rated their health as fair.

Respondent Profile - Perceived Health Status		
Perceived health status	Survey responses	2001 Census
Very Bad	0.7%	11.1%
Bad	4.0%	26.0%
Fair	21.6%	62.9%
Good	46.2%	
Very Good	27.6%	

Compared to the 2001 Census the survey seems to reflect a population who on the whole perceived their health as generally better, however this is likely to be due to the change in the question, as more choices were offered.

Age analysis of perceived health status showed those under 45 were significantly less likely to see their health as not good, while those 65 and over were significantly more likely to feel their health was not good. Those in the 45-64 age bands showed no significant differences. These natural age breaks in the data were used to add detail to analysis for each topic.



### 2.7.3. Deprivation

The deprivation profile of the respondents is compared to that of the population as a whole in the table below. There is a slight skew in the responses towards the less deprived areas of Stockport, a similar pattern to that seen in other surveys but less significant in scale.

Respondent Profile – 2007 Index of Multiple Deprivation			
National quintile of deprivation	Sample size	Survey responses	Stockport population based on GP registrations
1- Most deprived	739	11.3%	11.8%
2	1007	15.3%	17.5%
3	1248	19.0%	20.0%
4	1494	22.8%	22.1%
5- Least deprived	2075	31.6%	28.7%
Unknown	892	n/a	n/a

Note: Please see map in section 2.6. 11.6% of responses are missing so care should be given to interpretation. Data for other geographies are available in appendix 2.

In considering the deprivation profile of the responses, it must be borne in mind that 11.6% of responses could not be postcode matched to the Index of Multiple Deprivation (see section 2.6).

### 2.7.4. Ethnicity

The survey asked people to indicate their ethnicity using the standard format used in the 2001 Census of Population. The response rate for this question was 99.8%. On investigation of responses where additional information was written in, 5 people were reassigned as white British and 1 person was reassigned as white other.

Respondent Profile - Ethnicity compared to 2001 Census		
Ethnic Group	Survey responses	2001 Census
White British	90.6%	93.3%
White Irish	2.0%	1.8%
White Other	1.9%	1.4%
Asian Pakistani	1.5%	0.8%
Asian Indian	1.0%	0.7%
Asian Other	0.6%	0.3%
Asian Chinese	0.5%	0.4%
Any other group	0.4%	0.3%
Mixed White & Black Caribbean	0.3%	0.2%
Black African	0.3%	0.1%
Mixed White & Asian	0.3%	0.2%
Black Caribbean	0.2%	0.3%
Asian Bangladeshi	0.2%	0.1%
Mixed Other	0.2%	0.1%
Mixed White & Black African	0.1%	0.1%
Black Other	less than 0.1%	0.1%

The large majority of respondents (90.6%) identified themselves as white British. The next largest group, with 2.0% of respondents, as white Irish; this group has an older

age profile than the sample as a whole, setting it apart from other minority ethnic groups in the survey. A further 1.9% identified as white other.

The majority of people in non white ethnic groups were Asian / Asian British Pakistanis, who constituted 1.5% of all responses. All other ethnic categories were represented, but in very small numbers (1% or less of all responses) and are therefore grouped together for the purposes of this analysis. Taken together, the non white ethnic groups have a younger profile.

As expected, the survey identified a more ethnically diverse population than that of the 2001 Census. Local estimates suggest that the ethnic profile of the population has changed in the eight years since the Census and therefore the sample matches our expectations as a representation of the population.

Some ethnic groups showed a very high correlation with certain religions as shown in the table below.

Religion link to Ethnic Group	
Ethnic Group	Religious correlation
Black African	89.5% Christian
Asian Pakistani	88.0% Muslim
Asian Bangladeshi	87.5% Muslim
White Irish	81.0% Christian

### 2.7.5. Religion

A new question included in this year's survey was about religion. The response rate for this question was 95.6%. Only one person indicated that they preferred not to state their religion and for ease of analysis they were aggregated with those who did not answer.

The majority of respondents (68.7%) indicated they were Christian; this group had an older age profile than average. The next largest group (26.4%) indicated they had no religion; this group had a younger age profile than average. The 4.9% of respondents who followed a non Christian religion are grouped together in subsequent chapters for the purposes of analysis due to low numbers; this group has a younger age profile than average.

Respondent Profile - Religion compared to 2001 Census		
Religion	Survey responses	2001 Census
Christian	65.6%	77.1%
None	25.2%	13.3%
Not answered	4.5%	6.6%
Muslim	2.4%	1.4%
Other	0.8%	0.2%
Hindu	0.6%	0.5%
Jewish	0.5%	0.6%
Buddhist	0.3%	0.2%
Sikh	0.1%	0.1%

Respondents to the 2009 Stockport Lifestyle Survey were less likely to be Christian or not answer and more likely to be Muslim or of no religion than the 2001 Census suggests. Some of these changes are to be expected due to the changing ethnic profile discussed in section 2.7.4 and match our expectations as a representation of the population.

Some religious groups showed a very high correlation with certain ethnic groups whereas others, most notably Muslims, did not. People who are Muslim come from a range of ethnic backgrounds including Asian, African and white British.

Ethnic Group link to Religion	
Religion	Ethnic correlation
None	94.1% white British
Christian	93.6% white British
Hindu	93.3% Asian/Asian British Indian
Sikh	87.5% Asian/Asian British Indian
Jewish	81.1% white British

### 2.7.6. Sexual Orientation

Another new question added to the survey was about sexual orientation. Sexuality is a complex topic, but for simplicity the nationally recommended 5 option question was presented. The response rate for this question was considerably lower than that for ethnicity or religion, with only 85.2% responding with a definite sexual orientation, 2.6% indicated that they preferred not to say, and 12.2% did not answer the question at all.

Respondents who indicated they were heterosexual (96.7% of those giving an answer) were more likely to be middle aged, and those indicating they were not heterosexual (3.3% of those giving an answer) had a younger age profile. The respondents who did not answer or preferred not to say their sexual orientation had an older age profile.

Respondent profile - Sexual orientation	
Sexual orientation	Survey responses (of those answering)
Lesbian	0.3%
Gay	0.9%
Bisexual	2.2%
Heterosexual	96.7%

The non heterosexuals surveyed were 90.4% white. All gays and lesbians surveyed were white, but over a tenth of bisexuals indicated they belonged to a non white ethnic group.

The non heterosexuals surveyed indicated a broadly similar range of religions to those indicated by all respondents.

The Government estimates that around 6% of the UK population identifies as lesbian, gay or bisexual. As information on sexual orientation is not included in the Census it is not possible to comment on whether our survey response is representative or not.

### 2.7.7. Carers

Respondents were asked if they cared for someone with long-term illness other than as part of their job, and 9.4% of those who responded indicated they were carers, a figure less than the 13.5% reported in the 2001 Census.

Respondent Profile - Carers compared to 2001 Census		
	Survey responses	2001 Census
Carers	9.4%	13.5%

There are age and gender patterns in the carer data, with men and the under 40s being significantly less likely to be carers.

The higher percentage of carers between the ages of 50 and 65 are mostly women; nearly a fifth of women in their 50s are carers. The peak in the 80s is mostly accounted for by men, a quarter of whom are carers at this age.

Respondent Profile - Carers by Gender and Age				
Age band	Sample size	% who are carers	% of Males who are carers	% of Females who are carers
18-24	626	2.6% <sup>L</sup>	3.0% <sup>L</sup>	2.3% <sup>L</sup>
25-29	491	4.7% <sup>L</sup>	2.8% <sup>L</sup>	6.3%
30-34	676	2.9% <sup>L</sup>	2.5% <sup>L</sup>	3.0% <sup>L</sup>
35-39	498	5.0% <sup>L</sup>	2.9% <sup>L</sup>	6.7%
40-44	558	7.9%	4.5% <sup>L</sup>	11.0%
45-49	550	10.4%	7.9%	12.2%
50-54	538	12.9% <sup>H</sup>	6.0%	18.9% <sup>H</sup>
55-59	543	14.4% <sup>H</sup>	9.4%	19.7% <sup>H</sup>
60-64	562	13.5% <sup>H</sup>	10.8%	16.2% <sup>H</sup>
65-69	452	11.9%	9.7%	13.8% <sup>H</sup>
70-74	341	11.7%	11.0%	12.5%
75-79	310	11.4%	12.3%	10.4%
80-84	172	16.9% <sup>H</sup>	29.5% <sup>H</sup>	8.2%
85-89	110	18.5% <sup>H</sup>	25.9% <sup>H</sup>	12.0%
90+	35	12.5%	16.7%	11.5%

Due to the age and gender bias of carers it has not been possible to analyse statistically robust results by this category.

### 2.7.8. Economic Activity

Respondents were asked which of a list of activities best described what they were doing at present. The responses were not surprisingly influenced by age, and also gender in the case of part time employment and looking after the home.

Respondents were more likely to be self-employed and less likely to be employees (either part or full time) than the 2001 Census results. Figures for other economic activity status were broadly similar, although as expected unemployment rates were slightly higher given the current recession.

Respondent Profile – Economic Activity		
Present activity	Percent of answers	2001 Census
Employee in full-time job	39.3%	42.0%
Employee in part-time job	10.9%	12.2%
Self employed full or part-time	7.9%	3.1%
Looking after the home	5.5%	5.3%
Full-time education at school, college or university	2.8%	2.9%
Unemployed and available for work	2.9%	2.3%
Permanently sick/disabled	4.0%	4.9%
Retired	25.0%	24.9%
On a government supported training programme	0.2%	n/a
Other	1.5%	2.3%

Due to the age bias of the employment answers it has not been possible to analyse statistically robust results by this category.

### 2.7.9. Overall Respondent Profile

Overall the survey respondents represent a population that is older and slightly more affluent than the current Stockport population. The survey respondents are also more ethnically diverse and less likely to be Christian than the population documented by the 2001 census. This should be borne in mind when generalising the results of the survey to the whole Stockport population.

## 3 Multiple Risks

### 3.1. Key Findings

- 47.8% of respondents have at least one of the three most risky lifestyle factors – smoking, binge drinking and obesity; however only 0.8% of respondents reported all three behaviours.
- Men are significantly more likely to have a risky behaviour (52.4%), and women are significantly less likely to have a risky behaviour (43.5%).
- Risk taking behaviour peaks in middle age between the ages of 35 and 59; older people are much less likely to have a risk factor than younger people.
- Risky behaviour increases as deprivation increases. There is a 20% difference in risky behaviour between the most and least deprived quintiles.
- People who do not have good health are more likely to have lifestyle risk factors as are those with below average mental wellbeing.
- Comparisons to the previous lifestyle survey show no significant change.

### 3.2. Rationale

The effects on health of smoking, alcohol misuse and obesity are well documented and they are often seen as the three most important priorities for modifying behaviour and promoting healthy lifestyles.

Individually, each of these factors can have an enormous impact on the length and quality of a person's life. When a person shares in more than one of these behaviours the risk of poor health outcomes is multiplied.

### 3.3. Analysis

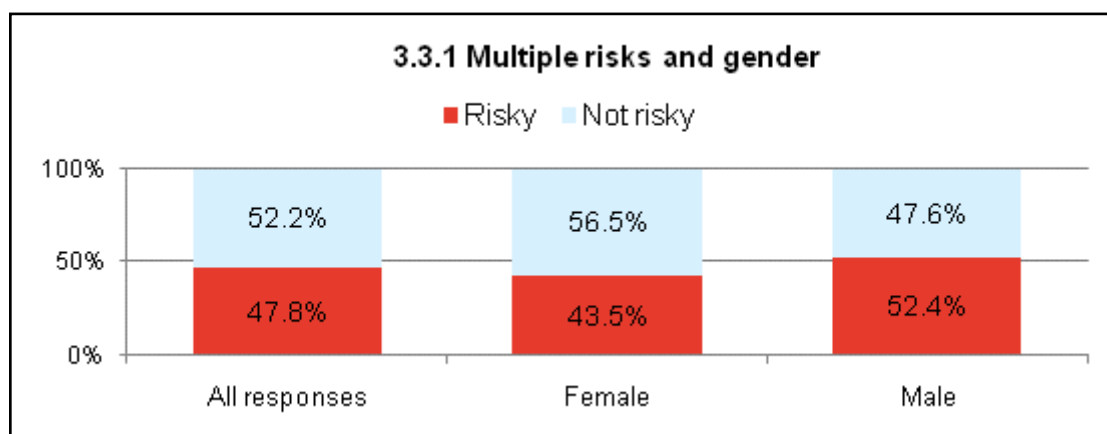
Three risk factors – smoking, obesity and unhealthy drinking – were considered in this analysis. Unhealthy drinking includes binge drinking and/or drinking harmfully or hazardously. If a respondent had not given information on any of the three topics, they were put into the unknown category. If they were a non smoker who didn't binge drink and was not obese, they were categorised as 'not risky'. The remainder were categorised as either having all three risks, being in one of the three categories of having two of the risks, or being in one of the three categories having only one risk. For broader analysis, these were added into an 'any risk' super-category which included 47.8% of the analysable responses.

Multiple risks category	Responses
Smoke, Unhealthy drinking & Obese	0.8%
Smoke & Obese	1.5%
Unhealthy drinking & Obese	3.5%
Smoke & Unhealthy drinking	5.3%
Smoke only	8.3%
Obese only	10.0%
Unhealthy drinking only	18.3%
<i>Any of these risks</i>	<i>47.8%</i>
Not risky	52.2%

### 3.3.1. Gender

Men are significantly more likely to have a risky behaviour at 52.4%, and women at 43.5% are significantly less likely to have a risky behaviour.

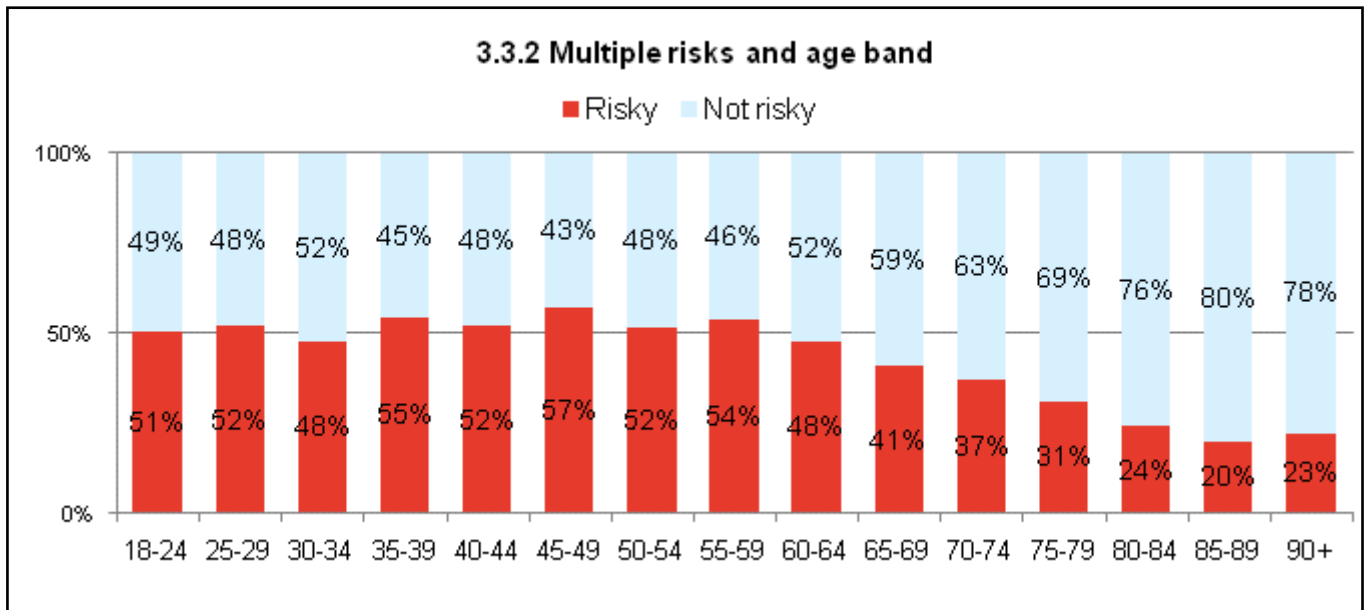
Multiple Risks and Gender			
Gender	Sample size	Risky	Not risky
Female	3692	43.5% <sup>L</sup>	56.5% <sup>H</sup>
Male	3473	52.4% <sup>H</sup>	47.6% <sup>L</sup>



### 3.3.2. Age

There is a strong age profile with risky behaviour falling as age increases. The over 65s are significantly less likely to have risky behaviour than younger age groups. Risky behaviour peaks in middle age between 35 and 59 years, although this pattern is not always statistically significant.

Multiple Risks and Age			
Age band	Sample size	Risky	Not risky
18-24	636	50.8%	49.2%
25-29	511	52.3%	47.7%
30-34	704	47.9%	52.1%
35-39	536	54.7% <sup>†</sup>	45.3% <sup>‡</sup>
40-44	608	52.1%	47.9%
45-49	624	57.4% <sup>†</sup>	42.6% <sup>‡</sup>
50-54	618	51.6%	48.4%
55-59	645	53.8% <sup>†</sup>	42.6%
60-64	659	40.8%	52.0%
65-69	524	41.0% <sup>‡</sup>	59.0% <sup>†</sup>
70-74	397	37.3% <sup>‡</sup>	62.7% <sup>†</sup>
75-79	362	31.2% <sup>‡</sup>	68.8% <sup>†</sup>
80-84	205	24.4% <sup>‡</sup>	75.6% <sup>†</sup>
85-89	134	20.1% <sup>‡</sup>	79.9% <sup>†</sup>
90+	40	22.5% <sup>‡</sup>	77.5% <sup>†</sup>



### 3.3.3. Perceived Health Status

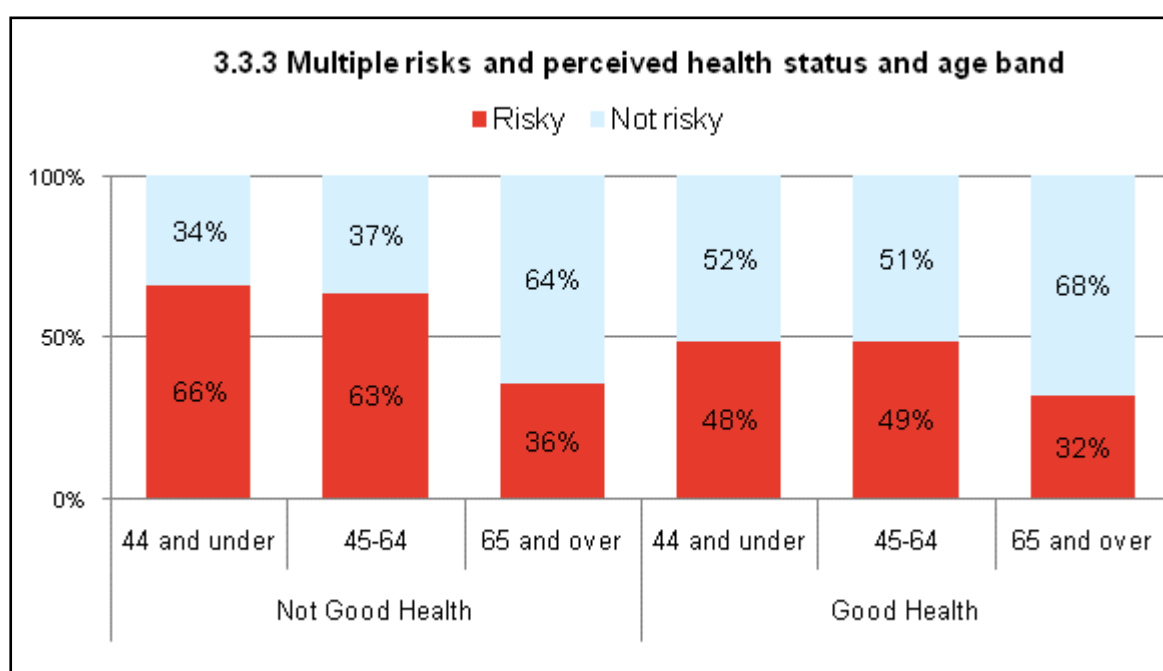
Those who felt they did not have good health are significantly more likely to have risky behaviour, at 53.6%. The respondents who felt they were in good health are not significantly different to the overall Stockport figure at 45.7%.

Multiple Risks and Perceived Health Status			
Health Perception	Sample size	Risky	Not risky
Not Good Health	1849	53.6% <sup>†</sup>	46.4% <sup>‡</sup>
Good Health	5323	45.7%	54.3%



The proportion of people with risky behaviours falls by age for both those who feel they did not have good health and those who feel they have good health; at all ages those in not good health are more likely to have a risk factor than those in good health.

Multiple Risks and Perceived Health Status by Age				
Health Perception by Age		Sample size	Risky	Not risky
Not Good Health	44 and under	466	66.1% <sup>†</sup>	33.9% <sup>‡</sup>
	45-64	679	63.5% <sup>†</sup>	36.5% <sup>‡</sup>
	65 and over	703	35.8% <sup>‡</sup>	64.2% <sup>†</sup>
Good Health	44 and under	2522	48.5%	51.5%
	45-64	1854	48.7%	51.3%
	65 and over	942	32.2% <sup>‡</sup>	67.8% <sup>†</sup>



### 3.3.4. Deprivation

There is a strong deprivation profile, with risky behaviour increasing as deprivation increases. The two most deprived quintiles are significantly more likely to have risky behaviours and the two least deprived quintiles are significantly less likely to have risky behaviours. There is a 20% difference in risky behaviour between the most and least deprived quintiles.

Those who could not be categorised by deprivation because of lack of postcode information are also significantly more likely to have risky behaviour.

Multiple Risks and Deprivation			
2007 National IMD Quintile	Sample size	Risky	Not risky
1- most deprived	702	60.0% <sup>†</sup>	40.0% <sup>L</sup>
2	974	54.6% <sup>†</sup>	45.4% <sup>L</sup>
3	1205	47.7%	52.3%
4	1448	42.6% <sup>L</sup>	57.4% <sup>†</sup>
5- least deprived	2018	40.5% <sup>L</sup>	59.5% <sup>†</sup>
Unknown	828	55.9% <sup>†</sup>	44.1% <sup>L</sup>

Note: Please see map in section 2.6. 11.6% of responses are missing so care should be given to interpretation. Data for other geographies are available in appendix 2.

All priority 1 areas have particularly high levels of risky behaviours and patterns for other geographies follow similar deprivation patterns (see appendix 2).

### 3.3.5. Ethnicity

As the majority of respondents identified as white British, it is not surprising that this group shows no significant difference in risky behaviour to the overall figures for Stockport.

When taken together, the not 'white British' groups are significantly less likely to have risky behaviour. The largest contributor to this effect is the Pakistani population, but the other Asian groups, Chinese and black African groups also show this pattern.

Multiple Risks and Ethnic Group			
Ethnic Group	Sample size	Risky	Not risky
White British	6520	48.9%	51.1%
White Irish	138	47.8%	52.2%
White Other	136	41.2%	58.8%
Asian Pakistani	105	31.4% <sup>L</sup>	68.6% <sup>†</sup>
<i>Not White</i>	399	31.3% <sup>L</sup>	68.7% <sup>†</sup>
<i>Not White British</i>	673	36.7% <sup>L</sup>	63.3% <sup>†</sup>

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

### 3.3.6. Religion

Christians, the majority of respondents, are not significantly different to the overall Stockport figure for risky behaviour.

Those who stated that they had no religion are significantly more likely to have risky behaviour (55.5%) than the overall Stockport figure. This could be due to the younger profile of this group.

Those who follow a non-Christian religion are significantly less likely to have risky behaviour. The largest contributor to this is the Muslim population, but Hindus and Jewish people also show the same profile.

Multiple Risks and Religion			
Religion	Sample size	Risky	Not risky
None	1836	55.5% <sup>†</sup>	44.5% <sup>L</sup>
Christian	4727	46.2%	53.8%
Any other religion	336	34.8% <sup>L</sup>	65.2% <sup>†</sup>

Note: Due to the low number of respondents, data for other religions cannot be presented separately

### 3.3.7. Sexual Orientation

No significant difference was found for sexual orientation. National research by Stonewall, however, suggests high risk factors for the LGBT community in terms of smoking and alcohol consumption.

Multiple Risks and Sexual Orientation			
Sexual Orientation	Sample size	Risky	Not risky
Heterosexual	5998	49.3%	50.7%
Not heterosexual	201	46.8%	53.2%
Prefer not to say	177	45.8%	54.2%

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

### 3.3.8. Comparisons

Comparison to the previous lifestyle survey showed no significant difference for rates of not having risky behaviour or for the combination of all three risky behaviours. The rates for the other categories did vary, but the broad picture remains the same.

### 3.4. Smoking and Other Risks

When considering people who smoke, 51.9% do not drink unhealthily and are not obese. 5.2% of smokers also drink unhealthily and are obese.

Smoking and Other Risks				
Sample size	Smoke, Unhealthy Drinking & Obese	Smoke & Unhealthy Drinking	Smoke & Obese	Smoke only
1150	5.2%	33.2%	9.7%	51.9%

### 3.5. Obesity and Other Risks

When considering people who are obese, 63.1% do not smoke and do not drink unhealthily. 5.3% of people who are obese also smoke and drink unhealthily.

Obesity and Other Risks				
Sample size	Smoke, Unhealthy drinking & Obese	Smoke & Obese	Unhealthy drinking & Obese	Obese only
1142	5.3%	9.7%	21.9%	63.1%

### 3.6. Unhealthy Drinking and Other Risks

When considering people who drink unhealthily, 65.6% do not smoke and are not obese. 3.0% of people who drink unhealthily also smoke and are obese.

Unhealthy Drinking and Other Risks				
Sample size	Smoke, Unhealthy drinking & Obese	Smoke & Unhealthy drinking	Unhealthy drinking & Obese	Unhealthy drinking only
2014	3.0%	19.0%	12.4%	65.6%

### 3.7. Multiple Risks and Mental Wellbeing

Poor mental wellbeing is linked with poor health choices. An analysis of the risky behaviours by mental wellbeing category showed a strong correlation between lower than average mental well being and smoking and obesity, though not unhealthy drinking.

Respondents who had risky behaviours were significantly more likely to have below average mental wellbeing. Those who smoke and/or are obese show the pattern of higher levels of below average mental wellbeing. Drinking unhealthily on its own doesn't show this pattern, however those who drink unhealthily and are obese or smoke are significantly less likely to be in the above average mental wellbeing category.

Multiple risks and Mental Wellbeing				
Multiple risk category	Sample size	Mental Wellbeing Category		
		Above Average	Average	Below Average
Smoke, Unhealthy drinking & Obese	58	10.3%	62.1%	27.6% <sup>†</sup>
Smoke & Unhealthy drinking	363	11.3% <sup>‡</sup>	72.7%	16.0%
Smoke & Obese	99	15.2%	61.6%	23.2% <sup>†</sup>
Unhealthy drinking & Obese	242	8.7% <sup>‡</sup>	76.9%	14.5%
Unhealthy drinking only	1293	16.5%	73.5%	10.1%
Obese only	659	17.5%	64.0% <sup>‡</sup>	18.5% <sup>†</sup>
Smoke only	528	11.7% <sup>‡</sup>	68.6%	19.7% <sup>†</sup>
<i>Any of the risky behaviours</i>	3242	14.6%	70.4%	15.1% <sup>†</sup>
Not risky	3488	18.2%	71.8%	9.9% <sup>‡</sup>

## 4 Mental Wellbeing

### 4.1. Key Findings

- 16.4% of respondents reported above average mental wellbeing, 12.5% reported below average mental wellbeing.
- Mental wellbeing decreases as deprivation increases.
- Mental wellbeing increases with age and peaks at age 80-84.
- Non white ethnic groups are more likely to have below average mental wellbeing.

### 4.2. Rationale

Complete mental wellbeing is both the absence of mental illness and the presence of positive mental health and wellbeing. The positive aspect of mental health encompasses how we think, feel and relate, giving people the resources to cope with life and the confidence to make the most of any opportunities offered. Wellbeing can be encapsulated by the phrase 'feeling good and doing well'.

Having positive mental health or wellbeing benefits physical health by improving protection from heart disease, reducing stroke incidence (and promoting survival), minimising harmful health behaviours such as smoking and drug taking and enhancing overall lifetime mortality rates and life expectancy.

The risk factors for suffering mental ill health include: material and relative deprivation, low educational attainment, unemployment, environment: poor housing, poor resources, violence and crime, adverse life events and poor social networks. Improving mental health and wellbeing can make a contribution to reducing health inequalities.

### 4.3. Analysis

The survey used the seven question version of the WEMWBS (Warwick Edinburgh Mental Wellbeing Scale) tool in order to assess positive mental wellbeing. To assess the wellbeing scores, each of the seven questions needs to be answered. In 242 cases where only six questions were answered, it was assumed, following guidance, that the seventh question was accidentally skipped over when filling in the survey. A seventh value was therefore derived from the average of the answered questions, to complete the score. If two or more questions were unanswered, no score was assigned and the response was categorised as unanswered. This resulted in 92.5% of the returned surveys being analysed for this report.

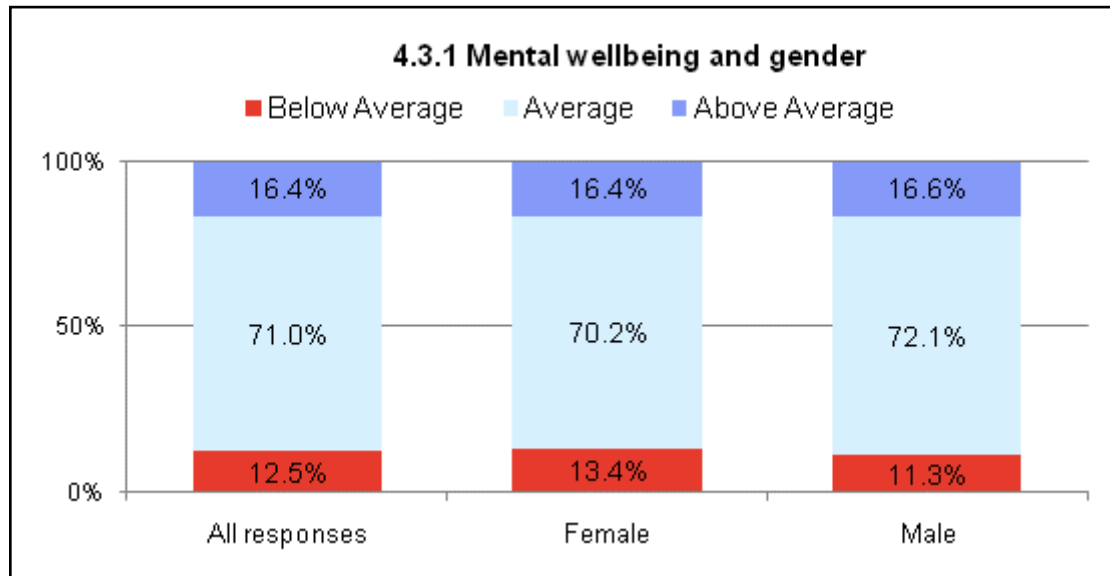
Scores were categorised as above average, average and below average mental wellbeing by using a statistical measure of two standard deviations from the mean. This showed 12.5% of the respondents had below average mental wellbeing and 16.4% had above average mental wellbeing.

Mental Wellbeing				
	Sample size	Above Average	Average	Below Average
All responses	6931	16.4%	71.0%	12.5%

### 4.3.1. Gender

There was no significant difference in rates of mental wellbeing between men and women.

Mental Wellbeing and Gender				
Gender	Sample size	Above Average	Average	Below Average
Female	3562	16.4%	70.2%	13.4%
Male	3319	16.6%	72.1%	11.3%



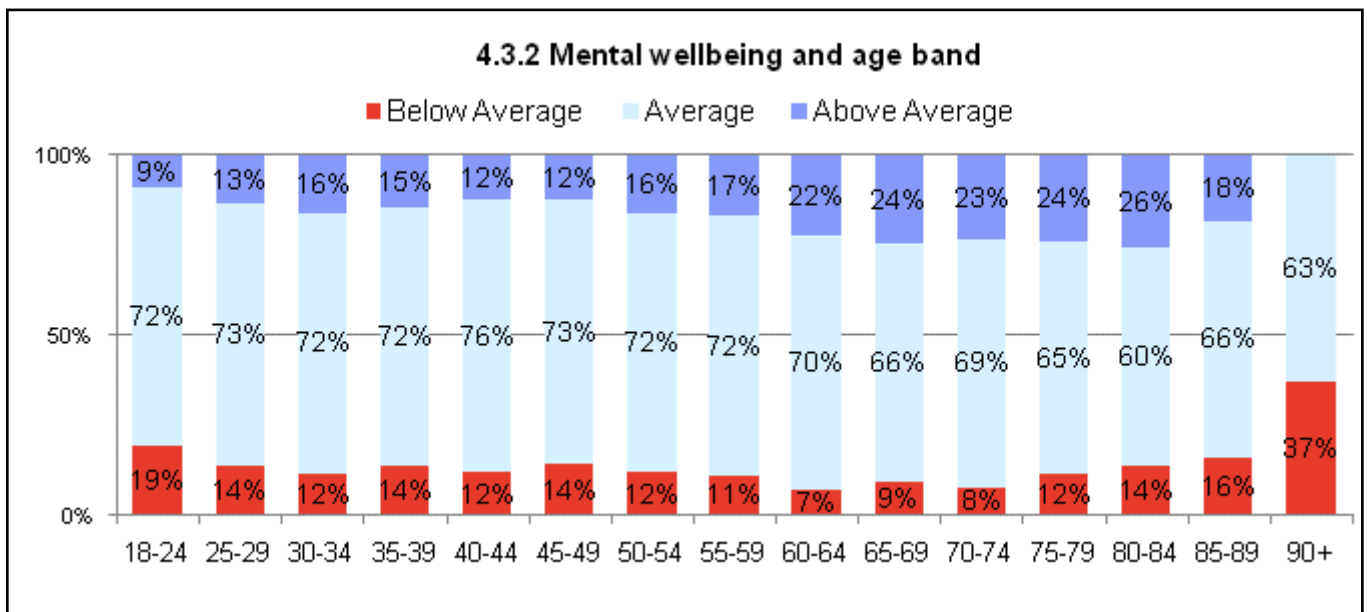
### 4.3.2. Age

People in the youngest age group were significantly more likely to have below average mental wellbeing at 19.3% and less likely to have above average mental well being at only 9.1%.

Above average mental wellbeing tends to increase with age, but there is an exception, with people in their 40s being significantly less likely to have above average mental wellbeing. Past the age of 85 there is a drop in respondents with above average mental wellbeing.

In general, below average mental wellbeing falls as age increases, with people in their early 60s and 70s being significantly less likely to have below average mental wellbeing than the overall Stockport figure. From age 75 there is an increase in below average mental wellbeing. Though the numbers are very small, the oldest age group (90+) is significantly higher for below average mental wellbeing; so it seems possible that there is a risk of low mental wellbeing towards the end of life.

Mental Wellbeing and Age				
Age band	Sample size	Above Average	Average	Below Average
18-24	646	9.1% <sup>L</sup>	71.5%	19.3% <sup>T</sup>
25-29	519	13.1%	72.8%	14.1%
30-34	701	15.8%	72.5%	11.7%
35-39	539	14.7%	71.6%	13.7%
40-44	609	12.2% <sup>L</sup>	75.9% <sup>T</sup>	12.0%
45-49	603	12.1% <sup>L</sup>	73.5%	14.4%
50-54	609	15.9%	71.9%	12.2%
55-59	621	16.7%	72.0%	11.3%
60-64	643	22.2% <sup>T</sup>	70.3%	7.5% <sup>L</sup>
65-69	471	24.4% <sup>T</sup>	66.2%	9.3%
70-74	353	23.2% <sup>T</sup>	68.8%	7.9% <sup>L</sup>
75-79	295	23.7% <sup>T</sup>	64.7%	11.5%
80-84	167	25.7% <sup>T</sup>	60.5% <sup>L</sup>	13.8%
85-89	105	18.1%	65.7%	16.2%
90+	27	0.0%	63.0%	37.0% <sup>T</sup>



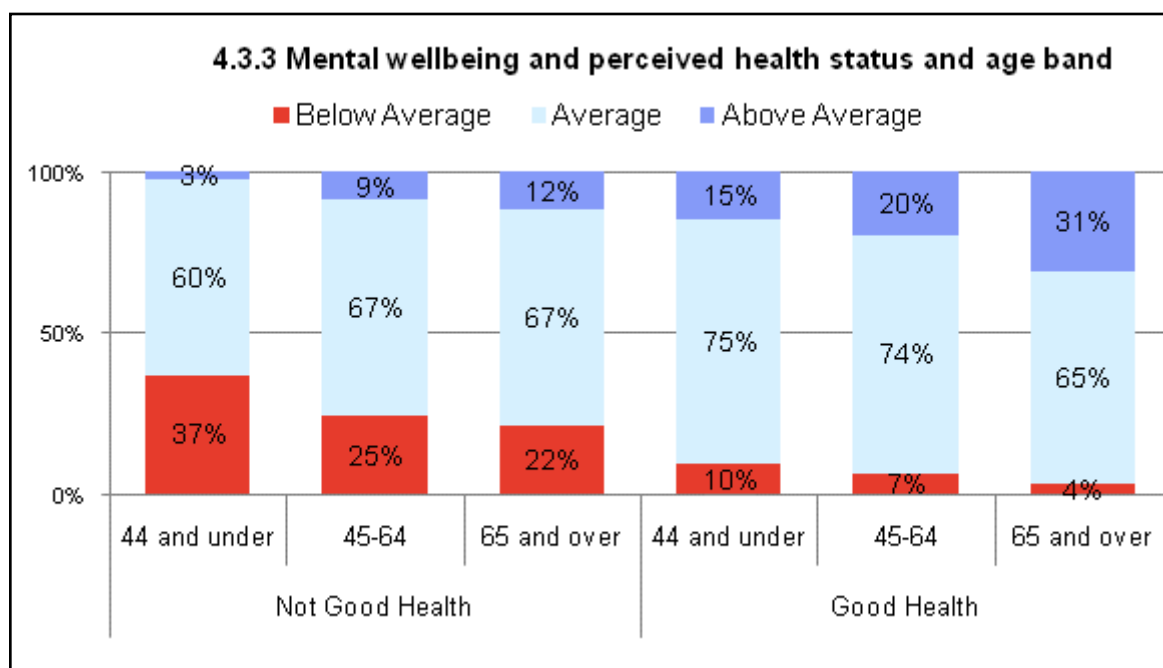
### 4.3.3. Perceived Health Status

Respondents who felt they did not have good health were significantly more likely to have below average mental wellbeing (27.2%), and less likely to have above average or average mental wellbeing. Those who felt in good health were significantly more likely to have above average mental wellbeing and less likely to have below average mental wellbeing.

Mental Wellbeing and Perceived Health Status				
Health Perception	Sample size	Above Average	Average	Below Average
Not Good Health	1682	8.0% <sup>L</sup>	64.8% <sup>L</sup>	27.2% <sup>T</sup>
Good Health	5219	19.2% <sup>T</sup>	73.1%	7.7% <sup>L</sup>

The proportion of people with above average wellbeing increases with age for both those who feel they did not have good health and those who feel they have good health. For each age group those who felt they did not have good health are significantly less likely to have above average wellbeing. Older people in good health have particularly high levels of mental wellbeing.

Mental Wellbeing and Perceived Health by Age					
Health Perception by Age		Sample size	Above Average	Average	Below Average
Not Good Health	44 and under	478	2.5% <sup>L</sup>	60.3% <sup>L</sup>	37.2% <sup>T</sup>
	45-64	633	8.8% <sup>L</sup>	66.5%	24.6% <sup>T</sup>
	65 and over	567	11.6% <sup>L</sup>	66.8%	21.5% <sup>T</sup>
Good Health	44 and under	2529	15.0%	75.2% <sup>T</sup>	9.8% <sup>L</sup>
	45-64	1831	19.7% <sup>T</sup>	73.7%	6.6% <sup>L</sup>
	65 and over	840	31.0% <sup>T</sup>	65.4% <sup>L</sup>	3.7% <sup>L</sup>



#### 4.3.4. Deprivation

There is a definite deprivation profile in the rates of mental wellbeing. The most deprived quintile is significantly more likely to have below average mental wellbeing and the least deprived quintile is significantly less likely to have below average mental wellbeing. The reverse is true for above average mental wellbeing, with those in the most deprived quintile significantly less likely to have above average mental wellbeing, and those in the least deprived quintile significantly more likely to have above average mental wellbeing.



Mental Wellbeing and Deprivation				
2007 National IMD Quintile	Sample size	Above Average	Average	Below Average
1- most deprived	644	11.3% <sup>L</sup>	69.9%	18.8% <sup>††</sup>
2	933	15.2%	68.7%	16.1% <sup>††</sup>
3	1146	15.5%	72.5%	12.0%
4	1381	17.9%	71.7%	10.4%
5- least deprived	1961	19.5% <sup>††</sup>	70.7%	9.8% <sup>L</sup>
Unknown	832	13.6%	72.0%	14.4%

Note: Please see map in section 2.6. 11.6% of responses are missing so care should be given to interpretation. Data for other geographies are available in appendix 2.

#### 4.3.5. Ethnicity

As the large majority of respondents identified as white British it is not surprising that this group shows no significant difference in reported mental wellbeing to the overall Stockport figures.

Taken together, the non white groups are significantly more likely to have below average mental wellbeing. The main contributor to this effect is the Pakistani group, though other non Indian Asian ethnic groups are similar. Interestingly, the Indian group is significantly more likely to have above average mental wellbeing.

The white Irish are also significantly more likely to have above average mental wellbeing. This may be related to their older age profile.

Mental Wellbeing and Ethnic Group				
Ethnic Group	Sample size	Above Average	Average	Below Average
White British	6262	16.3%	71.4%	12.4%
White Irish	125	25.6% <sup>††</sup>	66.4%	8.0%
White Other	133	14.3%	75.9%	9.8%
Asian Pakistani	100	14.0%	61.0%	25.0% <sup>††</sup>
<i>Not White</i>	379	17.2%	65.4%	17.4% <sup>††</sup>
<i>Not White British</i>	637	18.2%	67.8%	14.0%

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

#### 4.3.6. Religion

Christians, the majority religion identified in the survey, do not show any significant difference in rates of mental wellbeing to the overall Stockport figures. Those who reported having no religion are significantly less likely to have above average mental wellbeing. This may relate to the younger age profile of this group.

Those who identified as following a non Christian religion are significantly more likely to have below average mental wellbeing.

Mental Wellbeing and Religion				
Religion	Sample size	Above Average	Average	Below Average
None	1834	13.2% <sup>L</sup>	72.3%	14.5%
Christian	4483	17.8%	71.0%	11.2%
Any other religion	320	14.7%	67.2%	18.1% <sup>††</sup>

Note: Due to the low number of respondents, data for other religions cannot be presented separately

#### 4.3.7. Sexual Orientation

Mental wellbeing is one of only two topic areas where there is a definite difference by sexual orientation. As the majority of people identified themselves as heterosexual it

is not surprising that this group shows no significant difference to the overall Stockport figures.

Those who identified as non heterosexual are significantly more likely to have below average mental well being. Interestingly, this is also true of the group who indicated they preferred not to say their sexual orientation.

Mental Wellbeing and Sexual Orientation				
Sexual Orientation	Sample size	Above Average	Average	Below Average
Heterosexual	5890	16.4%	71.9%	11.7%
Not heterosexual	197	10.7%	69.0%	20.3% <sup>†</sup>
Prefer not to say	152	11.2%	67.1%	21.7% <sup>†</sup>

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

#### 4.3.8. Comparisons

The earlier Stockport Health Survey used a different method to assess mental wellbeing, the MH15, which focused more on identifying poor mental health, and so direct comparison isn't possible. However that survey did find similar age and deprivation profiles to those found in this one.

The North West Mental Wellbeing Survey 2009 used the same method to assess mental wellbeing. That survey found similar patterns for age, gender and deprivation. However, the northwest results for ethnicity are very different, with the not white respondents being significantly more likely to have above average mental wellbeing and significantly less likely to have below average mental wellbeing.

## 5 Smoking

### 5.1. Key Findings

- 15.8% of respondents currently smoke.
- There is a strong deprivation profile, with smoking rates significantly higher in the two most deprived quintiles and significantly lower in the two least deprived quintiles.
- Though Stockport has one of the lower smoking rates in Greater Manchester, the deprivation profile is steeper than in other boroughs.
- People who do not feel in good health are significantly more likely to be smokers and significantly less likely to be non smokers; the reverse is true for those who feel they are in good health.
- The under 30s have significantly higher levels of smoking. This is because people quit smoking as they age.
- Rates of passive smoking suggest adults are self-segregating into smokers and non-smokers.

### 5.2. Rationale

Smoking is a direct cause of premature mortality, heart disease, cancer and lung disease. 1 in 4 smokers will die as a result of a smoking related disease and smoking is the single biggest preventable cause of death, in Stockport around 525 people die a year because of their smoking habit.

Smoking is also a major driver of health inequalities accounting for much of the higher risk of early death in disadvantaged areas. Adults born before 1956 were more likely to become smokers but rates of quitting were relatively high; adults born after 1956 are less likely to begin smoking but are also less likely to give up; rates of quitting are especially low for manual workers.

### 5.3. Smoking Prevalence Analysis

This survey found a smoking rate of 15.8%. Though the profile of responses is skewed towards groups less likely to be smokers (older and more affluent), the rate is lower than the 16.2% found in the 2006 Adult Health Survey which also suffered a similar response bias. Though encouraging, the decline is not statistically significant.

The aggregation used in this year's survey has changed slightly from the previous Stockport survey, following national guidance. Now only people who used to smoke daily are classed as ex smokers, and those who do not smoke now but did smoke occasionally are summed with people who never smoked into a new non smoker category. This does make rates of quitting harder to compare, but the decline in smoking in this survey is due to finding more people who never smoked (48.1%) rather than more people who are ex smokers (36.0%).

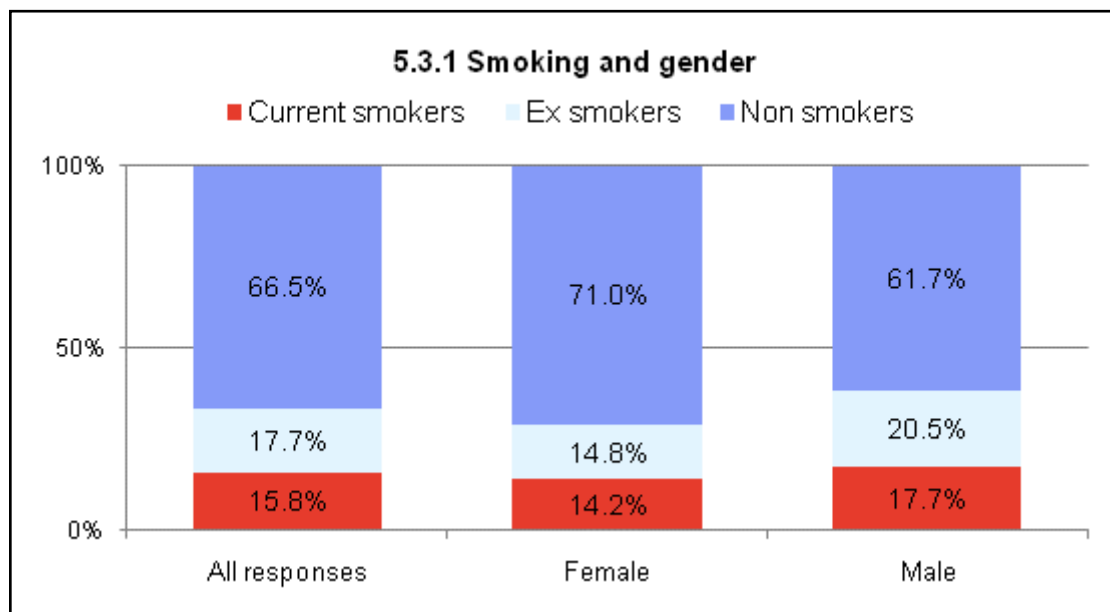
Smoking Prevalence				
	Sample size	Current smokers	Ex smokers	Non smokers
All responses	7436	15.8%	17.7%	66.5%

### 5.3.1. Gender

Women are slightly less likely to smoke, at 14.2%, compared to a 17.7% smoking rate for men. However, neither group is significantly different from the Stockport rate.

Women are significantly more likely to be non smokers, while men are significantly less likely to be non smokers. Compared to the 2006 survey, the rate for men has decreased by 1.5%, but for women is down only 0.6%. As with the Stockport rate, this is due to more people reporting that they have never smoked in this survey, rather than more quitters.

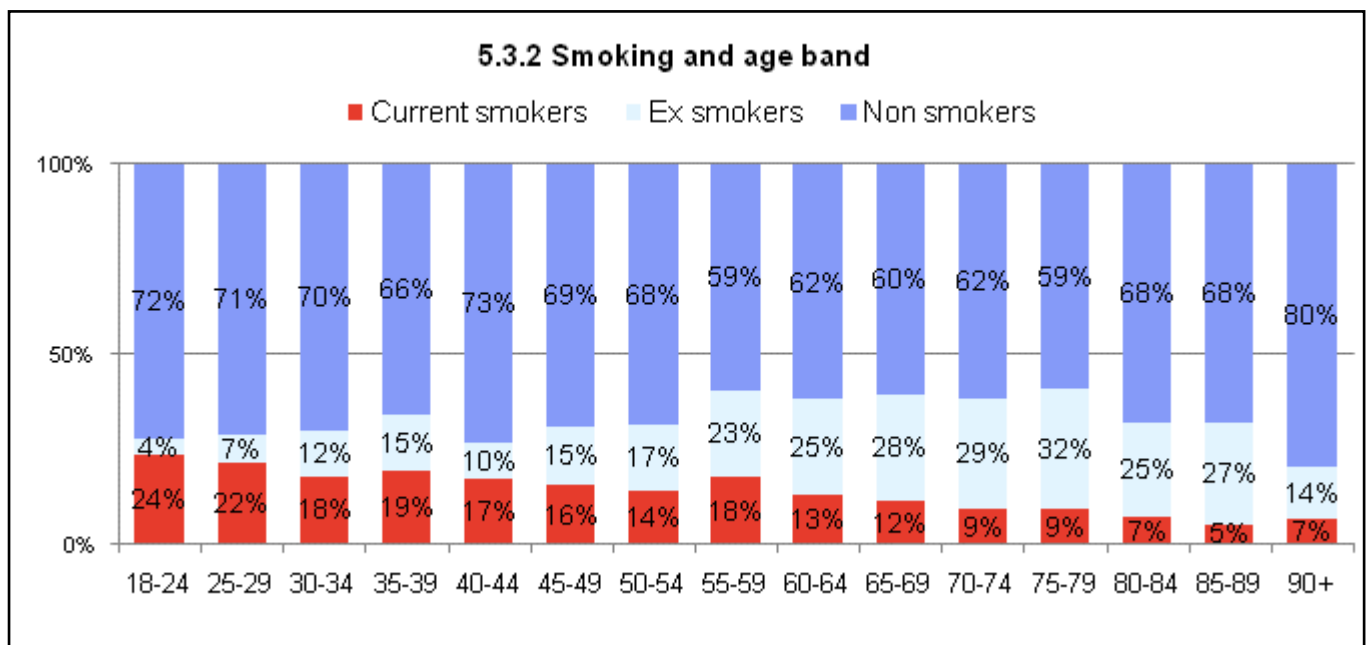
Smoking and Gender				
Gender	Sample size	Current smokers	Ex smokers	Non smokers
Female	3814	14.2%	14.8% <sup>L</sup>	71.0% <sup>H</sup>
Male	3548	17.7%	20.5% <sup>H</sup>	61.7% <sup>L</sup>



### 5.3.2. Age

Smoking rates have a pronounced age profile, with a highest rate of smoking, of 23.5%, for those aged 18 to 24, falling to under 10% for the over 70s. More smokers than non smokers will have died prematurely as a result of a smoking related disease. The percentage of ex-smokers rises with age, as more people have quit the habit. The age profile of non smokers is not so clear, but positively the under 30s are significantly more likely to be non smokers.

Smoking and Age Band				
Age band	Sample size	Current smokers	Ex smokers	Non smokers
18-24	667	23.5% <sup>†</sup>	4.3% <sup>‡</sup>	72.1% <sup>†</sup>
25-29	527	21.6% <sup>†</sup>	7.4% <sup>‡</sup>	71.0%
30-34	722	18.1%	11.9% <sup>‡</sup>	69.9%
35-39	543	19.3%	14.7%	65.9%
40-44	619	17.3%	9.7% <sup>‡</sup>	73.0% <sup>†</sup>
45-49	637	15.9%	15.2%	68.9%
50-54	629	14.3%	17.3%	68.4%
55-59	658	17.8%	22.9% <sup>†</sup>	59.3% <sup>‡</sup>
60-64	676	13.2%	25.0% <sup>†</sup>	61.8%
65-69	532	11.7% <sup>‡</sup>	28.0% <sup>†</sup>	60.3% <sup>‡</sup>
70-74	411	9.5% <sup>‡</sup>	29.0% <sup>†</sup>	61.6%
75-79	374	9.4% <sup>‡</sup>	31.6% <sup>†</sup>	59.1% <sup>‡</sup>
80-84	220	7.3% <sup>‡</sup>	25.0% <sup>†</sup>	67.7%
85-89	147	5.4% <sup>‡</sup>	26.5% <sup>†</sup>	68.0%
90+	44	6.8%	13.6%	79.5%



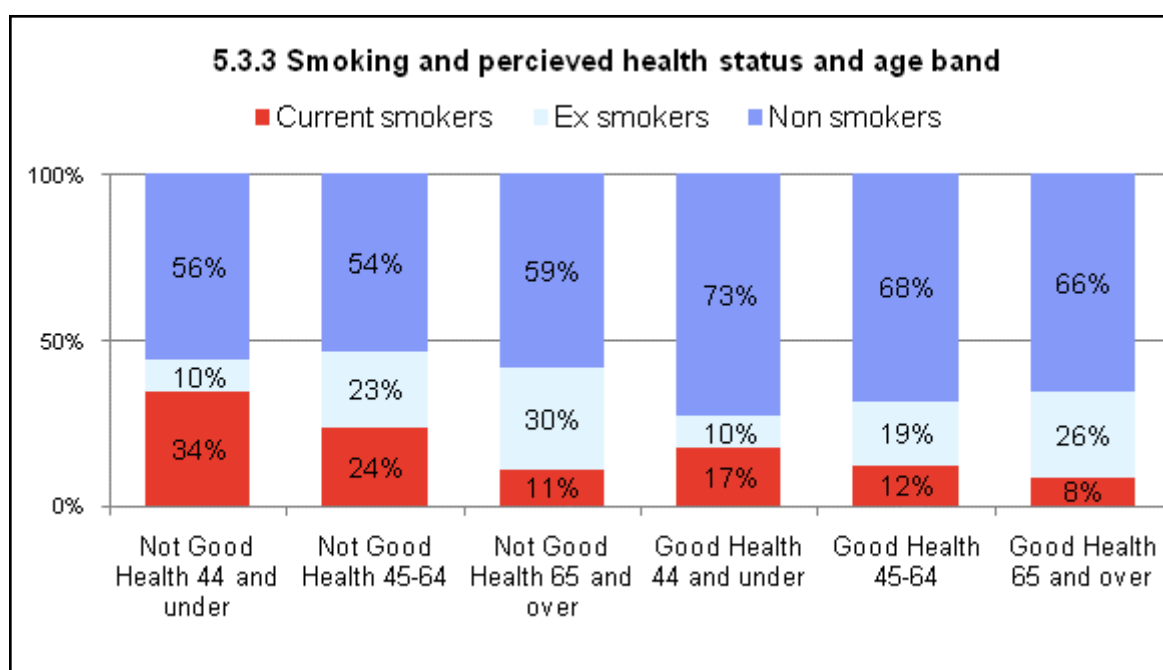
### 5.3.3. Perceived Health Status

Respondents who felt they did not have good health were significantly more likely to be smokers or ex smokers, and less likely to have never smoked. The reverse is true for those who felt their health was good.

Smoking and Perceived Health Status				
Health Perception	Sample size	Current smokers	Ex smokers	Non smokers
Not Good Health	1926	21.4% <sup>†</sup>	22.3% <sup>†</sup>	56.3% <sup>‡</sup>
Good Health	5470	13.9% <sup>‡</sup>	16.0%	70.1% <sup>†</sup>

The proportion of people smoking falls with age for both those who feel they did not have good health and those who feel they have good health. For each age group those who felt they did not have good health are more likely to smoke.

Smoking and Perceived Health Status by Age					
Health Perception by Age		Sample size	Current smokers	Ex smokers	Non smokers
Not Good Health	44 and under	491	34.2% <sup>H</sup>	9.6% <sup>L</sup>	56.2% <sup>L</sup>
	45-64	696	23.6% <sup>H</sup>	22.6% <sup>H</sup>	53.9% <sup>L</sup>
	65 and over	732	10.9% <sup>L</sup>	30.5% <sup>H</sup>	58.6% <sup>L</sup>
Good Health	44 and under	2580	17.2%	9.6% <sup>L</sup>	73.2% <sup>H</sup>
	45-64	1891	12.1% <sup>L</sup>	19.4%	68.5%
	65 and over	976	8.3% <sup>L</sup>	26.1% <sup>H</sup>	65.6%



### 5.3.4. Deprivation

Deprivation is also closely linked with smoking rates with a clear increase in smoking rates in more deprived areas. People in the two most deprived quintiles are significantly more likely to smoke, and those in the two least deprived are significantly less likely to smoke. The areas in the two most deprived quintiles also have significantly fewer non smokers.

It should be noted that our classification of deprivation is based on respondents' postcodes, and with a tenth of people not having traceable postcodes, these results could be inaccurate. However, the rates of smokers, ex smokers and non smokers for this group are not significantly different from Stockport as a whole.

Smoking and Deprivation				
2007 National IMD Quintile	Sample size	Current smokers	Ex smokers	Non smokers
1 –most deprived	735	29.5% <sup>†</sup>	18.0%	52.5% <sup>L</sup>
2	1002	22.7% <sup>†</sup>	19.3%	58.1% <sup>L</sup>
3	1241	17.0%	17.2%	65.8%
4	1484	12.3% <sup>L</sup>	17.5%	70.2% <sup>†</sup>
5 – least deprived	2058	8.3% <sup>L</sup>	18.2%	73.6% <sup>†</sup>
Unknown	882	19.0%	15.8%	65.2%

Note: Please see map in section 2.6. 11.6% of responses are missing so care should be given to interpretation. Data for other geographies are available in appendix 2.

The combination of age profile and deprivation goes a long way in explaining the differences between rates of smoking in the wards and other geographical areas. The results for the Priority 1 areas are based on very few responses (under 100 for each area). Though Brinnington, Lancashire Hill and the Town Centre fit the scenario of more deprived areas having more smokers, the Adswood & Bridgehall area shows up as not significantly different from the Stockport rates; this isn't due to an older profile of respondents in Adswood & Bridgehall.

### 5.3.5. Ethnicity

As a large majority of Stockport residents identify as white British, other ethnic groups constitute very low numbers in the survey.

Considered together, all the other ethnic groups are not significantly different in levels of current smoking, but are more likely to have never smoked. The largest component of the non smokers are Pakistani, but Chinese and Indian people are also more likely to be non smokers than the typical person in Stockport.

Nationally, BME groups, particularly Bangladeshi men, exhibit significantly higher rates of smoking (up to 44%). Due to the low number of respondents from different ethnic groups, it is hard to determine the reliability of this data in the local context.

Smoking and Ethnic Group				
Ethnic Group	Sample size	Current smokers	Ex smokers	Non smokers
White British	6708	16.0%	18.4%	65.6%
White Irish	145	13.8%	17.9%	68.3%
White Other	138	18.1%	13.0%	68.8%
Asian Pakistani	108	12.0%	2.8% <sup>L</sup>	85.2% <sup>†</sup>
Not White	407	14.3%	6.1% <sup>L</sup>	79.6% <sup>†</sup>
Not White British	690	14.9%	10.0% <sup>L</sup>	75.1% <sup>†</sup>

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

### 5.3.6. Religion

The smoking status of Christian respondents did not differ statistically from the Stockport average. Since the majority of respondents stated they are Christians, this finding is not remarkable.

People who stated they have no religion are statistically more likely to be smokers. This group has a younger profile which may explain this difference.

Considered together, people who follow a religion other than Christianity aren't statistically different in regards to current smokers but are more likely to have never smoked. The largest component of these non smokers are Muslims, but Hindus are also more likely to have never smoked than the typical person in Stockport. People who did not indicate a religion on the survey were not statistically different to the overall Stockport figure.

Smoking and Religion				
Religion	Sample size	Current smokers	Ex smokers	Non smokers
None	1880	20.9% <sup>††</sup>	16.7%	62.4% <sup>†</sup>
Christian	4881	14.1%	18.8%	67.1%
Any other religion	347	15.6%	6.3% <sup>†</sup>	78.1% <sup>††</sup>
Not answered	328	13.1%	18.3%	68.6%

Note: Due to the low number of respondents, data for other religions cannot be presented separately

### 5.3.7. Sexual Orientation

A large majority of respondents identify as heterosexual and so there is no statistical difference between this group and the overall Stockport figures.

Considered together, those who identified as not heterosexual also show no statistical difference to the overall Stockport figures. Bisexuals show up as less likely to be non smokers, but the numbers are very small. Those who preferred not to state their sexuality are not statistically different from the overall Stockport figure.

This data would appear to buck the national trend, which suggests that 53% of gay men and 56% of lesbian women smoke.

Smoking and Sexual Orientation				
Sexual Orientation	Sample size	Current smokers	Ex smokers	Non smokers
Heterosexual	6147	15.8%	17.7%	66.5%
Not heterosexual	207	18.4%	24.6% <sup>††</sup>	57.0% <sup>†</sup>
Prefer not to say	192	20.3%	13.0%	66.7%

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

### 5.3.8. Comparisons

Stockport's smoking rate is lower than the latest England figures collected from the General Household Survey in 2007. That national found a 21% of people in England were current smokers (22% of men and 19% of women) (statistics.gov.uk). This figure has been falling and so two years on, the gap to Stockport's 15.8% would be smaller, but most likely Stockport is still below the national rate.

In 2007 and 2008, the North West Public Health Observatory collected lifestyle information from people in Greater Manchester. They found a smoking prevalence in Stockport of 18.8% but because their sample was much smaller the figure is not statistically significantly different from this survey's results. The figures found for Greater Manchester as a whole are higher than Stockport, with 21.5% current smokers (24.0% of men and 19.2% of women).

Stockport's lower overall rate of smoking can mask the higher rates in our most deprived areas. The two most deprived quintiles in Stockport are both above the national and Greater Manchester rate for smoking. The Greater Manchester survey found the same sort of deprivation profile, with rates of smoking increasing with



deprivation. However, the rate for the most deprived quintile in Greater Manchester was 27.6%, nearly 2% lower than the 29.5% in Stockport's most deprived quintile. Also, residents in Stockport's least deprived quintile are nearly 6% less likely to smoke than the least deprived quintile in Greater Manchester. Though Stockport has one of the lower smoking rates in Greater Manchester, our deprivation profile is steeper than that of the whole area.

#### 5.4. Passive Smoking

Smokers are much less likely to live in smoke free homes than non-smokers, but almost half of smokers reported that no one regularly smoked in their homes. Among non-smokers, only 6% lived in a home where someone smoked regularly.

Regular smoking in home			
	Sample size	Yes	No
All responses	7442	13.0%	87.0%
Current smokers	1174	50.1% <sup>†</sup>	49.9% <sup>‡</sup>
Non Smokers	6238	6.0% <sup>‡</sup>	94.0% <sup>†</sup>

Smokers are also much more likely to be exposed to other people's smoke. Non-smokers are significantly less likely to be exposed to an hour or more of passive smoking a week. This suggests that adults in Stockport are segregating themselves based on smoking habits.

Hours per week exposed to other people's tobacco smoke					
	Sample size	>30	11 to 30	1 to 10	<1
All responses	6959	2.5%	3.2%	20.4%	73.9%
Current smokers	991	12.1% <sup>†</sup>	11.5% <sup>†</sup>	35.5% <sup>†</sup>	40.9% <sup>‡</sup>
Non Smokers	5944	0.9% <sup>‡</sup>	1.9% <sup>‡</sup>	17.9% <sup>‡</sup>	79.3% <sup>†</sup>

##### 5.4.1. Deprivation

Passive smoking shows a deprivation profile, both for current smokers and non smokers. People in the most deprived areas are significantly more likely to be exposed to other people's tobacco smoke.

Hours per week exposed to other people's tobacco smoke and Deprivation					
2007 National IMD quintile	Sample size	>30	11 to 30	1 to 10	<1
1- most deprived	660	6.5% <sup>†</sup>	7.0% <sup>†</sup>	27.4% <sup>†</sup>	59.1% <sup>‡</sup>
2	921	4.0% <sup>†</sup>	5.0% <sup>†</sup>	23.6%	67.4% <sup>‡</sup>
3	1154	3.6%	4.0%	21.0%	71.5%
4	1398	1.2% <sup>‡</sup>	2.6%	18.9%	77.3% <sup>†</sup>
5- least deprived	1967	0.6% <sup>‡</sup>	1.4% <sup>‡</sup>	15.5% <sup>‡</sup>	82.5% <sup>†</sup>
Unknown	826	2.5%	2.8%	24.5% <sup>†</sup>	70.2%
Only Current Smokers					
1- most deprived	178	17.4% <sup>†</sup>	16.9% <sup>†</sup>	33.1% <sup>†</sup>	32.6% <sup>‡</sup>
2	190	11.6% <sup>†</sup>	13.2% <sup>†</sup>	33.7% <sup>†</sup>	41.6% <sup>‡</sup>
3	184	15.2% <sup>†</sup>	14.1% <sup>†</sup>	32.6% <sup>†</sup>	38.0% <sup>‡</sup>
4	148	9.5% <sup>†</sup>	6.1%	34.5% <sup>†</sup>	50.0% <sup>‡</sup>
5- least deprived	144	4.2%	9.0% <sup>†</sup>	37.5% <sup>†</sup>	49.3% <sup>‡</sup>
Unknown	144	12.5% <sup>†</sup>	7.6% <sup>†</sup>	43.1% <sup>†</sup>	36.8% <sup>‡</sup>
Only Current Non Smokers					
1- most deprived	479	2.5%	3.3%	25.5% <sup>†</sup>	68.7% <sup>‡</sup>
2	728	2.1%	2.9%	21.0%	74.0%
3	968	1.3%	2.1%	18.8%	77.8% <sup>†</sup>
4	1244	0.2% <sup>‡</sup>	2.2%	17.0% <sup>‡</sup>	80.5% <sup>†</sup>
5- least deprived	1817	0.3% <sup>‡</sup>	0.8% <sup>‡</sup>	13.8% <sup>‡</sup>	85.1% <sup>†</sup>
Unknown	678	0.4% <sup>‡</sup>	1.8%	20.6%	77.1%

## 5.5. Smoking Quitters

Based on current daily smokers and ex smokers, 59.6% of Stockport's smokers have quit the habit over the course of their lifetime. It isn't possible from this survey to say how long they have been smoke free. The number of quitters is significantly higher in the least deprived quintile (76.2%). The two most deprived quintiles have significantly lower numbers of quitters, despite the higher levels of smokers.

The age profile for quitters is also as would be predicted from the smoking profile. The over 60s are significantly higher, and the quitters among the under 35s significantly lower. The 40-45 age cohort is also significantly lower, probably because this age group is also significantly higher for non-smokers.

There was no significant difference to the Stockport figure for men or women, or for those in good health or not in good health.

When looking at diversity groups, the numbers concerned were usually very small. For religion, there was a substantial number of people with no religion to compare and they were less likely to be quitters, but this may be due to the younger age profile. People who have a religion other than Christianity are less likely to be quitters, but because of this group's higher rate of non smokers, the number of people to be analysed for quitting is very small.

The number of quitters is also significantly lower for the not white British or non white ethnic groups considered as a whole, but these are also higher for non smokers.

## 6 Alcohol

### 6.1. Key Findings

- One fifth of respondents binge on the day they drank most in the previous week.
- 4.1% of respondents consumed a harmful amount of alcohol over the previous week, and a further 17.7% drank hazardously.
- Men are more likely to binge drink and drink harmfully than women.
- Links with deprivation are not clear and demonstrate trends that are different to those seen for other lifestyle behaviours.
- Those who were drinking unhealthy amounts of alcohol and were classed as both binge drinkers and harmful drinkers only identified their drinking as harmful in 29.5% of cases. A further 52.9% of them did say their drinking was probably harmful. However, 7.6% of those who binge and drink harmful amounts said they did not think that level of drinking could harm their health. In total only a third of respondents could correctly assess the harm associated with their drinking.
- Only 6.4% of people are drinking the recommended amount of alcohol in the most beneficial pattern.

### 6.2. Rationale

The Department of health recommends that adults should not regularly drink more than four (men) or three (women) units in a day. It is suggested that in order to gain the benefits of its cardio-protective effects, without the damage that comes from alcohol excess, the ideal pattern of alcohol consumption is to drink a small amount on most days and to have at least one alcohol free day a week. However, individual circumstances should be taken into account, as some risks are increased with any alcohol consumption, and no drinking is advisable under certain circumstances.

Safety margins are small – the first two units a day are beneficial, the next two cancel out any benefit and thereafter any alcohol consumed is harmful. The pattern of beneficial alcohol consumption is, however, not the norm and concern about the negative impacts of alcohol is on the increase. The effects of alcohol misuse in relation to liver cirrhosis are well-known, but its impacts are far wider than this, as it increases a multitude of health and social problems.

Respondents were asked how much they drank on each day in the past week. This information was analyzed in two different ways. Binge drinking was assessed by measuring how many units a respondent consumed on the day they drank most. **Drinking twice the recommended daily maximum units in one day is classed as binge drinking.** Harmful drinking was assessed by measuring how many units the respondent consumed in the week. **A weekly consumption which puts a person at high risk of physical or mental harm is defined as harmful drinking. A weekly consumption below that level, but still increasing the risk of ill effect is defined as hazardous drinking.** Unit conversions and categorizations are in Appendix 4.

### 6.3. Binge Drinking Prevalence Analysis

This survey found a binge drinking rate of 20.1%, with a further 21.8% of respondents drinking over the daily guideline. The figure for those drinking within the daily guideline was 29.4%.

A few people, 4.2%, didn't drink in the week surveyed, and 24.4% of respondents were non drinkers.

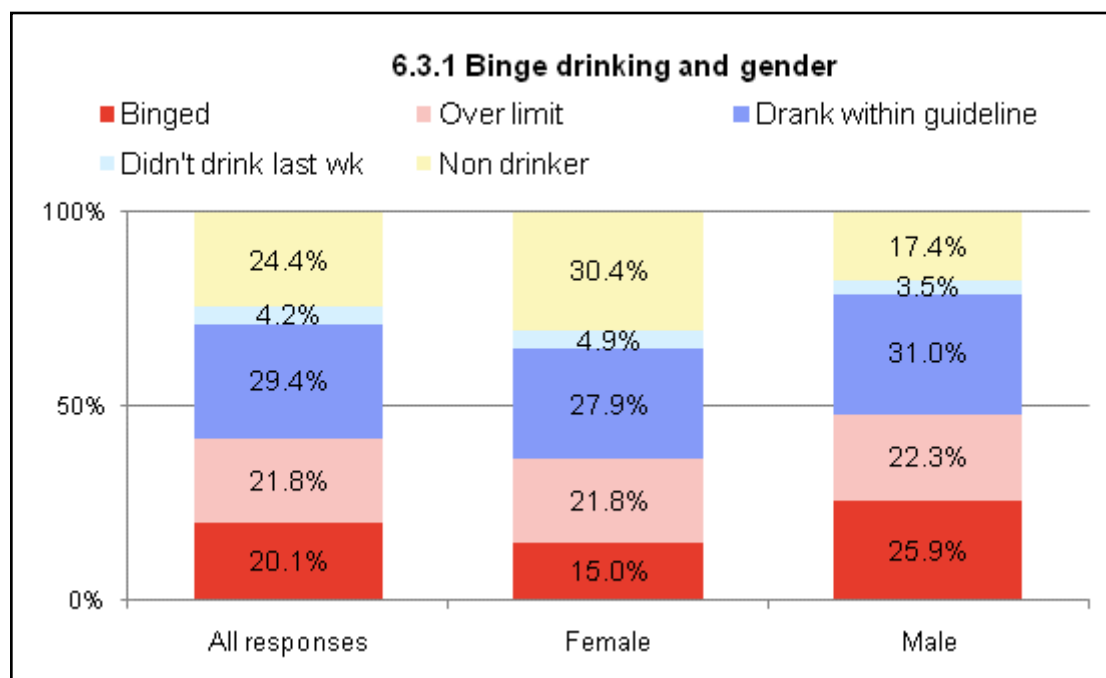
Binge Drinking Prevalence						
	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last wk	Non drinker
All responses	7448	20.1%	21.8%	29.4%	4.2%	24.4%

### 6.3.1. Gender

Men have significantly higher rates of binge drinking (25.9%) than the Stockport average. Men are also significantly less likely to be non drinkers (17.4%).

Women show a reverse pattern, being significantly less likely to binge drink (15.0%), and significantly more likely to be non drinkers (30.4%). Neither gender is significantly different from the Stockport figure for drinking within daily guidelines. This is the same gender pattern as seen with harmful drinking.

Binge Drinking and Gender						
Gender	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
Female	3827	15.0% <sup>L</sup>	21.8%	27.9%	4.9%	30.4% <sup>H</sup>
Male	3554	25.9% <sup>H</sup>	22.3%	31.0%	3.5%	17.4% <sup>L</sup>



Analysis of the same data excluding those who do not drink has also been undertaken. The pattern by gender of those who drank in the previous week is the same as that for all respondents.

Binge Drinking and Gender of those who drank last week				
Gender	Sample size	Binged	Over daily guideline	Drank within daily guideline
Female	2476	23.2% <sup>L</sup>	33.6%	43.2%
Male	2812	32.7% <sup>††</sup>	28.2%	39.2%

### 6.3.2. Age

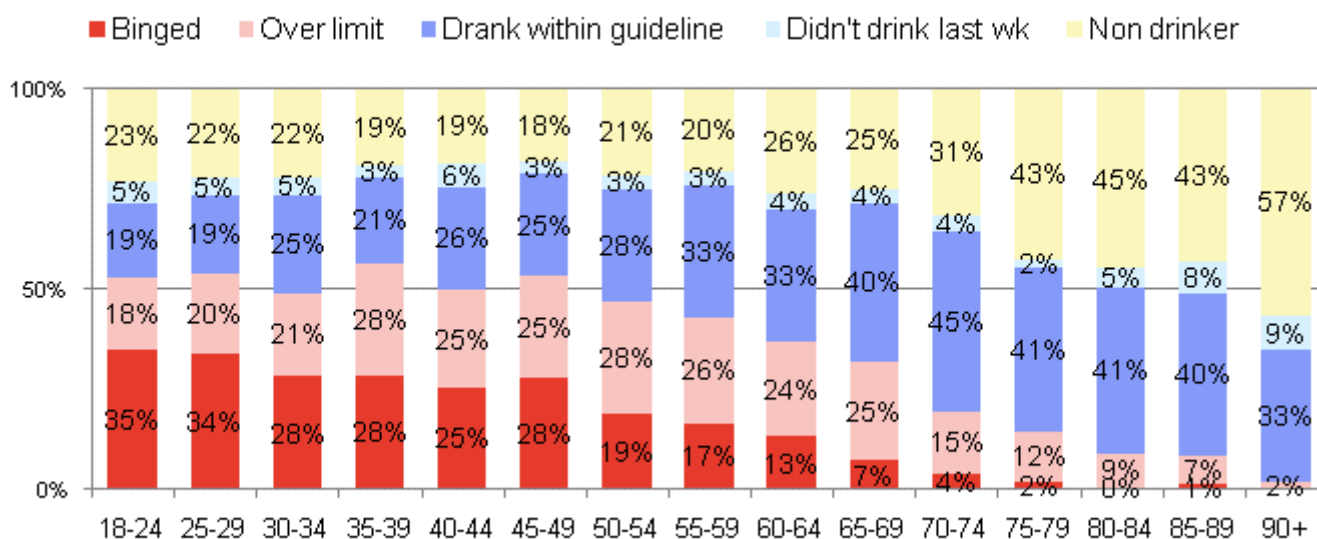
There is a clear age profile in binge drinking, with the rates significantly higher for the under 50 age groups, and then significantly lower for the over 60s. Drinking over the daily guideline but not binge drinking does not have a strong age profile.

The rates for drinking within daily guidelines also shows a strong age profile, with the under 40s usually being significantly less likely to drink within daily guidelines and the over 65s more likely to drink within daily guidelines.

The over 70s are significantly more likely to be non drinkers, and the 35-49 age groups are significantly less likely to be non drinkers. The under 35s show no significant difference for the amount of non drinkers.

Binge Drinking and Age Band						
Age band	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
18-24	667	35.2% <sup>††</sup>	17.7% <sup>L</sup>	18.7% <sup>L</sup>	5.2%	23.1%
25-29	530	33.8% <sup>††</sup>	20.2%	19.4% <sup>L</sup>	4.5%	22.1%
30-34	721	28.3% <sup>††</sup>	20.8%	24.5% <sup>L</sup>	4.6%	21.8%
35-39	544	28.5% <sup>††</sup>	28.1% <sup>††</sup>	21.3% <sup>L</sup>	3.3%	18.8% <sup>L</sup>
40-44	619	25.4% <sup>††</sup>	24.6%	25.7%	5.8%	18.6% <sup>L</sup>
45-49	636	28.0% <sup>††</sup>	25.3%	25.5%	3.5%	17.8% <sup>L</sup>
50-54	630	18.9%	27.9% <sup>††</sup>	28.4%	3.5%	21.3%
55-59	659	16.5%	26.4% <sup>††</sup>	33.2%	3.3%	20.5%
60-64	676	13.3% <sup>L</sup>	23.7%	33.0%	4.0%	26.0%
65-69	536	7.3% <sup>L</sup>	24.6%	39.6% <sup>††</sup>	3.7%	24.8%
70-74	413	4.1% <sup>L</sup>	15.5% <sup>L</sup>	44.8% <sup>††</sup>	4.1%	31.5% <sup>††</sup>
75-79	378	2.1% <sup>L</sup>	12.2% <sup>L</sup>	41.3% <sup>††</sup>	1.9%	42.6% <sup>††</sup>
80-84	217	0.5% <sup>L</sup>	8.8% <sup>L</sup>	41.5% <sup>††</sup>	4.6%	44.7% <sup>††</sup>
85-89	149	1.3% <sup>L</sup>	7.4% <sup>L</sup>	40.3% <sup>††</sup>	8.1%	43.0% <sup>††</sup>
90+	46	0.0%	2.2% <sup>L</sup>	32.6%	8.7%	56.5% <sup>††</sup>

### 6.3.2 Binge drinking and age band



Analysis of the same data excluding those who do not drink has also been undertaken. The pattern by age of those who drank last week is broadly the same as for all respondents.

#### Binge Drinking and Age Band of those who drank last week

Age band	Sample size	Binged	Over daily guideline	Drank within daily guideline
18-24	478	49.2% <sup>H</sup>	24.7% <sup>L</sup>	26.2% <sup>L</sup>
25-29	389	46.0% <sup>H</sup>	27.5%	26.5% <sup>L</sup>
30-34	531	38.4% <sup>H</sup>	28.2%	33.3% <sup>L</sup>
35-39	424	36.6% <sup>H</sup>	36.1%	27.4% <sup>L</sup>
40-44	468	33.5%	32.5%	34.0% <sup>L</sup>
45-49	501	35.5% <sup>H</sup>	32.1%	32.3% <sup>L</sup>
50-54	474	25.1%	37.1% <sup>H</sup>	37.8%
55-59	502	21.7% <sup>L</sup>	34.7%	43.6%
60-64	473	19.0% <sup>L</sup>	33.8%	47.1% <sup>H</sup>
65-69	383	10.2% <sup>L</sup>	34.5%	55.4% <sup>H</sup>
70-74	266	6.4% <sup>L</sup>	24.1%	69.5% <sup>H</sup>
75-79	210	3.8% <sup>L</sup>	21.9% <sup>L</sup>	74.3% <sup>H</sup>
80-84	110	0.9% <sup>L</sup>	17.3% <sup>L</sup>	81.8% <sup>H</sup>
85-89	73	2.7% <sup>L</sup>	15.1% <sup>L</sup>	82.2% <sup>H</sup>
90+	16	0.0%	6.3%	93.8% <sup>H</sup>

### 6.3.3. Perceived Health Status

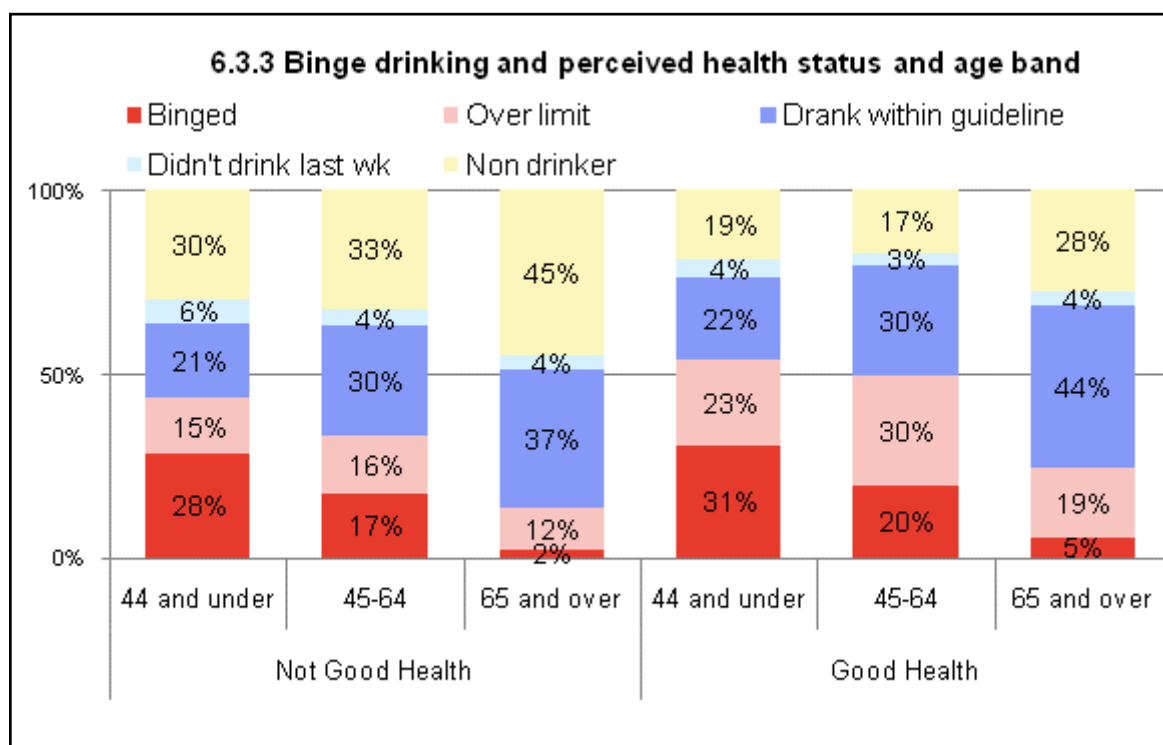
Surprisingly respondents who felt they did not have good health are significantly less likely to binge drink or to drink over the daily guideline. This may be because they are also significantly more likely to be non drinkers, possibly as their poor health leads them to not drink.

Respondents who feel they have good health are significantly more likely to binge drink than the overall Stockport rate, and also less likely to be non drinkers.

Binge Drinking and Perceived Health Status						
Health Perception	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
Not Good Health	1939	14.2% <sup>L</sup>	14.0% <sup>L</sup>	30.3%	4.7%	36.8% <sup>H</sup>
Good Health	5470	22.3% <sup>H</sup>	24.6% <sup>H</sup>	29.0%	4.1%	20.0% <sup>L</sup>

The proportion of people binge drinking falls with age for both those who feel they did not have good health and those who feel they have good health. For all age groups those who felt they did not have good health are less likely to binge drink and more likely to be non drinkers.

Binge Drinking and Perceived Health Status by Age							
Health Perception by Age		Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
Not Good Health	44 and under	492	28.0% <sup>H</sup>	15.2% <sup>L</sup>	20.5% <sup>L</sup>	6.1%	30.1% <sup>H</sup>
	45-64	698	17.5%	15.6% <sup>L</sup>	29.8%	4.4%	32.7% <sup>H</sup>
	65 and over	741	2.0% <sup>L</sup>	11.7% <sup>L</sup>	37.2% <sup>H</sup>	3.9%	45.1% <sup>H</sup>
Good Health	44 and under	2582	30.6% <sup>H</sup>	23.3%	22.4% <sup>L</sup>	4.5%	19.2% <sup>L</sup>
	45-64	1890	19.8%	29.5% <sup>H</sup>	30.2%	3.3%	17.2% <sup>L</sup>
	65 and over	979	5.3% <sup>L</sup>	18.9%	44.1% <sup>H</sup>	4.1%	27.6%





Analysis of the same data excluding those who did not drink has also been undertaken. The pattern by perceived health status and age is broadly the same as for all respondents.

Binge Drinking and Perceived Health Status by Age of those who drank last week				
Health Perception by Age	Sample size	Binged	Over daily guideline	Drank within daily guideline
Not Good Health 44 and under	314	43.9% <sup>††</sup>	23.9% <sup>L</sup>	32.2% <sup>L</sup>
Not Good Health 45-64	439	27.8%	24.8% <sup>L</sup>	47.4% <sup>††</sup>
Not Good Health 65 and over	378	4.0% <sup>L</sup>	23.0% <sup>L</sup>	73.0% <sup>††</sup>
Good Health 44 and under	1970	40.1% <sup>††</sup>	30.6%	29.4% <sup>L</sup>
Good Health 45-64	1503	24.9%	37.1% <sup>††</sup>	38.0%
Good Health 65 and over	669	7.8% <sup>L</sup>	27.7%	64.6% <sup>††</sup>

### 6.3.4. Deprivation

The most deprived quintile is not significantly different in rates of binge drinking to the Stockport average, but this group is significantly less likely to drink over or within the daily guideline, and significantly more likely to be non drinkers.

The least deprived quintile had significantly higher rates of drinking over or within the daily guideline and also had significantly fewer non drinkers. There is a worrying potential for a decrease in life expectancy in the most affluent areas due to alcohol consumption.

This is pattern is similar to the pattern of harmful drinking and may be linked to the binge drinking patterns seen for health status.

Binge Drinking and Deprivation						
2007 National IMD Quintile	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
1-Most deprived	732	19.0%	14.9% <sup>L</sup>	23.4% <sup>L</sup>	4.6%	38.1% <sup>††</sup>
2	1002	20.2%	21.7%	27.0%	4.0%	27.1%
3	1244	21.9%	20.4%	28.5%	4.3%	24.9%
4	1489	17.0% <sup>L</sup>	22.3%	31.9%	3.7%	25.1%
5-Least deprived	2065	18.7%	25.1% <sup>††</sup>	32.4% <sup>††</sup>	3.8%	20.0% <sup>L</sup>
Unknown	882	26.4% <sup>††</sup>	21.2%	27.0%	6.0%	19.4% <sup>L</sup>

Note: Please see map in section 2.6. 11.6% of responses are missing so care should be given to interpretation. Data for other geographies are available in appendix 2.

Analysis of the same data excluding those who did not drink has also been undertaken. The pattern by deprivation shows that among those who drank last week, those in less deprived areas are significantly less likely to binge drink.

Binge Drinking and Deprivation of those who drank last week				
2007 National IMD Quintile	Sample size	Binged	Over daily guideline	Drank within daily guideline
1-Most deprived	419	33.2%	26.0%	40.8%
2	690	29.3%	31.4%	39.3%
3	881	31.0%	28.8%	40.2%
4	1060	23.9% <sup>L</sup>	31.3%	44.8%
5-Least deprived	1574	24.5% <sup>L</sup>	32.9%	42.6%
Unknown	658	35.4% <sup>T</sup>	28.4%	36.2%

Note: Please see map in section 2.6. 11.6% of responses are missing so care should be given to interpretation. Data for other geographies are available in appendix 2.

### 6.3.5. Ethnicity

As the large majority of respondents identify as white British, it isn't surprising that that group shows no statistical difference in drinking, but it is of note that they are less likely to be non drinkers.

Taken together the other ethnic groups are more likely to be non drinkers and less likely to binge drink or drink over the daily guideline. The largest contributors to the lower rates are the Asian groups, but though the actual number is small, the Black groups taken together also show the same pattern.

The not white British taken together are also more likely to be non drinkers. Again the Asian groups are a large part of this, but the white Irish also show a higher rate of non drinkers.

Binge Drinking and Ethnicity						
Ethnic Group	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
White British	6715	21.2%	23.1%	29.8%	4.2%	21.6% <sup>L</sup>
White Irish	146	21.9%	17.1%	21.9%	5.5%	33.6% <sup>T</sup>
White Other	138	12.3% <sup>L</sup>	15.9%	38.4% <sup>T</sup>	2.9%	30.4%
Asian Pakistani	108	0.9% <sup>L</sup>	0.9% <sup>L</sup>	2.8% <sup>L</sup>	0.9%	94.4% <sup>T</sup>
<i>Not White</i>	414	4.3% <sup>L</sup>	5.8% <sup>L</sup>	22.0%	3.1%	64.7% <sup>T</sup>
<i>Not White British</i>	698	9.6% <sup>L</sup>	10.2% <sup>L</sup>	25.2%	3.6%	51.4% <sup>T</sup>

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

Analysis of the same data excluding those who did not drink has also been undertaken. Because of small numbers who drank in the previous week, the Asian Pakistani ethnic grouping is not presented separately. For those who drank in the previous week, the white British and white Irish ethnic groups show no significant difference to the overall Stockport figures. Drinkers who are not white or not white British are significantly more likely to drink within the daily guideline.

Binge Drinking and Ethnicity of those who drank last week				
Ethnic Group	Sample size	Binged	Over daily guideline	Drank within daily guideline
White British	4979	28.6%	31.2%	40.2%
White Irish	89	36.0%	28.1%	36.0%
White Other	92	18.5%	23.9%	57.6% <sup>†</sup>
Not White	133	13.5% <sup>L</sup>	18.0% <sup>L</sup>	68.4% <sup>†</sup>
Not White British	314	21.3% <sup>L</sup>	22.6% <sup>L</sup>	56.1% <sup>†</sup>

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

### 6.3.6. Religion

Rates of binge drinking vary significantly by different religious groupings. Christians, the largest group in Stockport, are significantly less likely to binge drink.

Taken together, those who have a religion other than Christianity are less likely to binge drink or drink over the daily guideline, and are more likely to be non drinkers. The largest contribution to this is from Muslims, but Hindus also show the same pattern.

Those who have no religion are significantly more likely to binge drink and less likely to drink within the daily guideline or be non drinkers. This fits with the younger profile for this group and corresponds to mental wellbeing responses.

Binge Drinking and Religion						
Religion	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
None	1882	29.5% <sup>†</sup>	25.2% <sup>†</sup>	24.6% <sup>L</sup>	3.8%	16.8% <sup>L</sup>
Christian	4889	17.9% <sup>L</sup>	21.5%	31.6%	4.4%	24.5%
Any other religion	350	7.1% <sup>L</sup>	6.0% <sup>L</sup>	20.6% <sup>L</sup>	3.1%	63.1% <sup>†</sup>
Not answered	327	13.1% <sup>L</sup>	23.5%	32.7%	5.2%	25.4%

Note: Due to the low number of respondents, data for other religions cannot be presented separately

Analysis of the same data excluding those who did not drink has also been undertaken. The pattern by religion for those who drank in the previous week is similar to that for all respondents, but does show that those who indicated they have a religion are more likely to drink within the daily guideline.

Binge Drinking and Religion of those who drank last week				
Religion	Sample size	Binged	Over daily guideline	Drank within daily guideline
None	1494	37.2% <sup>†</sup>	31.8%	31.0% <sup>L</sup>
Christian	3474	25.2% <sup>L</sup>	30.3%	44.5% <sup>†</sup>
Any other religion	118	21.2%	17.8% <sup>L</sup>	61.0% <sup>†</sup>
Not answered	227	18.9% <sup>L</sup>	33.9%	47.1%

Note: Due to the low number of respondents, data for other religions cannot be presented separately

### 6.3.7. Sexual Orientation

This survey found that heterosexuals are significantly more likely to binge drink and less likely to be non drinkers. It should be noted that the substantial number who preferred not to disclose their sexuality or did not answer the question are significantly less likely to binge drink and more likely to be non drinkers. Taken as a

group, non heterosexuals are not significantly different from the Stockport figures, but bisexuals as a group are significantly less likely to binge drink.

Binge Drinking and Sexual Orientation						
Sexual Orientation	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
Heterosexual	6146	22.1% <sup>†</sup>	23.3%	29.4%	4.1%	21.1% <sup>L</sup>
Not heterosexual	208	18.8%	23.1%	27.4%	4.3%	26.4%
Prefer not to say	189	11.1% <sup>L</sup>	13.8% <sup>L</sup>	23.3%	4.2%	47.6% <sup>†</sup>

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

Analysis of the same data excluding those who did not drink has also been undertaken. The pattern by sexual orientation for those who drank in the previous week shows no significant differences to the figures for all responses.

Binge Drinking and Sexual Orientation of those who drank last week				
Sexual Orientation	Sample size	Binged	Over daily guideline	Drank within daily guideline
Heterosexual	4596	29.6%	31.1%	39.3%
Not heterosexual	144	27.1%	33.3%	39.6%
Prefer not to say	91	23.1%	28.6%	48.4%

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

### 6.3.8. Comparisons

Numerical comparisons to published sources are not possible because different conversions of units per type of drink are used in different sources. National and regional reports agree that men are more likely to binge drink than women, that bingeing decreases as age increases, and that non White ethnic groups are less likely to binge drink.

The Health and Lifestyles in the North West report showed a similar finding with regard to deprivation.

## 6.4. Harmful Drinking Prevalence Analysis

This survey found 4.1% of people drank a harmful amount of alcohol in the preceding week, and a further 17.7% drank a hazardous amount. Just under half, 49.6%, drank within the recommended weekly guideline. A few people, 4.2%, didn't drink in the week surveyed, and 24.4% of respondents were non drinkers.

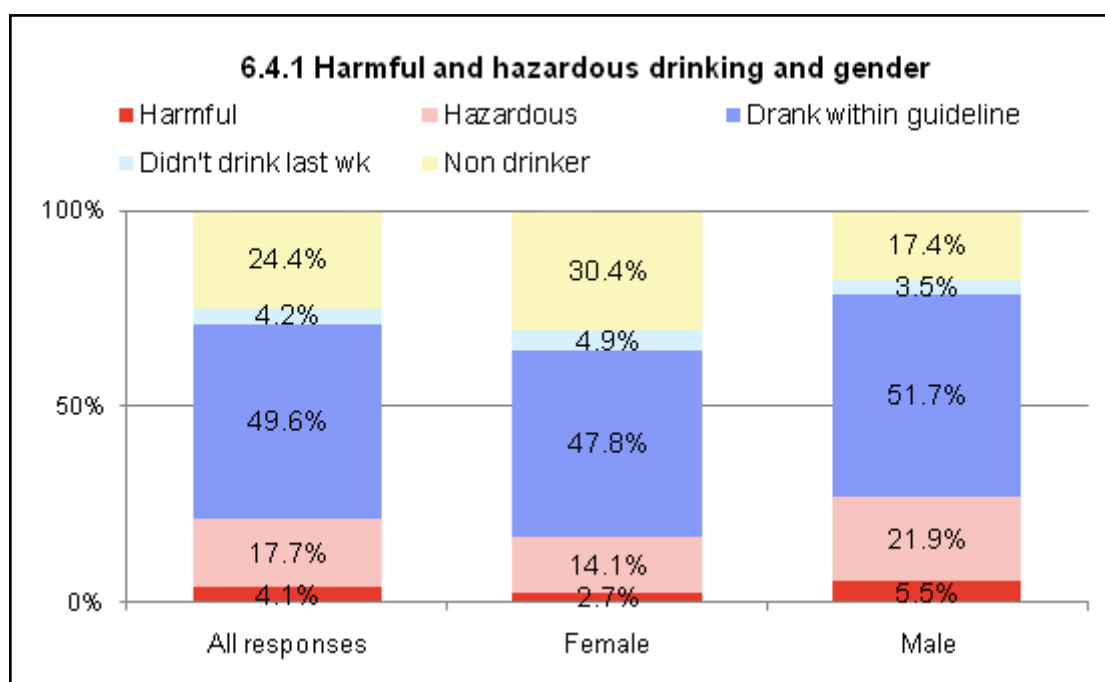
Harmful Drinking Prevalence						
	Sample size	Harmful	Hazardous	Drank within weekly guideline	Didn't drink last wk	Non drinker
All responses	7455	4.1%	17.7%	49.6%	4.2%	24.4%

### 6.4.1. Gender

Men have significantly higher rates of harmful drinking (5.5%) and hazardous drinking (21.9%) than the Stockport average. Men are also significantly less likely to be non drinkers (17.4%). Women show a reverse pattern, being significantly less likely to drink harmfully (2.7%) or hazarously (14.1%), and significantly more likely

to be non drinkers (30.4%). Neither gender is significantly different from the Stockport figure for drinking within weekly guidelines. This is the same gender pattern as seen with binge drinking.

Harmful Weekly Drinking and Gender						
Gender	Sample size	Harmful	Hazardous	Drank within weekly guideline	Didn't drink last week	Non drinker
Female	3827	2.7% <sup>L</sup>	14.1% <sup>L</sup>	47.8%	4.9%	30.4% <sup>H</sup>
Male	3554	5.5% <sup>H</sup>	21.9% <sup>H</sup>	51.7%	3.5%	17.4% <sup>L</sup>



Analysis of the same data excluding those who did not drink has also been undertaken. The pattern by gender shows no significant difference in drinking harmfully to the overall Stockport figure for those who drank in the previous week. Women are significantly less likely to drink hazardously and more likely to drink within the weekly guideline; men show the reverse pattern.

Harmful Weekly Drinking and Gender of those who drank last week				
Gender	Sample size	Harmful	Hazardous	Drank within weekly guideline
Female	2476	4.2%	21.8% <sup>L</sup>	73.9% <sup>H</sup>
Male	2812	6.9%	27.7% <sup>H</sup>	65.4% <sup>L</sup>

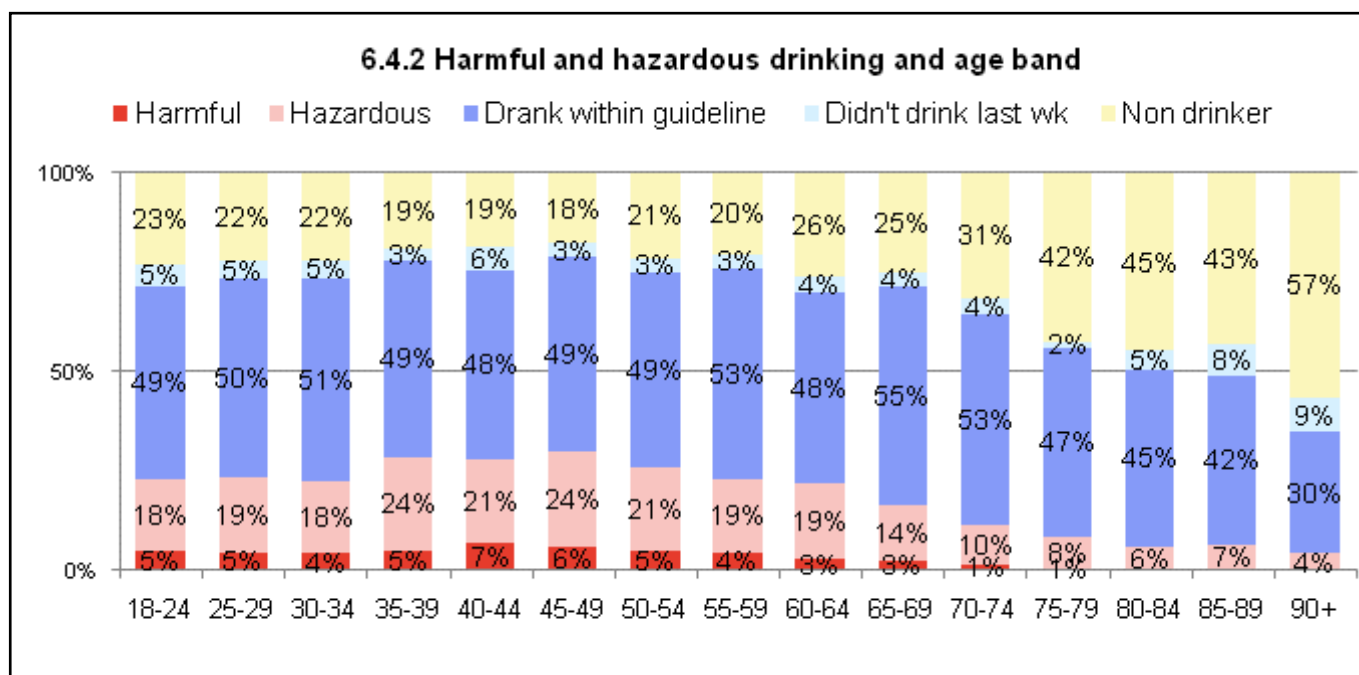
#### 6.4.2. Age

The age profile for harmful drinking is a mixed picture. A significantly higher proportion of 35-39 year olds are hazardous drinkers; 40-44 year olds are significantly more likely to drink harmfully; and 45-49 year olds are significantly more likely to drink harmfully. These three age bands also have significantly fewer non drinkers.

The over 70s are significantly less likely to drink harmfully or hazardously, and more likely to be non drinkers. None of the other age groups are significantly different to the overall Stockport figures.

This suggests that excessive weekly consumption of alcohol is a greater problem for middle aged people.

Harmful Weekly Drinking and Age Band						
Age band	Sample size	Harmful	Hazardous	Drank within weekly guideline	Didn't drink last week	Non drinker
18-24	667	4.8%	18.3%	48.6%	5.2%	23.1%
25-29	530	4.7%	18.7%	50.0%	4.5%	22.1%
30-34	721	4.3%	18.0%	51.3%	4.6%	21.8%
35-39	544	5.1%	23.5% <sup>†</sup>	49.3%	3.3%	18.8% <sup>‡</sup>
40-44	619	6.8% <sup>†</sup>	21.0%	47.8%	5.8%	18.6% <sup>‡</sup>
45-49	638	5.8%	24.3% <sup>†</sup>	48.7%	3.4%	17.7% <sup>‡</sup>
50-54	629	5.1%	21.0%	49.1%	3.5%	21.3%
55-59	659	4.4%	18.7%	53.1%	3.3%	20.5%
60-64	677	3.2%	18.6%	48.2%	4.0%	26.0%
65-69	536	2.6%	14.0%	54.9%	3.7%	24.8%
70-74	413	1.5% <sup>‡</sup>	9.9% <sup>‡</sup>	53.0%	4.1%	31.5% <sup>†</sup>
75-79	379	0.5% <sup>‡</sup>	8.2% <sup>‡</sup>	47.1%	1.8%	42.5% <sup>†</sup>
80-84	217	0.0%	6.0% <sup>‡</sup>	44.7%	4.6%	44.7% <sup>†</sup>
85-89	149	0.0%	6.7% <sup>‡</sup>	42.3%	8.1%	43.0% <sup>†</sup>
90+	46	0.0%	4.3% <sup>‡</sup>	30.4% <sup>‡</sup>	8.7%	56.5% <sup>†</sup>



Analysis of the same data excluding those who did not drink has also been undertaken. The pattern by age of those who drank last week is broadly the same as for all respondents. The drinkers over 65s are significantly more likely to drink within the weekly guideline, and those between 35 and 49 are significantly less likely to drink within the weekly guideline.

Harmful Weekly Drinking and Age Band of those who drank last week				
Age Band	Sample size	Harmful	Hazardous	Drank within weekly guideline
18-24	478	6.7%	25.5%	67.8%
25-29	389	6.4%	25.4%	68.1%
30-34	531	5.8%	24.5%	69.7%
35-39	424	6.6%	30.2%	63.2% <sup>L</sup>
40-44	468	9.0% <sup>††</sup>	27.8%	63.2% <sup>L</sup>
45-49	503	7.4%	30.8% <sup>††</sup>	61.8% <sup>L</sup>
50-54	473	6.8%	27.9%	65.3%
55-59	502	5.8%	24.5%	69.7%
60-64	474	4.6%	26.6%	68.8%
65-69	383	3.7%	19.6%	76.8% <sup>††</sup>
70-74	266	2.3% <sup>L</sup>	15.4% <sup>L</sup>	82.3% <sup>††</sup>
75-79	212	0.9% <sup>L</sup>	14.6% <sup>L</sup>	84.4% <sup>††</sup>
80-84	110	0.0%	11.8% <sup>L</sup>	88.2% <sup>††</sup>
85-89	73	0.0%	13.7% <sup>L</sup>	86.3% <sup>††</sup>
90+	16	0.0%	12.5%	87.5%

#### 6.4.3. Perceived Health Status

There was no significant difference in the rate of harmful drinking in relation to health perceptions.

Those who felt they did not have good health were significantly less likely to drink hazarously or drink within weekly guidelines, a similar pattern as that seen for binge drinking (see section 6.3.3). This may be because they are significantly more likely to be non drinkers.

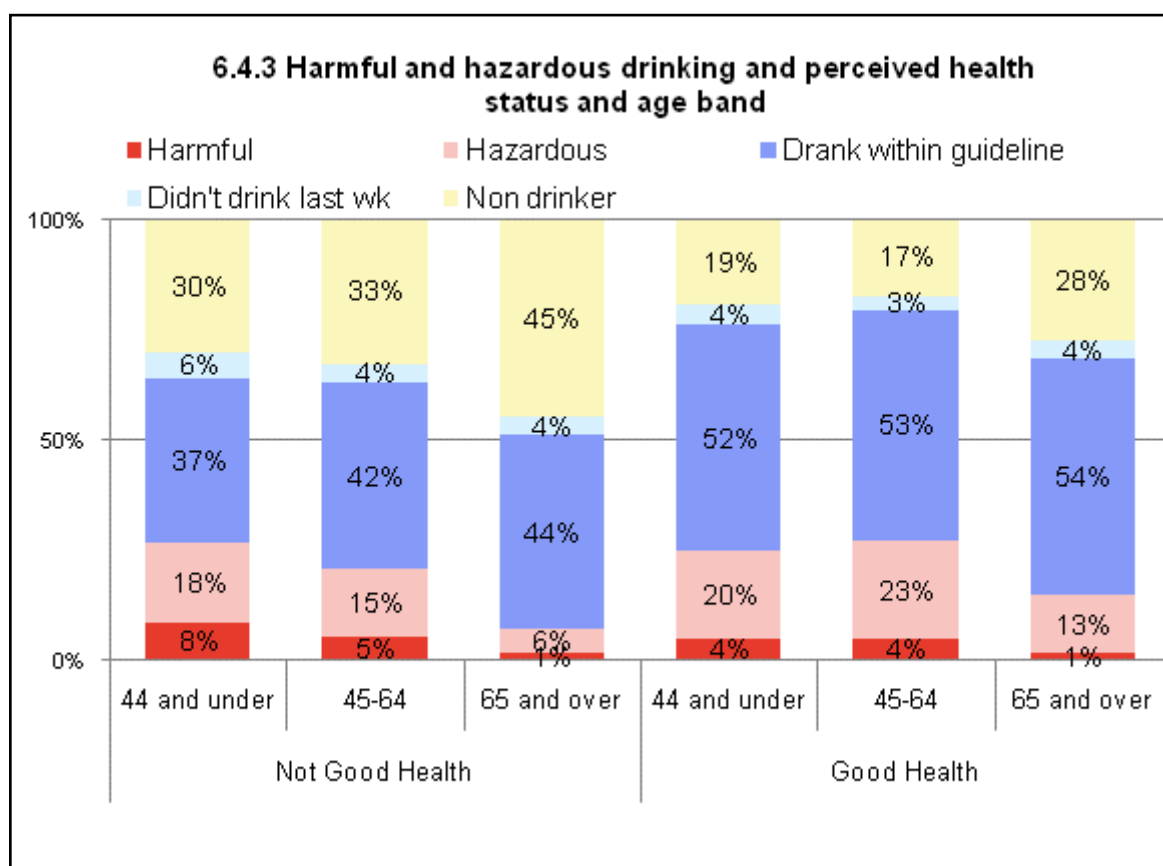
Those who felt they had good health show the reverse pattern, being significantly more likely to drink hazarously or to drink within weekly guidelines, and being less likely to be non drinkers. These patterns are also similar to those seen for binge drinking.

Harmful Weekly Drinking and Perceived Health Status						
Health Perception	Sample size	Harmful	Hazardous	Drank within weekly guideline	Didn't drink last week	Non drinker
Not Good Health	1941	4.4%	12.3% <sup>L</sup>	41.8% <sup>L</sup>	4.7%	36.8% <sup>††</sup>
Good Health	5475	3.9%	19.7% <sup>††</sup>	52.3% <sup>††</sup>	4.1%	20.0% <sup>L</sup>

The proportion of people drinking harmfully falls with age for both those who feel they did not have good health and those who feel they have good health, younger adults who are in not good health are significantly more likely to drink harmful amounts.

Those in good health are more likely to drink hazardously than those in not good health at all ages. Those in not good health are more likely to not drink than those in not good health at all ages.

Harmful Weekly Drinking and Perceived Health Status by Age							
Health Perception by Age		Sample size	Harmful	Hazardous	Drank within weekly guideline	Didn't drink last week	Non drinker
Not Good Health	44 and under	492	8.3% <sup>†</sup>	18.1%	37.4% <sup>L</sup>	6.1%	30.1% <sup>††</sup>
	45-64	698	5.2%	15.5%	42.3% <sup>L</sup>	4.4%	32.7% <sup>††</sup>
	65 and over	742	1.2% <sup>L</sup>	5.7% <sup>L</sup>	44.3% <sup>L</sup>	3.9%	45.0% <sup>††</sup>
Good Health	44 and under	2582	4.5%	20.1%	51.7%	4.5%	19.2% <sup>L</sup>
	45-64	1892	4.4%	22.6% <sup>††</sup>	52.5%	3.3%	17.2% <sup>L</sup>
	65 and over	979	1.3% <sup>L</sup>	13.1% <sup>L</sup>	53.9% <sup>††</sup>	4.1%	27.6%



Analysis of the same data excluding those who did not drink has also been undertaken. The pattern by perceived health status and age of those who drank in the previous week is broadly the same as for all respondents.



Harmful Weekly Drinking and Perceived Health Status by Age of those who drank last week				
Health Perception Age	Sample size	Harmful	Hazardous	Drank within weekly guideline
Not Good Health 44 and under	314	13.1% <sup>†</sup>	28.3%	58.6% <sup>L</sup>
Not Good Health 45-64	439	8.2%	24.6%	67.2%
Not Good Health 65 and over	380	2.4% <sup>L</sup>	11.1% <sup>L</sup>	86.6% <sup>†</sup>
Good Health 44 and under	1970	5.9%	26.3%	67.8%
Good Health 45-64	1505	5.6%	28.4% <sup>†</sup>	66.0%
Good Health 65 and over	669	1.9% <sup>L</sup>	19.1% <sup>L</sup>	78.9% <sup>†</sup>

#### 6.4.4. Deprivation

Within the most deprived quintile, harmful drinking is not significantly different from the Stockport overall figure, but both hazardous drinking and drinking within the weekly guideline are significantly lower. The rate of non drinkers in the most deprived areas is significantly higher than the overall Stockport figure.

The least deprived quintile is the only other with any significant difference from the Stockport average, having more people who drink hazardously and fewer non drinkers. There is a worrying potential for a decrease in life expectancy in the most affluent areas due to alcohol consumption.

This pattern is similar to the pattern for binge drinking.

Harmful Weekly Drinking and Deprivation						
2007 National IMD Quintile	Sample size	Harmful	Hazardous	Drank within weekly guideline	Didn't drink last week	Non drinker
1-Most deprived	732	4.4%	13.4% <sup>L</sup>	39.5% <sup>L</sup>	4.6%	38.1% <sup>†</sup>
2	1002	3.7%	15.9%	49.3%	4.0%	27.1%
3	1246	5.1%	16.3%	49.4%	4.3%	24.9%
4	1490	2.8%	16.6%	51.9%	3.7%	25.1%
5-Least deprived	2065	3.3%	20.5% <sup>†</sup>	52.4%	3.8%	20.0% <sup>L</sup>
Unknown	885	6.4% <sup>†</sup>	20.5%	47.8%	6.0%	19.3% <sup>L</sup>

Note: Please see map in section 2.6. 11.6% of responses are missing so care should be given to interpretation. Data for other geographies are available in appendix 2.

Analysis of the same data excluding those who did not drink has also been undertaken. Among those who drank in the previous week, there is no significant difference by deprivation. The large number of responses that can't be assigned to a level of deprivation are significantly more likely to drink harmfully.

Harmful Weekly Drinking and Deprivation of those who drank last week				
2007 National IMD Quintile	Sample size	Harmful	Hazardous	Drank within weekly guideline
1-Most deprived	419	7.6%	23.4%	69.0%
2	690	5.4%	23.0%	71.6%
3	883	7.2%	23.0%	69.8%
4	1061	3.9%	23.3%	72.9%
5-Least deprived	1575	4.4%	26.9%	68.7%
Unknown	661	8.6% <sup>†</sup>	27.4%	64.0% <sup>L</sup>

Note: Please see map in section 2.6. 11.6% of responses are missing so care should be given to interpretation. Data for other geographies are available in appendix 2.

#### 6.4.5. Ethnicity

As the large majority of respondents identify as white British, it isn't surprising that that group shows no statistical difference in drinking, but it is of note that they are less likely to be non drinkers.

The white non British ethnic groups are not significantly different from the Stockport figure for harmful drinking. However, the white Irish are more likely to be non drinkers, and those identified as white "other" are significantly less likely to drink harmfully.

Taken together the non white ethnic groups are more likely to be non drinkers and less likely to drink harmfully or hazarously. The largest contributor to the lower rates are the Asian groups, but though the actual number is small, the Black groups taken together also show the same pattern.

Harmful Weekly Drinking and Ethnic Group						
Ethnic Group	Sample size	Harmful	Hazardous	Drank within weekly guideline	Didn't drink last week	Non drinker
White British	6719	4.2%	18.9%	51.0%	4.2%	21.6% <sup>L</sup>
White Irish	146	4.8%	17.8%	38.4%	5.5%	33.6% <sup>†</sup>
White Other	138	5.1%	8.7% <sup>L</sup>	52.9%	2.9%	30.4%
Asian Pakistani	108	0.0%	0.0%	4.6% <sup>L</sup>	0.9%	94.4% <sup>†</sup>
<i>Not White</i>	414	0.7% <sup>L</sup>	2.4% <sup>L</sup>	29.0% <sup>L</sup>	3.1%	64.7% <sup>†</sup>
<i>Not White British</i>	698	2.4%	6.9% <sup>L</sup>	35.7% <sup>L</sup>	3.6%	51.4% <sup>†</sup>

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

Analysis of the same data excluding those who did not drink has also been undertaken. Because of small numbers who drank in the previous week, the Asian Pakistani ethnic grouping is not presented separately. For those who drank in the previous week, the white British and white Irish ethnic groups show no significant difference to the overall Stockport figures. Drinkers who are not white or not white British are significantly more likely to drink within the weekly guideline.

Harmful Weekly Drinking and Ethnic Group of those who drank last week				
Ethnic group	Sample size	Harmful	Hazardous	Drank within weekly guideline
White British	4983	5.7%	25.5%	68.8%
White Irish	89	7.9%	29.2%	62.9%
White Other	92	7.6%	13.0% <sup>L</sup>	79.3%
Not White	133	2.3%	7.5% <sup>L</sup>	90.2% <sup>H</sup>
Not White British	314	5.4%	15.3% <sup>L</sup>	79.3% <sup>H</sup>

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

#### 6.4.6. Religion

Rates of drinking harmfully do vary by religious groupings. Christians, the largest religious group in Stockport, are not significantly different to the overall Stockport figures.

Those who follow a non Christian religion are also not significantly different to the Stockport figure for drinking harmfully, and are also less likely to drink hazardously. The Muslim and Hindu populations are key drivers for this, and though numbers are very small, they could be masking different rates in the other non Christian groups.

Those who have no religion are significantly more likely to drink harmfully and hazardously, and less likely to be non drinkers.

Harmful Weekly Drinking and Religion						
Religion	Sample size	Harmful	Hazardous	Drank within weekly guideline	Didn't drink last week	Non drinker
None	1885	6.0% <sup>H</sup>	23.9% <sup>H</sup>	49.4%	3.8%	16.8% <sup>L</sup>
Christian	4891	3.5%	16.6%	50.9%	4.4%	24.5%
Any other religion	350	2.3%	4.9% <sup>L</sup>	26.6% <sup>L</sup>	3.1%	63.1% <sup>H</sup>

Note: Due to the low number of respondents, data for other religions cannot be presented separately

Analysis of the same data excluding those who did not drink has also been undertaken. The pattern by religion for those who drank in the previous week is similar to that for all respondents, but does show that those who indicated they have no religion are less likely to drink within the weekly guideline.

Harmful Weekly Drinking and Religion of those who drank last week				
Religion	Sample size	Harmful	Hazardous	Drank within weekly guideline
None	1497	7.6% <sup>H</sup>	30.1% <sup>H</sup>	62.3% <sup>L</sup>
Christian	3476	5.0%	23.4%	71.6%
Any other religion	118	6.8%	14.4% <sup>L</sup>	78.8%

Note: Due to the low number of respondents, data for other religions cannot be presented separately

#### 6.4.7. Sexual Orientation

Those who identified as heterosexual are not significantly different from the overall Stockport figures for drinking harmfully, hazardously or within the weekly guideline, but they are significantly less likely to be non drinkers.

The substantial number who preferred not to give their sexual orientation or who did not answer the question are significantly more likely to be non drinkers, and are less likely to drink hazardously or within the weekly guideline.

Those who identified as non heterosexuals, taken together or in smaller sub groups, show no significant difference to the overall Stockport figures.

Harmful Weekly Drinking and Sexual Orientation						
Sexual Orientation	Sample size	Harmful	Hazardous	Drank within weekly guideline	Didn't drink last week	Non drinker
Heterosexual	6151	4.4%	19.6%	50.8%	4.1%	21.1% <sup>L</sup>
Not heterosexual	209	6.2%	14.8%	48.3%	4.3%	26.3%
Prefer not to say	188	3.2%	10.1% <sup>L</sup>	34.6% <sup>L</sup>	4.3%	47.9% <sup>†</sup>

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

Analysis of the same data excluding those who did not drink has also been undertaken. The pattern by sexual orientation for those who drank in the previous week shows no significant differences to the figures for all responses.

Harmful Weekly Drinking and Sexual Orientation of those who drank last week				
Sexual orientation	Sample size	Harmful	Hazardous	Drank within weekly guideline
Heterosexual	4601	5.9%	26.1%	67.9%
Not heterosexual	145	9.0%	21.4%	69.7%
Prefer not to say	90	6.7%	21.1%	72.2%

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

#### 6.4.8. Comparisons

Numerical comparisons to published sources are not possible because different conversions of units per type of drink are used in different sources. National and regional reports agree that men are more likely to drink hazardously and harmfully than women, that drinking hazardously and harmfully decreases as age increases, and that non white ethnic groupings are less likely to drink hazardously and harmfully.

The Health and Lifestyles in the North West report showed a similar finding with regard to deprivation.

#### 6.5. Perception of Alcohol Risk

This year, the survey asked drinkers to indicate if they thought that drinking the amount they drank in the previous week on a regular basis could harm their health. The options offered were yes, probably, not sure and no. The responses show a low understanding of what amount of alcohol is likely to cause harm.

Only 35.6% of all respondents correctly assessed the risk of their previous week's drinking (highlighted in blue bold in the table below), and 15.8% responded that they weren't sure about it.

The respondents who were consuming large amounts of alcohol and were classed as both binge drinkers and harmful drinkers only identified their drinking as harmful in 29.5% of cases. A further 52.9% of them did say their drinking was probably harmful; perhaps indicating a willingness to admit there was a problem. However, 7.6% of these people who binge and drink harmful amounts said they did not think that level of drinking could harm their health.

Those who were drinking a healthy amount, not over the daily or weekly guideline, were 73.3% correct in identifying that the amount they drank was not harmful.

However, the fact that 5% thought it was harmful, and almost 9% thought it was probably harmful, shows that there is a lack of understanding of the volume of alcohol that is a health risk.

Perception of harm from alcohol							
On day drank most	Weekly drinking	Sample size	Not Sure	No	Probably	Yes	Not answered
<i>All who drank last wk</i>		5354	15.8%	54.6%	19.5%	8.6%	1.8%
Drinking within guidelines		2104	11.5%	<b>73.3%</b>	8.9%	5.0%	1.3%
Over guideline on day drank most	Drank within weekly guideline	1149	16.7%	65.2%	<b>10.8%</b>	5.8%	1.5%
Binged on day drank most	Drank within weekly guideline	435	16.8%	48.7%	23.9%	<b>10.1%</b>	0.5%
Drank within daily guideline	Hazardous amount for week	84	20.2%	38.1%	27.4%	<b>11.9%</b>	2.4%
Over guideline on day drank most	Hazardous amount for week	446	25.8%	34.8%	28.9%	<b>9.4%</b>	1.3%
Binged on day drank most	Hazardous amount for week	792	21.8%	24.9%	40.0%	<b>12.5%</b>	0.8%
Binged on day drank most	Harmful amount for week	272	9.9%	7.0%	52.9%	<b>29.5%</b>	0.7%

**Bold** = correct assessment

## 6.6. Drinking Patterns

It has been suggested that the ideal drinking pattern is to consume alcohol within the daily guideline levels on most days, but to have at least one alcohol free day a week.

The most common drinking pattern among the respondents, with 41.5% of answers, is to drink only on 1 or 2 days a week. This is also the most popular pattern with people who drank within both the daily and weekly guideline in the previous week, with 46.7% of them responding that they drank 1-2 times a week.

Only those who drank a harmful amount show a very different pattern, with 48.2% drinking almost every day.

Drinking Pattern							
Category (not mutually exclusive)	Sample size	Almost everyday	5-6 days a week	3-4 days a week	1-2 times a week	1-2 times a month	less than monthly
All drinkers	5603	10.3%	7.4%	22.7%	41.5%	12.4%	5.6%
Drank within guidelines	2094	8.0%	5.3%	17.4%	46.7%	16.0%	6.5%
Over guideline on day drank most	1621	10.2%	9.1%	26.8%	42.3%	8.8%	2.7%
Binged on day drank most	1497	12.4%	8.7%	30.1%	40.4%	6.8%	1.6%
Hazardous amount for week	1309	18.0%	16.0%	38.7%	25.5%	1.8%	0.8%
Harmful amount for week	299	48.2%	18.1%	21.1%	12.0%	0.7%	0.0%

Only 30.1% of the respondents who drink do so between 3 to 6 days per week. Analysis of this group by the volume of alcohol they drank the previous week showed that over half of them (52.9%) were binge drinking or drinking harmfully or hazarously.

When considering all respondents (both drinkers and non drinkers), only 6.4% both drink within guidelines and in the recommended pattern.

## 7 Obesity

### 7.1. Key Findings

- Obesity is increasing in Stockport with 15.8% of respondents classed as obese.
- Due to the self reporting methodology of this survey this prevalence is known to be an underestimate and the true level of obesity has been estimated to be 23%.
- There is a general rise in the percent of overweight people as age increases from 18 to 74, rising from 19.0% to 42.4%.
- Those who feel they do not have good health are significantly more likely to be obese.
- Among women, obesity increases with deprivation, but this pattern is not found with men.
- Most obese and overweight people do recognise that they are overweight.
- Reported levels of physical activity are lower for obese people.
- Reported poor dietary habits are not significantly higher for obese people.

### 7.2. Rationale

Obesity is responsible for more than 9,000 premature deaths per year in England and is an important risk factor for a number of chronic diseases such as heart disease, stroke, some cancers, and type 2 diabetes. Obesity is also associated with low self esteem and social isolation. The current expectation nationally is for rates of obesity to continue to increase.

### 7.3. Obesity Prevalence Analysis

The survey asked people to write in their height and weight and these measurements were used to calculate the respondents' BMI (Body Mass Index). Self reporting of height and weight is known to be inaccurate, but is still valid for comparison purposes between groups within the survey. 97.2% of the respondents provided information from which BMI could be calculated. The respondents were classed as obese if their BMI was above 30; BMIs under 30 but over 25 were classed as overweight; those between 25 and 18.5 were classed as normal weight and those under 18.5 were classed as underweight.

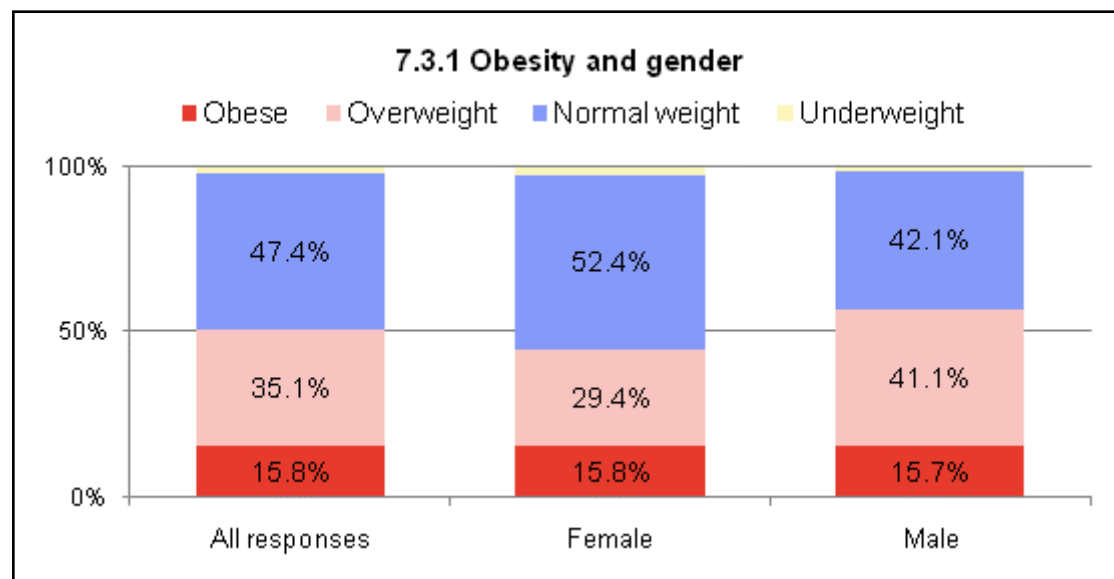
Of those responding to questions on height and weight, 15.8% are classed as obese. This is significantly more than the 13.6% in the 2006 Stockport Health Survey which used the same methodology. Rates of overweight have also increased to 35.1%, but this isn't significantly more than the 34.1% found earlier.

Obesity Prevalence					
	Sample size	Obese	Over-weight	Normal weight	Under-weight
All responses	7282	15.8%	35.1%	47.4%	1.7%

### 7.3.1. Gender

Rates of obesity for men and women are not significantly different to the overall rate, suggesting that gender is less of an influence than deprivation. However, a gender pattern is evident for overweight, with females significantly lower at 29.4% and males significantly higher at 41.1% making for a more complex situation.

Obesity and Gender					
Gender	Sample size	Obese	Over-weight	Normal weight	Under-weight
Female	3740	15.8%	29.4% <sup>L</sup>	52.4% <sup>H</sup>	2.5%
Male	3493	15.7%	41.1% <sup>H</sup>	42.1% <sup>L</sup>	1.0% <sup>L</sup>



### 7.3.2. Age

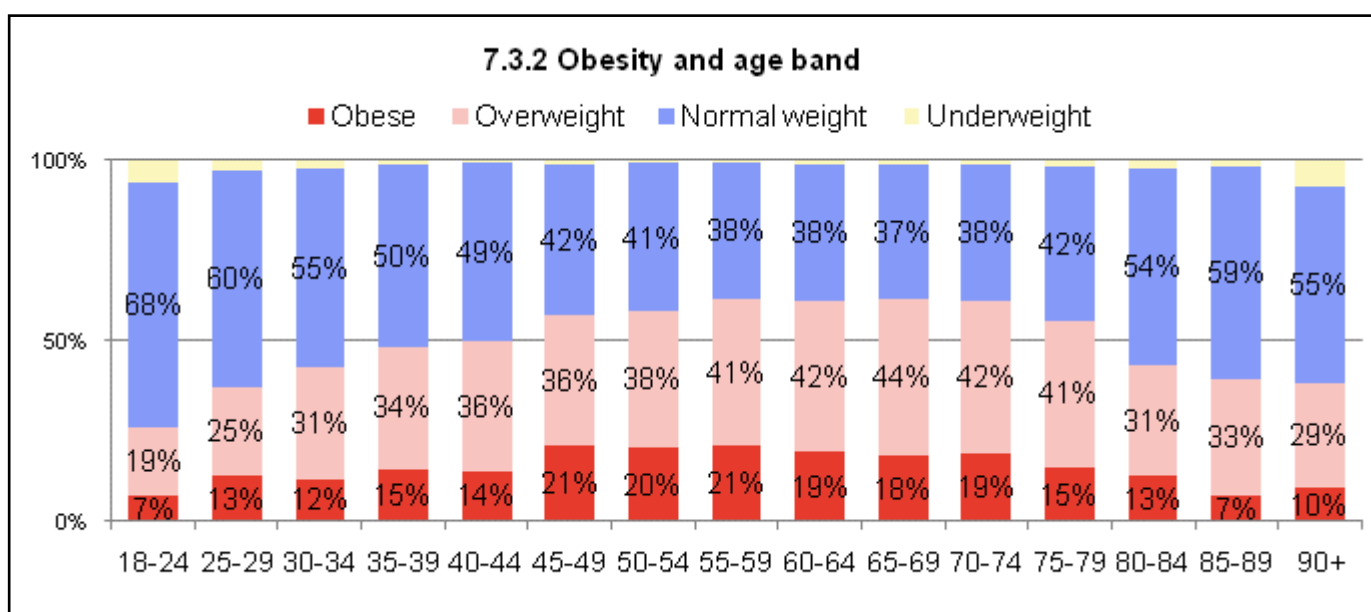
The percentage of people of normal weight decreases from 67.9% in the youngest adult age band to 37.9% by ages 70 to 74. From 45 to 74, there are significantly fewer people classed as normal weight. Ages 75 and over, this trend stops and people are more likely to be of normal weight.

There is a general rise in the percent of overweight people as age increases from 18 to 74, rising from 19.0% to 42.4%. From 55 to 74, the rate of overweight is significantly higher than the overall rate, but again for ages 75 and over, the trend stops.

Variation in rates of obesity with age has a different profile. Rather than peaking at the 70 to 74 age band, it is highest in the 45 to 49 age band, at 21.1%. From 45 to 59 the rate of obesity is significantly higher than the overall figure, but the rate decreases in older age bands. This suggests the under 60s have a more obesogenic lifestyle than the older generation.



Obesity and Age Band					
Age band	Sample size	Obese	Over-weight	Normal weight	Under-weight
18-24	641	7.0% <sup>L</sup>	19.0% <sup>L</sup>	67.9% <sup>H</sup>	6.1% <sup>H</sup>
25-29	514	12.6%	24.7% <sup>L</sup>	60.1% <sup>H</sup>	2.5%
30-34	705	11.9% <sup>L</sup>	30.9%	54.9% <sup>H</sup>	2.3%
35-39	537	14.7%	33.9%	50.1%	1.3%
40-44	613	14.0%	35.9%	49.3%	0.8%
45-49	625	21.1% <sup>H</sup>	35.8%	42.1% <sup>L</sup>	1.0%
50-54	621	20.5% <sup>H</sup>	37.7%	41.1% <sup>L</sup>	0.8%
55-59	652	20.9% <sup>H</sup>	40.8% <sup>H</sup>	37.9% <sup>L</sup>	0.5% <sup>L</sup>
60-64	664	19.3%	42.0% <sup>H</sup>	37.7% <sup>L</sup>	1.1%
65-69	528	18.2%	43.6% <sup>H</sup>	37.3% <sup>L</sup>	0.9%
70-74	406	18.7%	42.4% <sup>H</sup>	37.9% <sup>L</sup>	1.0%
75-79	371	15.1%	40.7%	42.3%	1.9%
80-84	216	12.5%	31.0%	54.2%	2.3%
85-89	141	7.1% <sup>L</sup>	32.6%	58.9% <sup>H</sup>	1.4%
90+	42	9.5%	28.6%	54.8%	7.1% <sup>H</sup>



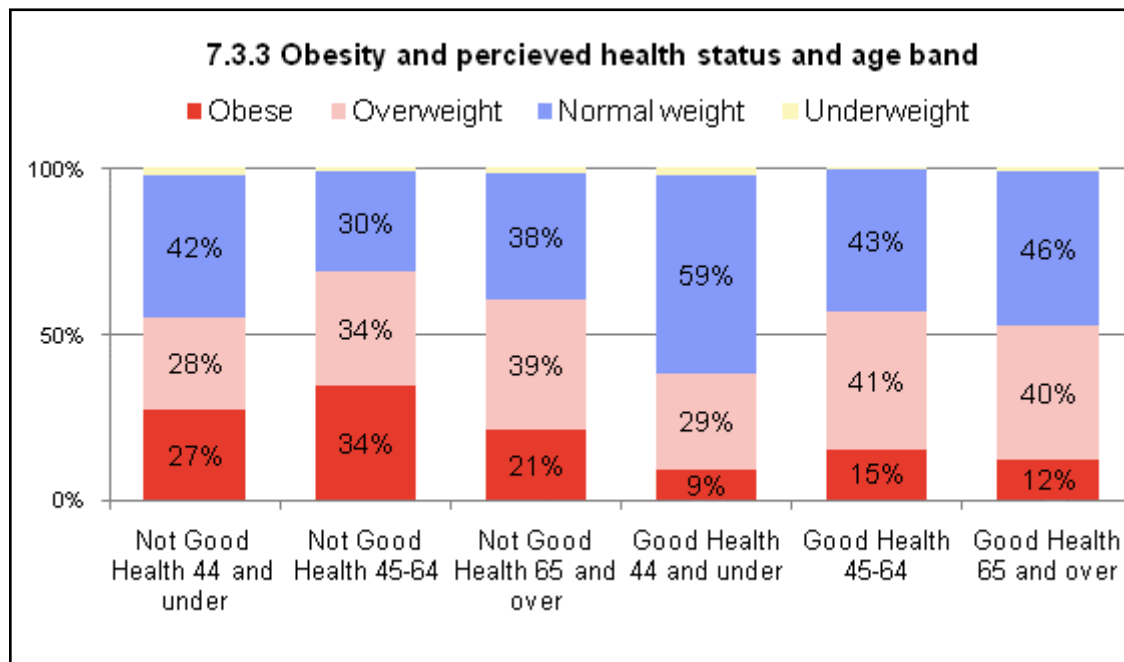
### 7.3.3. Perceived Health Status

Respondents who felt they did not have good health are significantly more likely to be obese and less likely to be of normal weight. The reverse is true for those who feel they are in good health. Neither group is significantly different to the overall Stockport figure for overweight or underweight.

Obesity and Perceived Health Status					
Health Perception	Sample size	Obese	Over-weight	Normal weight	Under-weight
Not Good Health	1879	27.3% <sup>H</sup>	34.6%	36.4% <sup>L</sup>	1.7%
Good Health	5365	11.8% <sup>L</sup>	35.2%	51.2% <sup>H</sup>	1.8%

The proportion of people who are obese is significantly higher for those who do not have good health at all ages. Interestingly for age groups over 45, those in good health are significantly more likely to be overweight.

Obesity and Perceived Health by Age						
Health Perception by Age		Sample size	Obese	Over-weight	Normal weight	Under-weight
Not Good Health	44 and under	469	26.9% <sup>†</sup>	28.1% <sup>‡</sup>	42.4%	2.6%
	45-64	685	34.5% <sup>†</sup>	34.2%	30.1% <sup>‡</sup>	1.3%
	65 and over	724	20.9% <sup>†</sup>	39.2%	38.4% <sup>‡</sup>	1.5%
Good Health	44 and under	2534	9.2% <sup>‡</sup>	29.0% <sup>‡</sup>	59.2% <sup>†</sup>	2.7% <sup>†</sup>
	45-64	1864	15.3%	41.0% <sup>†</sup>	43.0% <sup>‡</sup>	0.6% <sup>‡</sup>
	65 and over	962	12.0% <sup>‡</sup>	40.4% <sup>†</sup>	46.2%	1.5%



#### 7.3.4. Deprivation

There is a clear deprivation profile for obesity, with the two most deprived quintiles having obesity rates that are significantly higher than the average figure, more than twice that of the least deprived quintile. This difference is only apparent for females within the most deprived quintiles, with women being significantly more likely to be obese than men, while men are not significantly different to the overall rate.

With regard to rates of overweight, the deprivation quintiles are not significantly different from the overall figure.

The proportion of people who are underweight does not vary significantly by deprivation.

Obesity and Deprivation					
2007 National IMD Quintile	Sample size	Obese	Over-weight	Normal weight	Under-weight
1 –most deprived	711	24.3% <sup>†</sup>	33.9%	39.7% <sup>‡</sup>	2.1%
2	983	21.4% <sup>†</sup>	31.5%	45.9%	1.2%
3	1213	15.2%	35.4%	47.1%	2.3%
4	1462	14.3%	38.4%	46.1%	1.2%
5 –least deprived	2042	11.4% <sup>‡</sup>	35.9%	50.7% <sup>†</sup>	2.0%
Unknown	837	16.7%	32.3%	49.5%	1.6%

Note: Please see map in section 2.6. 11.6% of responses are missing so care should be given to interpretation. Data for other geographies are available in appendix 2.

Obesity and Deprivation by Gender			
2007 National IMD Quintile by Gender	Sample size	Obese	
Female	1 –most deprived	375	27.1%
	2	525	22.7%
	3	610	15.2%
	4	742	12.9%
	5 –least deprived	993	10.1%
Male	1 –most deprived	311	20.8%
	2	439	19.8%
	3	569	14.8%
	4	692	15.7%
	5 –least deprived	996	12.7%

### 7.3.5. Ethnicity

As a large majority of Stockport residents identify as white British, other ethnic groups are represented in very low numbers in the survey. Considered together, all the other ethnic groups do not have significantly different levels of obesity, overweight or underweight.

However, the white Irish do have a significantly higher level of obesity at 23.4%, though this may be explained by the older age profile of this group.

There is some debate about the applicability of the standard BMI categorisations to non white ethnic groups, especially Asian groups. Though numbers for the Chinese population are very small, they do stand out as significantly more likely to be normal weight or underweight. Other Asian groups, considered separately or together, are not significantly different to the overall Stockport figure. Nationally, there are high obesity levels among African and Caribbean communities; however the low numbers of respondents mean that separate statistics for this group are not available.

Obesity and Ethnic Group					
Ethnic Group	Sample size	Obese	Over-weight	Normal weight	Under-weight
White British	6583	15.5%	35.3%	47.5%	1.7%
White Irish	141	23.4% <sup>H</sup>	39.0%	36.9% <sup>L</sup>	0.7%
White Other	136	16.9%	35.3%	47.8%	0.0%
Asian Pakistani	105	19.0%	33.3%	42.9%	4.8%
<i>Not White</i>	<i>406</i>	<i>16.7%</i>	<i>30.8%</i>	<i>49.0%</i>	<i>3.4%</i>
<i>Not White British</i>	<i>683</i>	<i>18.2%</i>	<i>33.4%</i>	<i>46.3%</i>	<i>2.2%</i>

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

### 7.3.6. Religion

The majority of respondents are Christian, and so it is not surprising that Christians are not significantly different to the overall Stockport figure. Those who are of another religion are also not significantly different.

Respondents who had no religion are significantly less likely to be obese and significantly more likely to be a normal weight, possibly because this group has a younger age profile.

Obesity and Religion					
Religion	Sample size	Obese	Over-weight	Normal weight	Under-weight
None	1843	12.8% <sup>L</sup>	32.9%	51.6% <sup>H</sup>	2.7%
Christian	4780	16.9%	35.8%	45.9%	1.4%
Any other religion	341	16.1%	36.1%	45.7%	2.1%

Note: Due to the low number of respondents, data for other religions cannot be presented separately

### 7.3.7. Sexual Orientation

This survey found no significant differences in obesity, overweight or underweight between non heterosexual groups and the overall Stockport figure, either considered separately or together.

Obesity and Sexual Orientation					
Sexual Orientation	Sample size	Obese	Over-weight	Normal weight	Under-weight
Heterosexual	6032	15.5%	35.0%	47.8%	1.7%
Not heterosexual	202	14.4%	34.7%	49.0%	2.0%
Prefer not to say	181	21.0%	30.9%	47.0%	1.1%

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

### 7.3.8. Comparisons

The Health Survey for England 2006 provides the standard figure for obesity rates of 24%, which is far higher than the rate found in this survey. However, the Health Survey for England is conducted face to face, with actual measurements taken by a professional. The self reporting methodology of our survey is more likely to lead to heavier people not giving any information at all, and other respondents underestimating their actual weight. This makes direct comparison between the two surveys impossible.

The North West Lifestyle Survey 2007 used the same methodology as our survey and so is suitable for comparison. That survey found an obesity rate of 15.0% in the northwest with no significant difference between males and females. For overweight,

the North West figure was 34.1% with men being significantly more likely to be overweight than women. The age profiles of obesity in the two surveys also seem to be the same. The North West survey found a similar deprivation profile, with obesity increasing from 10.6% to 18% from the least to most deprived IMD quintile. Our results give a steeper profile starting from a slightly larger 11.4% in the least deprived quintile and rising to 24.3% in the most deprived quintile.

Because our survey results are so close to the North West Lifestyle Survey results, it is reasonable to conclude that Stockport's true obesity rates would be the same as those for the North West as a whole. Returning to the Health Survey for England, the obesity rate for the North West was 23.0%.

#### 7.4. Perception of Weight

This year, the survey also asked people to classify themselves as overweight, a healthy weight or underweight. No separate option for obese was presented, in order to keep the question simple. Most people (75.6%) did classify their weight correctly.

Those classified as obese based on BMI were almost always correctly assessing themselves as overweight. Only 6% classed themselves as a healthy weight.

Overweight people were less likely to correctly classify their weight, with just over a third responding that they were a healthy weight.

People classed as having a healthy weight were correctly classifying themselves in 76.0% of responses. They were more likely to incorrectly classify themselves as overweight than as underweight.

Under half of underweight people classified themselves correctly, with slightly more classifying themselves as a healthy weight. Though the numbers are very small, 4.8% classed themselves as overweight suggesting they may be experiencing an eating disorder.

Obesity and Perception				
BMI Category	Sample size	Overweight	Healthy Weight	Underweight
Obese	1147	<b>93.9%</b>	6.0%	0.1%
Overweight	2540	<b>68.1%</b>	31.7%	0.2%
Normal weight	3423	18.5%	<b>76.0%</b>	5.5%
Underweight	125	4.8%	48.8%	<b>46.4%</b>

**Bold** = correct assessment

#### 7.5. Obesity and Waist Measurement

Newly included in this year's survey was a question requesting the respondent's waist measurement. Waist measurement is an indicator for health risks, and is also a check on obesity determined by BMI.

Response rate was good with 82.5% providing information. However, upon analysis doubts were raised about how the respondents interpreted the meaning of waist measurement. Our results showed only 20.7% of women and 7.5% of men in the higher risk category, compared to North West figures of 39% and 32%. Though this could be a similar self reporting bias as is seen in weight measurements, further analysis show that our respondents were much more likely to give their waist

measurement in an even number of inches (83.7% of men and 67.8% of women), as if they were supplying the waist size of clothing. The measure for clothing is not the same as for assessing health risk, and the clothing measure would actually mask health risk in many cases.

Until further clarification can be found on how to account for the possibility of clothing size measurements contaminating waist measurement in a self reporting survey, the detail analysis of this information will not be presented.

## **7.6. Obesity and Eating Habits**

The survey asked how often respondents ate five categories of food: sugary snacks, sugary drinks, crisps/salty nuts, takeaways, and meals out at restaurants or cafes. This information was analysed by the respondents' BMI category, and then those of non healthy weight were compared to those of healthy weight, in order to find any correlation between eating habits and weight category.

The survey's results showed very few significant differences between those of healthy weight and those who were obese or underweight. There were no significant differences with those who were overweight.

The few significant differences found in the survey results are probably contrary to what would generally be expected. The obese people surveyed were significantly less likely to eat sugary snacks frequently. This could be evidence of higher levels of dieting in this group. They are also significantly more likely to never eat out at restaurants or cafes. The underweight people surveyed are significantly more likely to eat crisps and salted nuts at least once a day.

It is possible that the data on eating habits is skewed in the same way as data on weight because of the use of self-reporting. It is also possible that the eating habits of the different weight categories do vary, but by portion size rather than frequency. It's worth noting that the results for physical activity do correlate with BMI categories.

Obesity and Eating Habits						
BMI Category	Sample size	Daily or more	Often, not daily	Once a week	Less than once a week	Never
Eat sugary snacks such as biscuits, cake, sweets or chocolate						
Normal weight	3410	47.5%	30.1%	10.1%	10.0%	2.3%
Obese	1133	42.0% <sup>L</sup>	27.7%	12.7%	13.5% <sup>†</sup>	4.1% <sup>†</sup>
Overweight	2522	45.4%	31.1%	10.8%	10.2%	2.5%
Underweight	127	50.4%	24.4%	10.2%	11.8%	3.1%
All responses	7387	46.2%	29.8%	10.7%	10.6%	2.7%
Drink sugary drinks, such as fizzy pop (not diet)						
Normal weight	3332	10.1%	10.5%	8.7%	24.7%	45.9%
Obese	1118	11.7%	9.8%	8.9%	24.2%	45.3%
Overweight	2471	8.3%	10.9%	9.3%	26.6%	44.9%
Underweight	124	12.1%	13.7%	10.5%	27.4%	36.3%
All responses	7232	10.1%	10.4%	9.0%	25.2%	45.2%
Eat crisps or salted nuts						
Normal weight	3354	12.8%	21.8%	18.1%	31.7%	15.7%
Obese	1123	10.9%	22.4%	17.7%	32.3%	16.7%
Overweight	2492	11.0%	22.6%	18.1%	33.1%	15.2%
Underweight	124	22.6% <sup>†</sup>	22.6%	16.9%	25.8%	12.1%
All responses	7278	12.2%	22.2%	18.0%	32.1%	15.6%
Eat a take-away						
Normal weight	3340	1.1%	3.8%	20.9%	51.7%	22.5%
Obese	1124	0.8%	5.3%	22.8%	48.9%	22.2%
Overweight	2481	0.8%	4.0%	23.5%	49.8%	21.9%
Underweight	124	1.6%	5.6%	18.5%	45.2%	29.0%
All responses	7254	1.0%	4.2%	22.1%	50.2%	22.6%
Eat out at a restaurant or café						
Normal weight	3371	0.6%	3.9%	19.0%	67.0%	9.6%
Obese	1126	0.8%	4.4%	17.1%	61.8% <sup>L</sup>	15.9% <sup>†</sup>
Overweight	2503	0.6%	4.8%	19.9%	63.6%	11.1%
Underweight	124	2.4%	4.8%	19.4%	58.9%	14.5%
All responses	7315	0.7%	4.3%	18.9%	64.6%	11.5%

### 7.7. Obesity and 5 a Day

The survey asked how many portions of fruit and vegetables they ate on a typical day. This information was analysed by the respondents' BMI category, and then those of non healthy weight were compared to those of healthy weight, in order to find any correlation between eating adequate amounts of fruit and vegetables and weight category.

Like the data for eating habits, the analysis of obesity and eating 5 portions of fruit or vegetables a day shows very few significant differences. The obese and overweight people surveyed were not significantly different to those of normal weight in the portions of fruit or vegetables they eat. The underweight people surveyed were significantly more likely to eat no fruit or vegetables on a typical day.

Obesity and 5 a Day							
BMI Category	Sample size	Portions of fruit or vegetables					
		0	1	2	3	4	5+
Normal weight	3435	2.0%	9.1%	18.6%	28.8%	22.6%	18.8%
Obese	1149	2.0%	9.6%	22.3%	29.3%	21.3%	15.5%
Overweight	2539	1.4%	8.6%	18.7%	29.5%	22.9%	18.9%
Underweight	126	7.1% <sup>†</sup>	10.3%	25.4%	23.8%	18.3%	15.1%
All responses	6662	1.9%	9.2%	19.4%	29.2%	22.3%	18.0%

## 7.8. Obesity and Physical Activity

The survey asked how many days a week a respondent took at least moderate physical activity for 30 minutes or more. This information was analysed by the respondent's BMI category, and then those not of healthy weight were compared to those who are of healthy weight in order to find any correlation between BMI category and physical activity.

The results show a clear correlation between BMI category and frequency of physical activity. Respondents who are obese are significantly more likely to be physically active less than once a week or only 1-2 times a week, and are also significantly less likely to be physically active 3-4 times a week or 5 or more times a week. Overweight respondents were significantly more likely to be physically active only 1-2 times a week.

Obesity and Physical Activity					
BMI Category	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
Normal weight	3450	14.2%	24.7%	32.6%	28.4%
Obese	1151	28.8% <sup>†</sup>	29.9% <sup>†</sup>	23.7% <sup>L</sup>	17.6% <sup>L</sup>
Overweight	2554	15.7%	28.4% <sup>†</sup>	30.6%	25.3%
Underweight	127	17.5%	23.0%	22.2% <sup>L</sup>	37.3%



## 8 Physical Activity

### 8.1. Key Findings

- Only a quarter of respondents are achieving the recommended weekly amounts of physical activity.
- Those who felt they did not have good health are significantly less likely to get adequate physical activity, and significantly more likely to be very inactive, with 30.4% of them being active less than once a week.
- The proportion of people undertaking some physical activity has risen from 2006.
- Leisure / sport activities and travel are the most common sources of physical activity for those exercising 5 or more times a week.

### 8.2. Rationale

Evidence clearly demonstrates that an inactive lifestyle has a substantial negative impact on individual health. Adults who are physically active have 20-30% reduced risk of premature death, and up to 50% reduced risk of developing the major chronic diseases such as coronary heart disease, stroke, diabetes and cancers. Overall, physical activity levels are declining nationally.

To maintain a healthy lifestyle the Government recommends that individuals undertake 30 minutes of moderate physical activity on at least 5 days a week.

### 8.3. Analysis

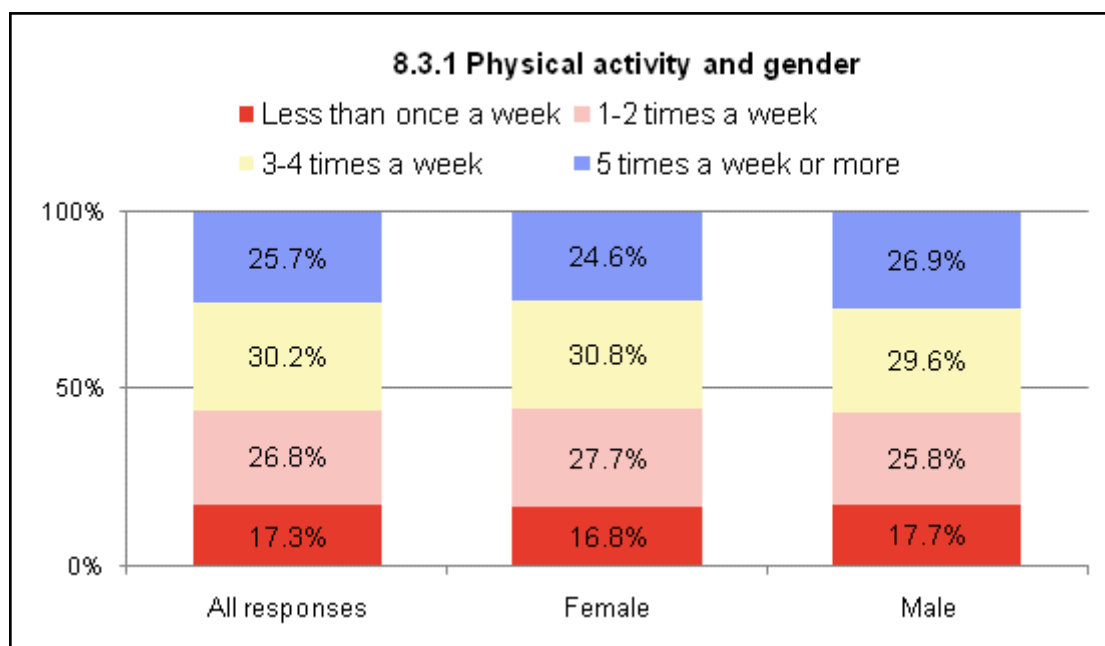
Only a quarter of the respondents indicated that they were achieving the minimum recommended amount of activity a week; a similar proportion as found in the 2006 survey. The number reporting they were being active 3 to 4 times a week however has increased significantly since 2006, from 28.5% to 30.2%. The amount saying they were active less than once a week was 17.3%, again not significantly different from the previous survey. It therefore seems that although people are still not achieving the recommended levels, physical activity may be increasing.

Physical Activity Prevalence					
	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
All responses	7419	17.3%	26.8%	30.2%	25.7%

#### 8.3.1. Gender

No significant differences were found between males and females.

Physical Activity and Gender					
Gender	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
Female	3815	16.8%	27.7%	30.8%	24.6%
Male	3531	17.7%	25.8%	29.6%	26.9%



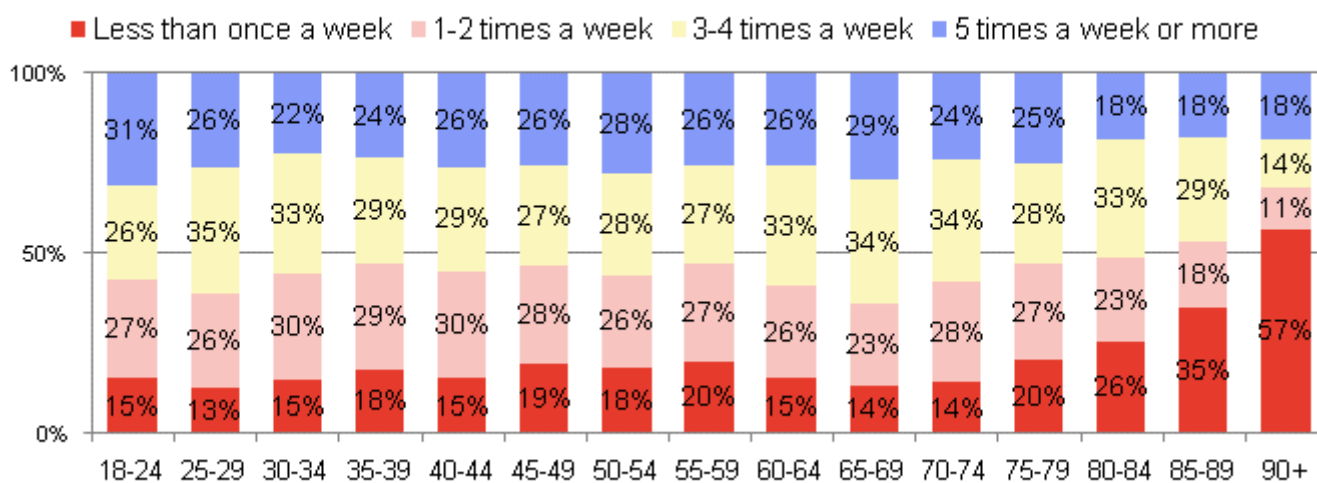
### 8.3.2. Age

Only the 18-24s, the youngest of our age groups, reported a significantly higher percentage of people achieving the recommended levels of physical activity, at a rate of only 30.9% of those surveyed.

Levels of physical activity are roughly the same at all ages until the over 80s, when people are significantly more likely to be active less than once a week.

Physical Activity and Age Band					
Age band	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
18-24	669	15.4%	27.4%	26.3%	30.9% <sup>H</sup>
25-29	527	12.7% <sup>L</sup>	26.0%	34.9%	26.4%
30-34	723	14.9%	29.7%	33.1%	22.3%
35-39	544	18.0%	29.2%	29.2%	23.5%
40-44	621	15.3%	30.0%	28.7%	26.1%
45-49	636	19.2%	27.7%	27.4%	25.8%
50-54	628	18.3%	25.8%	27.9%	28.0%
55-59	660	20.0%	27.0%	27.4%	25.6%
60-64	674	15.3%	25.8%	33.4%	25.5%
65-69	530	13.6%	22.6%	34.3%	29.4%
70-74	408	14.2%	27.9%	33.8%	24.0%
75-79	366	20.5%	26.5%	28.1%	24.9%
80-84	215	25.6% <sup>H</sup>	23.3%	33.0%	18.1% <sup>L</sup>
85-89	146	34.9% <sup>H</sup>	18.5% <sup>L</sup>	28.8%	17.8%
90+	44	56.8% <sup>H</sup>	11.4% <sup>L</sup>	13.6% <sup>L</sup>	18.2%

### 8.3.2 Physical activity and age band



### 8.3.3. Perceived Health Status

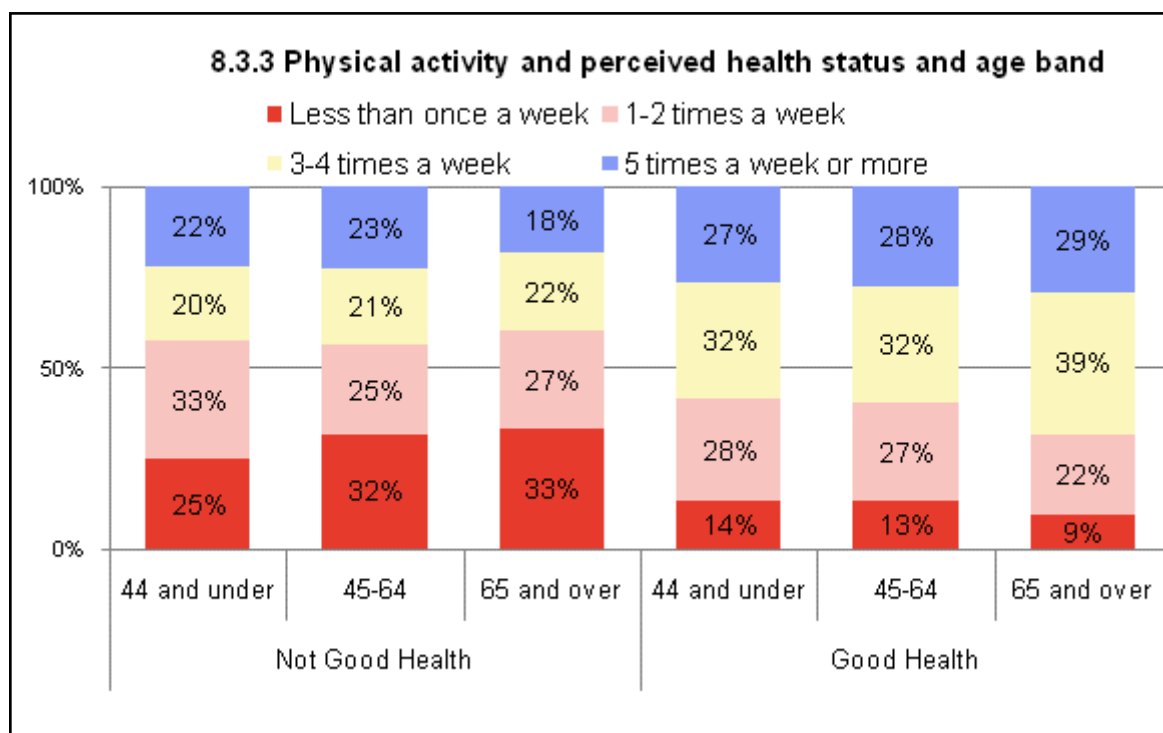
Respondents who felt they did not have good health are significantly less likely to get adequate physical activity, and significantly more likely to be very inactive, with 30.4% of them being active less than once a week.

Those who feel they have good health are significantly less likely to be active less than once a week, and more likely to be active 3-4 times a week. With 27.4% being active 5 or more times a week they are not significantly higher than the overall Stockport figure for getting adequate physical activity.

Physical Activity and Perceived Health Status					
Health Perception	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
Not Good Health	1914	30.4% <sup>†</sup>	27.5%	21.1% <sup>‡</sup>	21.0% <sup>‡</sup>
Good Health	5466	12.6% <sup>‡</sup>	26.6%	33.4% <sup>†</sup>	27.4%

The proportion of people who are inactive is significantly higher for those who do not have good health at all ages.

Physical Activity and Perceived Health Status by Age						
Health Perception by Age		Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
Not Good Health	44 and under	492	24.6% <sup>†</sup>	32.9% <sup>†</sup>	20.1% <sup>‡</sup>	22.4%
	45-64	695	31.7% <sup>†</sup>	24.6%	21.0% <sup>‡</sup>	22.7%
	65 and over	720	33.1% <sup>†</sup>	26.9%	21.7% <sup>‡</sup>	18.3% <sup>‡</sup>
Good Health	44 and under	2585	13.5% <sup>‡</sup>	27.7%	32.3%	26.6%
	45-64	1890	13.0% <sup>‡</sup>	27.4%	32.1%	27.6%
	65 and over	970	9.4% <sup>‡</sup>	22.2% <sup>‡</sup>	39.3% <sup>†</sup>	29.2%



### 8.3.4. Deprivation

This survey found only a very slight deprivation profile with regards to physical activity. There was no significant difference between any of the quintiles of deprivation and the overall Stockport figure with regards to getting recommended levels of physical activity.

However, the most deprived quintile were significantly more likely to be active less than once a week, and the least deprived quintile were significantly less likely to be in that group. That pattern is reversed for those who are active 3-4 times a week, with the most deprived quintile significantly less likely to be active this often, and the least deprived quintile significantly more likely to be active this often.

Physical Activity and Deprivation					
2007 National IMD Quintile	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
1 –most deprived	732	21.4% <sup>H</sup>	26.5%	25.3% <sup>L</sup>	26.8%
2	1001	17.8%	25.3%	28.8%	28.2%
3	1239	17.9%	26.9%	28.2%	27.0%
4	1478	16.6%	26.8%	31.1%	25.4%
5 –least deprived	2056	14.2% <sup>L</sup>	26.8%	34.1% <sup>H</sup>	24.9%
Unknown	879	20.8% <sup>H</sup>	29.2%	27.6%	22.3%

Note: Please see map in section 2.6. 11.6% of responses are missing so care should be given to interpretation. Data for other geographies are available in appendix 2.

### 8.3.5. Ethnicity

The large majority of respondents identified as white British, and so it is not surprising to find no significant differences between them and the overall Stockport figures.

Considered together, the not white British ethnic grouping are significantly less likely to get a recommended amount of physical activity, and significantly more likely to be active less than once a week. The key group contributing to the lower levels of adequate activity are the Pakistanis, but for activity less than once a week, both Pakistanis and the white Irish cause the shift in significance.

Physical Activity and Ethnic Group					
Ethnic Group	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
White British	6697	16.5%	26.8%	30.5%	26.2%
White Irish	141	24.8% <sup>†</sup>	22.0%	28.4%	24.8%
White Other	138	18.1%	26.8%	28.3%	26.8%
Asian Pakistani	108	28.7% <sup>†</sup>	24.1%	31.5%	15.7% <sup>‡</sup>
<i>Not White</i>	408	28.2% <sup>†</sup>	27.7%	26.7%	17.4% <sup>‡</sup>
<i>Not White British</i>	687	25.5% <sup>†</sup>	26.3%	27.4%	20.8% <sup>‡</sup>

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

### 8.3.6. Religion

The majority of the respondents identified as Christian, and this group does not show any significant difference to the overall Stockport figures for physical activity. Those who answered that they had no religion are also not significantly different to the overall figures.

Considered together, those who follow any religion other than Christianity are significantly less likely to get an adequate amount of physical activity and significantly more likely to be active less than once a week. The driver for this pattern is the Muslim population. The numbers are very small for the other non Christian religions, but they do not show this pattern.

Physical Activity and Religion					
Religion	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
None	1883	16.6%	26.7%	29.7%	27.0%
Christian	4859	17.0%	26.9%	30.3%	25.8%
Any other religion	349	26.1% <sup>†</sup>	24.6%	30.7%	18.6% <sup>‡</sup>

Note: Due to the low number of respondents, data for other religions cannot be presented separately

### 8.3.7. Sexual Orientation

Those who identified themselves as heterosexual or a non heterosexual group show no significant difference to the overall Stockport figures. Those who did not answer the question were significantly more likely to be active less than once a week.

Physical Activity and Sexual Orientation					
Sexual Orientation	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
Heterosexual	6132	16.2%	26.8%	30.5%	26.5%
Not heterosexual	206	19.9%	25.2%	27.7%	27.2%
Prefer not to say	192	26.6% <sup>†</sup>	31.3%	22.4% <sup>‡</sup>	19.8%

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

### 8.3.8. Comparisons

Because of different methods of assessing physical activity, numerical comparison to national and region studies is not feasible. However, it is noteworthy that both nationally and in the North West, significant differences have been found regarding gender and deprivation. Neither of these showed up in our survey. A possible explanation for this is that we were looking only for adequate minimum amount of moderate physical activity while other studies measured high physical activity rates separately to moderate physical activity rates.

### 8.4. Location of Physical Activity

In addition to asking about levels of physical activity respondents were also asked where they got most of their physical activity. The survey presented them with five choices: at work; at home; travelling; leisure/sports; and a space to write in any other location. Information on location of physical activity was analysed by amount of physical activity.

The most common response across all groups was leisure/sports, at 32.2% overall. Compared to the group achieving an adequate amount of activity, those who were active 3-4 times a week were significantly more likely to answer leisure/sports as the main location of activity, and those being active 1-2 times a week were not significantly different. Only 8.6% of people who were active less than once a week ticked this answer, significantly less than those who achieved recommended levels.

The second most common location type for those who were achieving adequate activity is travelling. Interestingly, travelling is significantly lower for all other groups. This suggests that travelling is an important factor in achieving adequate amounts of activity.

The third most common response from those achieving adequate activity is at home. This option shows the opposite pattern to travelling, as it is significantly higher for all other groups in comparison to those who meet recommendations, and at 40% the highest group for this option is those who are active less than once a week. This would suggest that focusing on activity at home is inadequate for most people.

The fourth most common answer from those achieving adequate activity is at work. In comparison to those who get adequate amounts of activity, those who are active 3-4 times a week are significantly less likely to get most of their activity at work and those being active 1-2 times a week show no significant difference. Those who are active less than once a week are significantly more likely to choose this answer at 26.8%.

Physical Activity and Location								
Frequency of physical activity	Sample size	At work	At home	Travelling	Leisure / Sports	Multiple Answers	Other	Little/ none
5 times a week or more	1900	14.5%	17.1%	21.8%	35.5%	10.6%	0.6%	0.0%
3-4 times a week	2234	9.3% <sup>L</sup>	23.4% <sup>H</sup>	15.2%	43.6% <sup>H</sup>	7.8% <sup>L</sup>	0.8%	0.0%
1-2 times a week	1985	15.4%	32.0% <sup>H</sup>	12.6% <sup>L</sup>	31.4%	8.0%	0.6%	0.1% <sup>H</sup>
Less than once a week	1237	26.8% <sup>H</sup>	40.0% <sup>H</sup>	12.4% <sup>L</sup>	8.6% <sup>L</sup>	5.3% <sup>L</sup>	2.0% <sup>H</sup>	4.9% <sup>H</sup>
All responses	7356	15.2%	27.1%	15.7%	32.3%	8.1%	0.9%	0.9%

## 9 Food and Diet

### 9.1. Key Findings

- Only 18% of respondents were eating the target amount of 5 or more portions a day of fruit and vegetables in their diets.
- Men are less likely than women to eat enough portions of fruit and vegetables.
- The likelihood of eating enough fruit and vegetables decreases as deprivation increases.
- Those who do eat 5+ portions of fruit and vegetables a day are more likely to have other good eating habits.

### 9.2. Rationale

Diet has a known impact on health and the incidence of disease, including the major killers of cardiovascular disease and some cancers. A healthy eating pattern is low in fat, salt and sugar and high in nutrients and fibre and has controlled portion sizes.

Fruit and vegetables are promoted as part of an overall healthy lifestyle, helping people to maintain this healthy eating pattern. These items are packed with vitamins and minerals and are an excellent source of fibre and antioxidants; they can help maintain a healthy weight and can help reduce the risk of heart disease, stroke and some cancers.

The national recommendation is that people eat at least 5 portions of fruit and vegetables a day.

### 9.3. 5 A Day Analysis

Only 18% were eating the recommended amount 5+ portions of fruit and vegetables a day. Discouragingly, this is significantly less than the 20.6% found in the previous survey. The most common response was 3 portions at 29.2%; only 1.9% report not eating any fruit or vegetables on an average day.

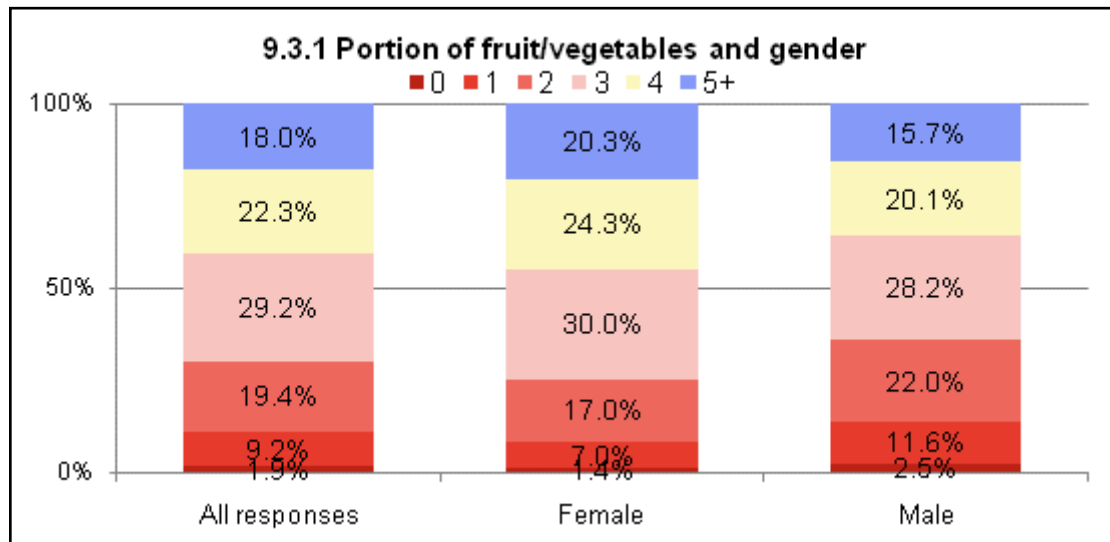
5 a Day Prevalence							
	Sample size	0	1	2	3	4	5+
All responses	6662	1.9%	9.2%	19.4%	29.2%	22.3%	18.0%

#### 9.3.1. Gender

With only 15.7% responding that they get their 5 a day, men are significantly less likely to be eating enough fruit and vegetables than the Stockport average. They are also more likely to eat only 1 or 2 portions a day. Women are significantly more likely to eat 5 a day (20.3%) and less likely to eat only 1 or 2 portions a day.

There is no significant difference between men and women for those having no fruit or vegetables as part of their daily diet, though the numbers involved are small.

Portions of Fruit/Vegetables and Gender							
Gender	Sample size	0	1	2	3	4	5+
Female	3525	1.4%	7.0% <sup>L</sup>	17.0% <sup>L</sup>	30.0%	24.3%	20.3% <sup>††</sup>
Male	3066	2.5%	11.6% <sup>††</sup>	22.0% <sup>††</sup>	28.2%	20.1%	15.7% <sup>L</sup>



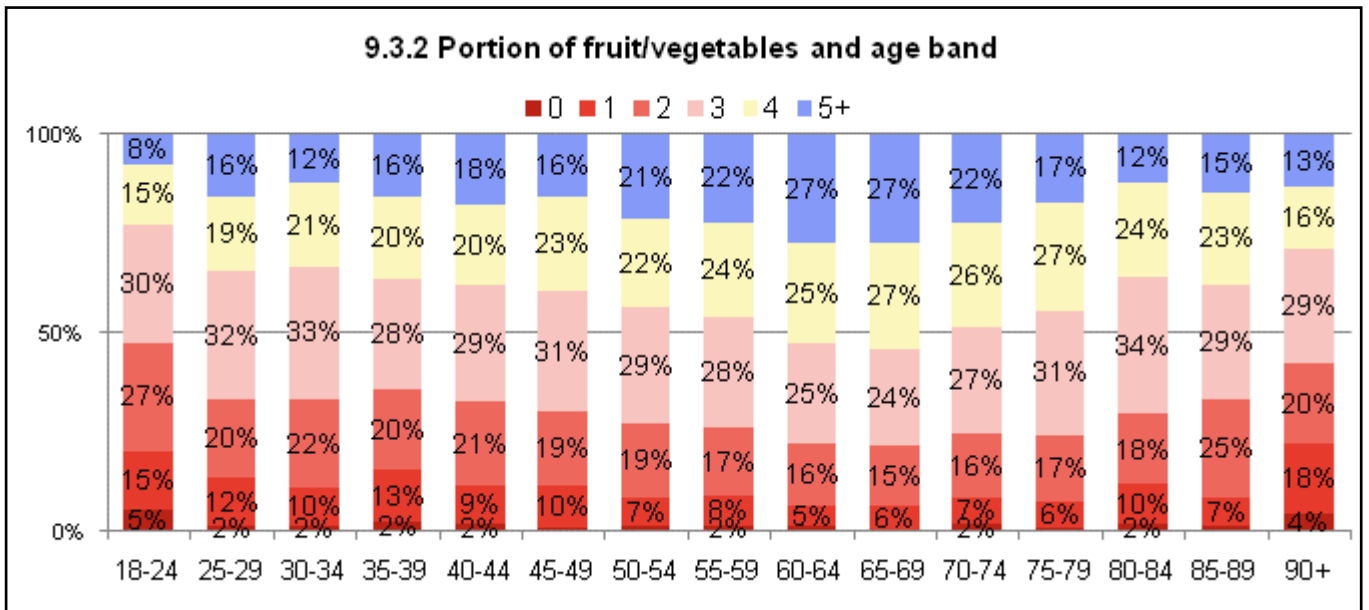
### 9.3.2. Age

The notable age group for this topic is the 18-24 year olds, who are significantly less likely to eat 5 or even 4 portions of fruit or vegetables a day, and more likely to have only 2, 1 or no fruit or vegetable portions in their typical diet. The next older age band shows no significant difference compared to the overall Stockport figure, so this is a very discrete effect.

Other age groups are fairly similar to the overall Stockport figure, though those in their 60s are significantly more likely to be eating 5 a day.



Portions of Fruit/Vegetables and Age Band							
Age band	Sample size	0	1	2	3	4	5+
18-24	535	5.4% <sup>†</sup>	14.9% <sup>†</sup>	27.3% <sup>†</sup>	29.7%	15.2% <sup>L</sup>	7.5% <sup>L</sup>
25-29	459	1.7%	11.7%	19.8%	32.1%	19.1%	15.5%
30-34	642	1.7%	9.6%	22.2%	33.4%	21.1%	12.2% <sup>L</sup>
35-39	460	2.4%	13.1% <sup>†</sup>	20.3%	28.0%	20.3%	15.9%
40-44	551	2.1%	9.4%	21.3%	29.4%	20.2%	17.7%
45-49	565	1.3%	10.2%	18.7%	30.5%	23.4%	15.9%
50-54	576	1.4%	7.3%	18.6%	29.0%	22.3%	21.3%
55-59	601	1.7%	7.6%	17.0%	27.8%	24.0%	22.0%
60-64	633	1.3%	5.5% <sup>L</sup>	15.5%	25.1%	25.1%	27.4% <sup>†</sup>
65-69	501	0.6%	6.0% <sup>L</sup>	15.2%	24.0% <sup>L</sup>	26.8%	27.4% <sup>†</sup>
70-74	382	1.9%	6.5%	16.4%	26.6%	26.1%	22.5%
75-79	354	1.1%	6.3%	17.1%	31.3%	27.1%	17.1%
80-84	198	1.8%	10.0%	17.8%	34.2%	24.2%	11.9%
85-89	139	1.3%	7.3%	24.5%	29.1%	23.2%	14.6%
90+	36	4.4%	17.8%	20.0%	28.9%	15.6%	13.3%



### 9.3.3. Perceived Health Status

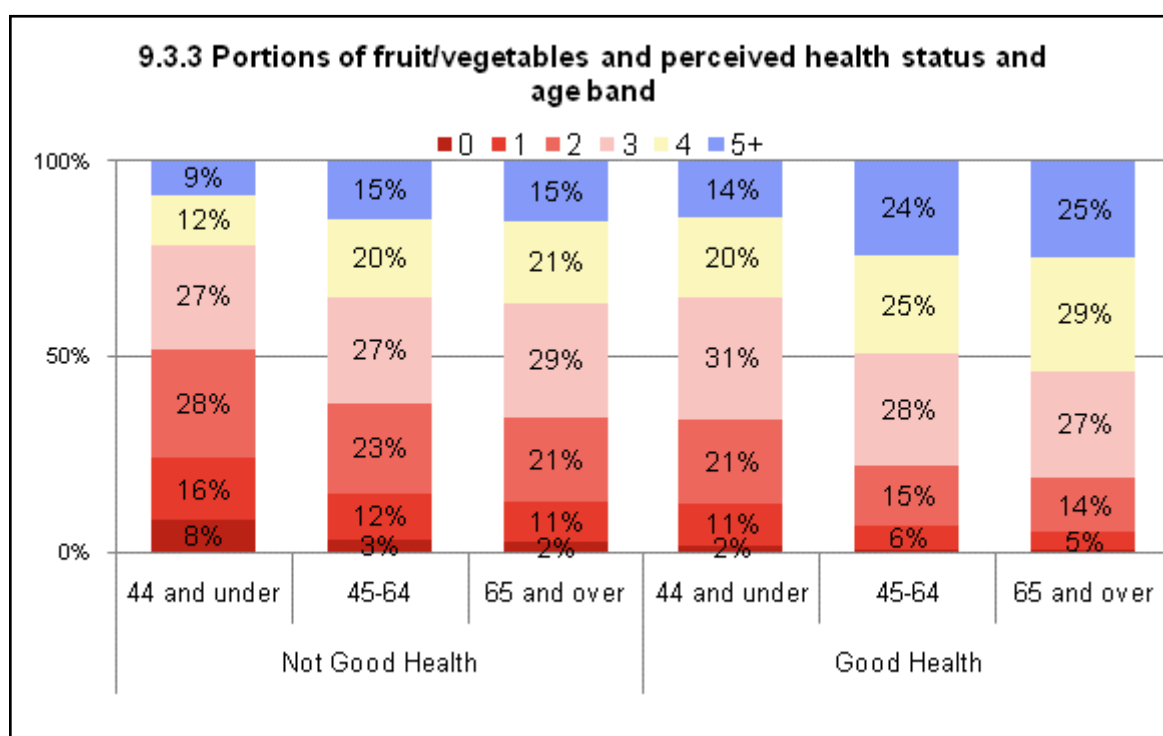
Respondents who felt they did not have good health are significantly more likely to have 0, 1 or 2 portions of fruit and vegetables daily, and significantly less likely to eat 4 or 5+ portions in their diets.

Those who feel in good health are significantly less likely to have no portions of fruit and vegetables in their diets.

Portions of Fruit/Vegetables and Perceived Health Status							
Good Health Status	Sample size	0	1	2	3	4	5+
Not Good Health	1631	4.2% <sup>†</sup>	12.3% <sup>†</sup>	23.7% <sup>†</sup>	27.8%	18.5% <sup>‡</sup>	13.5% <sup>‡</sup>
Good Health	4993	1.1% <sup>‡</sup>	8.1%	17.9%	29.6%	23.6%	19.7%

The proportion of people who eat 5+ portions of fruit and vegetables daily is significantly higher for those who are in good health and are in older age groups. Conversely the proportion of people eating 2 or less portions of fruit and vegetables daily is significantly higher for those who are in not good health and are in younger age groups.

Portions of Fruit/Vegetables and Perceived Health Status by Age								
Health Perception by Age	Sample size	0	1	2	3	4	5+	
Not Good Health	44 and under	374	8.1% <sup>†</sup>	16.0% <sup>†</sup>	27.8% <sup>†</sup>	26.8%	12.4% <sup>‡</sup>	8.9% <sup>‡</sup>
	45-64	596	3.3%	11.6%	23.3%	27.1%	19.9%	14.9%
	65 and over	652	2.4%	10.6%	21.5%	29.0%	21.2%	15.3%
Good Health	44 and under	2266	1.7%	10.8%	21.4%	31.3%	20.4%	14.4% <sup>‡</sup>
	45-64	1768	0.7% <sup>‡</sup>	6.1% <sup>‡</sup>	15.3% <sup>‡</sup>	28.4%	25.2%	24.2% <sup>†</sup>
	65 and over	938	0.5% <sup>‡</sup>	4.6% <sup>‡</sup>	13.9% <sup>‡</sup>	27.3%	29.0% <sup>†</sup>	24.7% <sup>†</sup>



#### 9.3.4. Deprivation

The most deprived quintile are significantly less likely to eat 5 or even 4 portions of fruit or vegetables a day, and more likely to eat only 2, 1 or no fruit or vegetable portions in their typical diet. This is exactly opposite to the least deprived quintile,

who are significantly more likely to eat 4 or 5+ portions of fruit and vegetables, and less likely to answer 2, 1 or no portions.

Portions of Fruit/Vegetables and Deprivation							
2007 National IMD Quintiles	Sample size	0	1	2	3	4	5+
1 –most deprived	594	4.8% <sup>†</sup>	15.1% <sup>†</sup>	25.1% <sup>†</sup>	28.5%	15.2% <sup>L</sup>	11.4% <sup>L</sup>
2	862	2.7%	11.7%	21.2%	31.4%	18.7%	14.3% <sup>L</sup>
3	1098	2.3%	9.7%	21.5%	29.9%	21.6%	15.0%
4	1352	1.5%	8.0%	18.8%	28.6%	22.8%	20.2%
5 –least deprived	1933	0.6% <sup>L</sup>	6.3% <sup>L</sup>	14.6% <sup>L</sup>	28.5%	26.3% <sup>†</sup>	23.7% <sup>†</sup>
Unknown	796	1.8%	9.0%	21.7%	28.7%	23.4%	15.5%

Note: Please see map in section 2.6. 11.6% of responses are missing so care should be given to interpretation. Data for other geographies are available in appendix 2.

### 9.3.5. Ethnicity

As the large majority of respondents identify as white British, it isn't surprising that that group shows no statistical difference in the portions of fruit and vegetables in their diet. The white Irish and white other groups also show no statistical difference to the overall Stockport figure.

Taken together, the non white ethnic groups are significantly less likely to eat 4 or 5+ portions a day, and more likely to only eat 1 or 2, compared to the overall Stockport figure. The Pakistani group demonstrates this pattern, but other non white ethnic groups seem to be contributing as well.

Portions of Fruit/Vegetables and Ethnic Group							
Ethnic Group	Sample size	0	1	2	3	4	5+
White British	6035	1.9%	8.8%	19.0%	29.1%	23.0%	18.3%
White Irish	125	2.8%	12.4%	15.9%	32.4%	18.6%	17.9%
White Other	126	1.4%	7.2%	21.7%	29.0%	15.9%	24.6%
Asian Pakistani	84	4.7%	17.8% <sup>†</sup>	40.2% <sup>†</sup>	27.1%	6.5% <sup>L</sup>	3.7% <sup>L</sup>
Not White	337	2.9%	15.8% <sup>†</sup>	26.5% <sup>†</sup>	28.7%	15.3% <sup>L</sup>	10.7% <sup>L</sup>
Not White British	588	2.6%	13.4% <sup>†</sup>	23.3%	29.5%	16.1% <sup>L</sup>	15.0%

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

### 9.3.6. Religion

Christians, the largest religious group in the responses, are not significantly different to the overall Stockport figures for portions of fruit and vegetables eaten daily.

Those who follow a religion other than Christianity are significantly more likely to eat only 1 or 2 portions of fruit or vegetables a day, and less likely to eat 4 portions. They are not statistically significantly different to the overall Stockport figure for eating 5+ portions a day.

Those who responded that they had no religion are significantly more likely to have only 1 portion of fruit or vegetables a day, but are otherwise not significantly different to the overall Stockport figures.

Portions of Fruit/Vegetables and Religion							
Religion	Sample size	0	1	2	3	4	5+
None	1625	2.5%	11.5% <sup>H</sup>	18.0%	29.1%	20.5%	18.5%
Christian	4448	1.5%	8.0%	19.3%	29.4%	23.6%	18.1%
Any other religion	292	3.5%	13.5% <sup>H</sup>	26.8% <sup>H</sup>	28.2%	13.5% <sup>L</sup>	14.4%

Note: Due to the low number of respondents, data for other religions cannot be presented separately

### 9.3.7. Sexual Orientation

As most respondents indicated that they were heterosexual, it is not surprising that this group shows no significant difference to the overall Stockport figures.

Considered together non heterosexual groups show no significant difference to the overall Stockport figure.

Those who preferred not to state their sexual orientation are significantly less likely to eat 5 portions of fruit and vegetables a day, and more likely to get only 1 portion in their daily diet.

Portions of Fruit/Vegetables and Sexual Orientation							
Sexual Orientation	Sample size	0	1	2	3	4	5+
Heterosexual	5518	1.8%	8.8%	18.6%	28.8%	23.1%	19.0%
Not heterosexual	186	3.8%	7.2%	24.4%	34.4%	16.7%	13.4%
Prefer not to say	155	3.7%	16.2% <sup>H</sup>	19.4%	31.9%	23.0%	5.8% <sup>L</sup>

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

### 9.3.8. Comparisons

The North West Health and Lifestyle survey found a much higher rate (41.9%) of eating 5 or more fruit of vegetables in the North West as a whole. However, that survey asked two separate questions, one about vegetables and one about fruit, which were summed together. The different methodology may account for the difference in result. The survey did find similar patterns to ours with regards to deprivation and gender, and also a lack of clear pattern with regards to age.

## 9.4. Eating Habits

The survey asked how often respondents ate five categories of food: sugary snacks, sugary drinks, crisps/salty nuts, takeaways, and meals out at restaurants or cafes. This information was analysed by the daily portions of fruit and vegetables in respondents' diet, and then those not eating enough portions were compared to those who are, in order to find any correlation between eating habits and 5 a day habits.

5 a Day and eating habits						
Portions of fruit/vegetables in diet	Sample size	Daily or more	Often, not daily	Once a week	Less than once a week	Never
Eat sugary snacks such as biscuits, cake, sweets or chocolate						
5+	1328	35.3%	32.8%	12.4%	15.4%	4.0%
1 to 4	5887	48.5% <sup>†</sup>	29.4%	10.3%	9.5% <sup>L</sup>	2.2% <sup>L</sup>
0	140	52.1% <sup>†</sup>	18.6% <sup>L</sup>	11.4%	10.0%	7.9%
All responses	7387	46.2%	29.8%	10.7%	10.6%	2.7%
Drink sugary drinks, such as fizzy pop (not diet)						
5+	1308	2.2%	6.7%	5.0%	24.1%	62.1%
1 to 4	5752	11.5% <sup>†</sup>	11.2% <sup>†</sup>	9.8% <sup>†</sup>	25.8%	41.6% <sup>L</sup>
0	140	28.6% <sup>†</sup>	12.9% <sup>†</sup>	13.6% <sup>†</sup>	12.1% <sup>L</sup>	32.9% <sup>L</sup>
All responses	7232	10.1%	10.4%	9.0%	25.2%	45.2%
Eat crisps or salted nuts						
5+	1325	6.3%	16.3%	16.5%	39.7%	21.3%
1 to 4	5782	13.3% <sup>†</sup>	23.7% <sup>†</sup>	18.4%	30.6% <sup>L</sup>	14.0% <sup>L</sup>
0	139	23.0% <sup>†</sup>	18.0%	15.1%	22.3% <sup>L</sup>	21.6%
All responses	7278	12.2%	22.2%	18.0%	32.1%	15.6%
Eat a take-away						
5+	1313	0.3%	0.9%	14.5%	56.0%	28.3%
1 to 4	5768	1.1% <sup>†</sup>	4.7% <sup>†</sup>	23.7% <sup>†</sup>	49.4% <sup>L</sup>	21.2% <sup>L</sup>
0	140	4.3% <sup>†</sup>	13.6% <sup>†</sup>	28.6% <sup>†</sup>	30.0% <sup>L</sup>	23.6%
All responses	7254	1.0%	4.2%	22.1%	50.2%	22.6%
Eat out at a restaurant or café						
5+	1327	0.5%	4.1%	19.3%	69.4%	6.7%
1 to 4	5819	0.7%	4.3%	19.0%	64.0% <sup>L</sup>	12.0% <sup>†</sup>
0	136	2.9% <sup>†</sup>	3.7%	13.2%	44.1% <sup>L</sup>	36.0% <sup>†</sup>
All responses	7315	0.7%	4.3%	18.9%	64.6%	11.5%

Generally, people who get their 5 a day answered that they had good eating habits as well. They were most likely to have a sugary snack only once a day (35.3%) or a few times a week (32.8%), but most commonly only ate crisps, takeaways and meals out less than once a month. A majority (62.1%) never drink sugary drinks.

For those not getting enough fruit and vegetables, consumption of sugary drinks and takeaways are significantly higher. For eating sugary snacks and crisps, the general trend of a poorer diet is not as strongly demonstrated. Interestingly, choosing to never eat at restaurants or cafes is significantly more likely for those eating 0 to 4 portions of fruit and vegetables a day.

## 10 Drug Use

### 10.1. Key Findings

- This survey found very low rates of current drug use.
- The under 40s are more likely to use drugs currently or to have used them in the past.
- Men are more likely than women to use drugs currently or to have used them in the past.
- Those who identified as not heterosexual were significantly more likely to use drugs currently or to have used them in the past.

### 10.2. Rationale

Drug misuse has a profound impact on the health and wellbeing of individuals. It affects not only users but also their families and surrounding communities.

### 10.3. Analysis

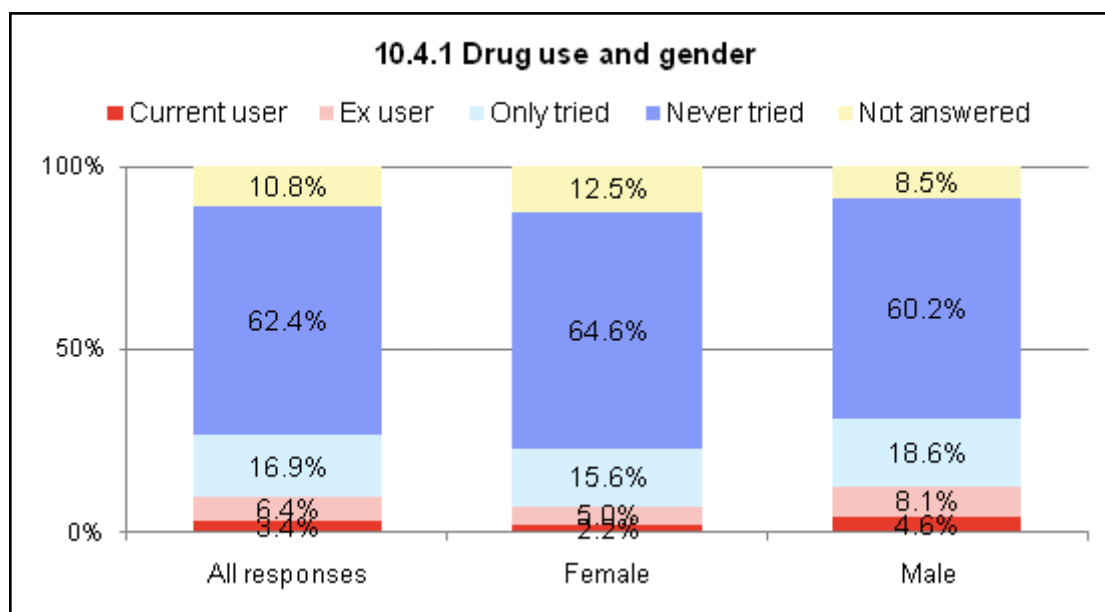
Though a substantial number of respondents (10.4%) did not answer the question, the response rate is high enough to merit further analysis. Because of the nature of the question, those not answering were included in the analysis, in order to see if any group was less likely to give an answer. Very few people (3.4%) responded that they currently use drugs, and only 6.4% indicated that they have used drugs in the past. The majority (62.4%) of people had never tried any illegal drug.

Drug Use Prevalence						
	Sample size	Current user	Ex user	Only tried	Never tried	Not answered
All responses	7489	3.4%	6.4%	16.9%	62.4%	10.8%

#### 10.3.1. Gender

There is a gender profile to the drug use findings. Men are significantly more likely to use drugs currently or in the past than the overall Stockport rate, while women are significantly less likely to. It should be noted that men are also significantly less likely to have not answered the question.

Drug Use and Gender						
Gender	Sample size	Current user	Ex user	Only tried	Never tried	Not answered
Female	3847	2.2% <sup>L</sup>	5.0% <sup>L</sup>	15.6%	64.6%	12.5%
Male	3562	4.6% <sup>H</sup>	8.1% <sup>H</sup>	18.6%	60.2%	8.5% <sup>L</sup>



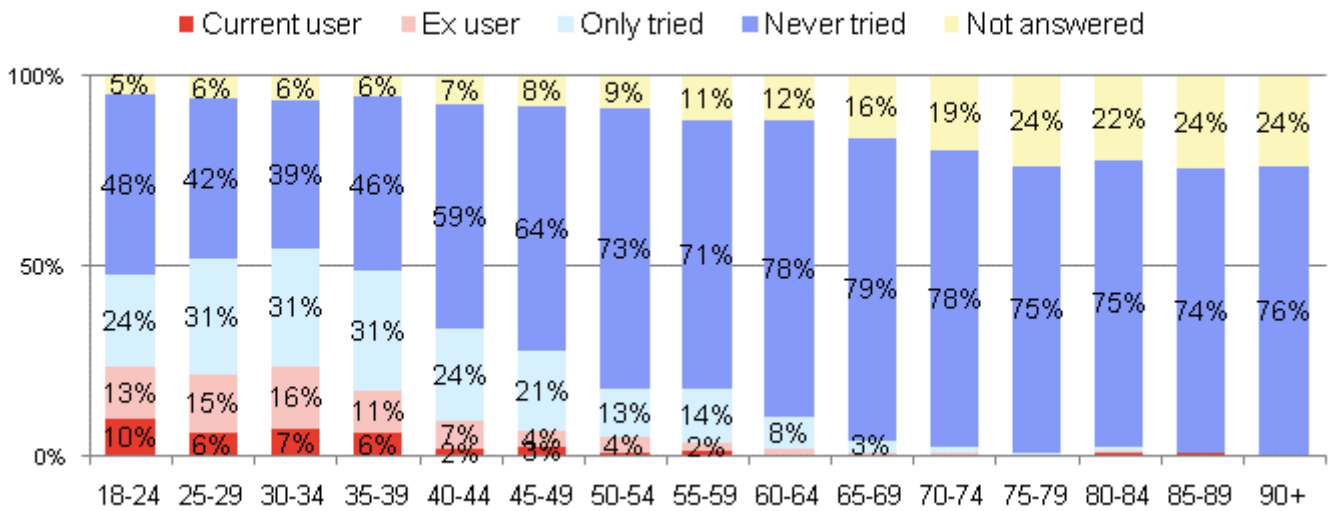
### 10.3.2. Age

There is a distinct age profile in the drug use figures. The under 40s are significantly more likely to currently use drugs and the over 50s are generally significantly less likely to currently use drugs. The exceptions to this are people in their 80s who are not significantly different to the overall Stockport figure for current drug use.

The same age pattern occurs for ex drug users, with the under 40s significantly more likely to be in this group and the over 50s significantly less likely to. The pattern is reversed for those who answered they had never tried drugs. This pattern shows a change in behaviour between the cohorts of people rather than a change related to aging.

Drug Use and Age Band						
Age band	Sample size	Current user	Ex user	Only tried	Never tried	Not answered
18-24	670	10.1% <sup>†</sup>	13.3% <sup>†</sup>	24.3% <sup>†</sup>	47.6% <sup>L</sup>	4.6% <sup>L</sup>
25-29	530	6.4% <sup>†</sup>	15.1% <sup>†</sup>	30.8% <sup>†</sup>	41.7% <sup>L</sup>	6.0% <sup>L</sup>
30-34	723	7.5% <sup>†</sup>	16.2% <sup>†</sup>	31.3% <sup>†</sup>	38.7% <sup>L</sup>	6.4% <sup>L</sup>
35-39	544	6.1% <sup>†</sup>	11.4% <sup>†</sup>	31.4% <sup>†</sup>	45.6% <sup>L</sup>	5.5% <sup>L</sup>
40-44	622	2.1%	7.4%	24.0% <sup>†</sup>	59.3%	7.2% <sup>L</sup>
45-49	638	2.7%	4.2%	20.8% <sup>†</sup>	64.3%	8.0%
50-54	631	1.3% <sup>L</sup>	3.8% <sup>L</sup>	13.0% <sup>L</sup>	73.4% <sup>†</sup>	8.6%
55-59	662	1.4% <sup>L</sup>	2.4% <sup>L</sup>	14.0%	70.7% <sup>†</sup>	11.5%
60-64	679	0.7% <sup>L</sup>	1.3% <sup>L</sup>	8.2% <sup>L</sup>	77.9% <sup>†</sup>	11.8%
65-69	536	0.4% <sup>L</sup>	0.9% <sup>L</sup>	3.0% <sup>L</sup>	79.3% <sup>†</sup>	16.4% <sup>†</sup>
70-74	417	0.7% <sup>L</sup>	0.2% <sup>L</sup>	1.7% <sup>L</sup>	77.9% <sup>†</sup>	19.4% <sup>†</sup>
75-79	382	0.0%	0.8% <sup>L</sup>	0.3% <sup>L</sup>	75.1% <sup>†</sup>	23.8% <sup>†</sup>
80-84	224	0.9%	0.4% <sup>L</sup>	1.3% <sup>L</sup>	75.4% <sup>†</sup>	21.9% <sup>†</sup>
85-89	152	1.3%	0.0%	0.0%	74.3% <sup>†</sup>	24.3% <sup>†</sup>
90+	46	0.0%	0.0%	0.0%	76.1%	23.9% <sup>†</sup>

### 10.4.2 Drug use and age band



### 10.3.3. Perceived Health Status

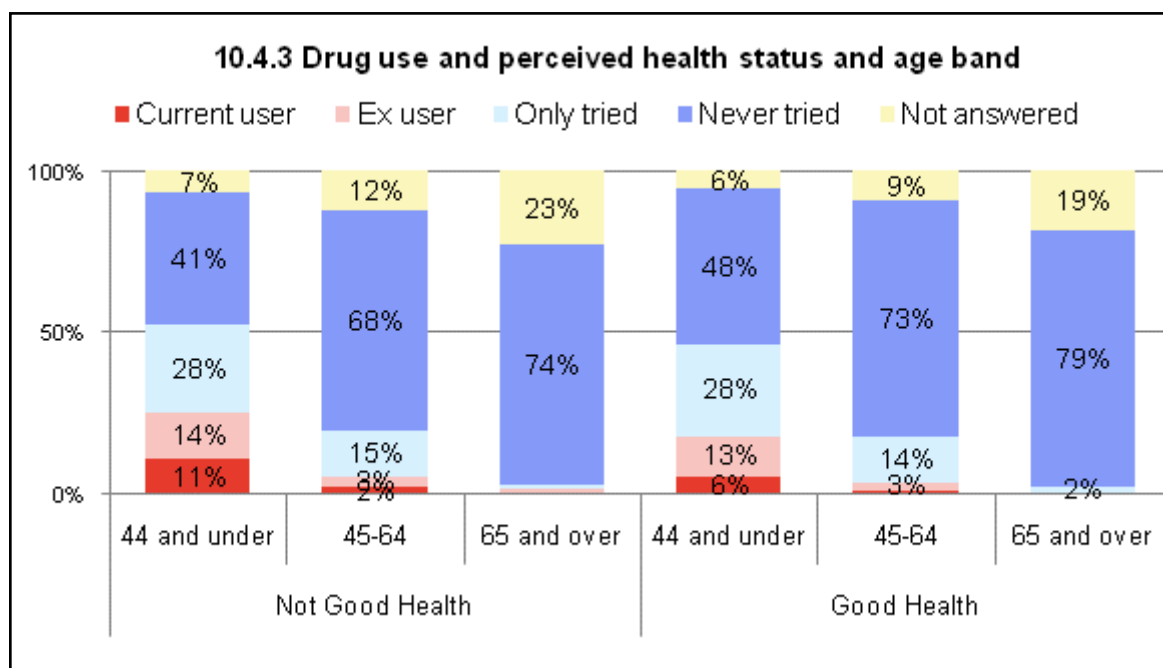
Respondents who felt they didn't have good health were significantly more likely to not answer the drugs questions. Those who felt in good health showed no significant difference to the overall Stockport figures.

Drug Use and Perceived Health Status						
Health Perception	Sample size	Current user	Ex user	Only tried	Never tried	Not answered
Not Good Health	1952	4.0%	4.9%	12.8% <sup>L</sup>	63.3%	15.0% <sup>†</sup>
Good Health	5497	3.1%	7.0%	18.4%	62.1%	9.3% <sup>L</sup>

The variation by age and health status reflects the age trends shown above.

Drug Use and Perceived Health Status by Age						
Health Perception by Age	Sample size	Current user	Ex user	Only tried	Never tried	Not answered
Not Good Health	44 and under	493	11.2% <sup>†</sup>	14.0% <sup>†</sup>	27.6% <sup>†</sup>	40.6% <sup>L</sup>
	45-64	700	2.4%	2.9% <sup>L</sup>	14.7%	67.9% <sup>†</sup>
	65 and over	749	0.8% <sup>L</sup>	0.8% <sup>L</sup>	1.5% <sup>L</sup>	74.4% <sup>†</sup>
Good Health	44 and under	2589	5.7% <sup>†</sup>	12.5% <sup>†</sup>	28.3% <sup>†</sup>	47.7% <sup>L</sup>
	45-64	1897	1.2% <sup>L</sup>	2.8% <sup>L</sup>	13.7% <sup>L</sup>	73.2% <sup>†</sup>
	65 and over	988	0.3% <sup>L</sup>	0.4% <sup>L</sup>	1.5% <sup>L</sup>	79.1% <sup>†</sup>





#### 10.3.4. Deprivation

Our method of assessing deprivation relies on using the respondent's postcode to match to the Index of Multiple Deprivation. When analysing the data regarding drug use, the large number of people who did not fill in their postcode were found to be the only group significantly more likely to use drugs currently or in the past.

The question requesting postcode was after the drugs question on the survey, and a reluctance to identify location seems to be higher for those who had previously admitted to what is an illegal activity. This suggests the accuracy of geographic analysis on this topic would be quite low.

With regards to those answering that they never used drugs, the two least deprived quintiles are significantly more likely to have responded this way. It is possible that this is because of the different age profile rather than a difference by deprivation.

Drug Use and Deprivation						
2007 National IMD Quintile	Sample size	Current user	Ex user	Only tried	Never tried	Not answered
1 –most deprived	739	5.1%	6.8%	15.4%	58.6%	14.1% <sup>†</sup>
2	1007	4.7%	9.1% <sup>†</sup>	19.4%	56.8% <sup>L</sup>	10.0%
3	1248	3.4%	6.5%	18.0%	60.7%	11.5%
4	1494	2.1% <sup>L</sup>	5.2%	14.5%	67.3% <sup>†</sup>	11.0%
5 –least deprived	2075	2.0% <sup>L</sup>	4.8% <sup>L</sup>	15.0%	68.0% <sup>†</sup>	10.2%
Unknown	892	5.8% <sup>†</sup>	8.7% <sup>†</sup>	22.1% <sup>†</sup>	53.9% <sup>L</sup>	9.4%

Note: Please see map in section 2.6. 11.6% of responses are missing so care should be given to interpretation. Data for other geographies are available in appendix 2.

#### 10.3.5. Ethnicity

The large majority of respondents indicated they were white British and so it is not surprising that this group shows no significant difference to the overall figures for Stockport. The white Irish and other white groups also show no significant differences.

When taken together, the non white groups are significantly more likely to have never tried drugs. The main contributors to this are the Pakistani, Indian and Bangladeshi populations, to the extent that they mask the other smaller ethnic groups which don't show this pattern. Numbers are extremely low, but the black Caribbean group does show up as more likely to be current drug users.

Drug use and Ethnic Group						
Ethnic Group	Sample size	Current user	Ex user	Only tried	Never tried	Not answered
White British	6749	3.5%	6.6%	17.3%	62.0%	10.6%
White Irish	147	1.4%	4.8%	15.0%	64.6%	14.3%
White Other	138	3.6%	5.1%	20.3%	62.3%	8.7%
Asian Pakistani	108	0.9%	3.7%	7.4% <sup>L</sup>	76.9% <sup>T</sup>	11.1%
<i>Not White</i>	414	2.7%	4.6%	10.6% <sup>L</sup>	69.1% <sup>T</sup>	13.0%
<i>Not White British</i>	699	2.6%	4.7%	13.4%	66.8%	12.4%

Note: Due to the low number of respondents, data for other ethnic groups cannot be presented separately

### 10.3.6. Religion

Christians, the largest religious group in Stockport, are significantly less likely to be current or ex drug users and more likely to have never tried drugs. The reverse is true of those who indicated they had no religion. In both cases, it is possible that this is due to age profile of the groups rather than a difference due to religion.

Those who follow a religion other than Christianity are significantly more likely to have never tried drugs. The main contributors to this are the Muslim and Hindu populations.

Drug use and Religion						
Religion	Sample size	Current user	Ex user	Only tried	Never tried	Not answered
None	1887	7.5% <sup>T</sup>	12.2% <sup>T</sup>	26.9% <sup>T</sup>	46.1% <sup>L</sup>	7.4% <sup>L</sup>
Christian	4916	1.9% <sup>L</sup>	4.5% <sup>L</sup>	14.0% <sup>L</sup>	68.0% <sup>T</sup>	11.6%
Any other religion	351	2.8%	4.8%	9.1% <sup>L</sup>	73.2% <sup>T</sup>	10.0%

Note: Due to the low number of respondents, data for other religions cannot be presented separately

### 10.3.7. Sexual Orientation

Drug use is one of only two topics where there is a definite difference based on sexual orientation. The majority of respondents indicated that they were heterosexual, and this group showed no significant difference in current or ex drug users, or in those who had never tried drugs.

Taken together the non heterosexual groups are significantly more likely to be current or ex drug users, and less likely to have never tried drugs. The main contributors to this are bisexuals and gays, but, though numbers are extremely low, lesbians don't show a strong contrary pattern.

Drug use and Sexual Orientation						
Sexual Orientation	Sample size	Current user	Ex user	Only tried	Never tried	Not answered
Heterosexual	6167	3.4%	7.1%	18.9% <sup>T</sup>	61.7%	8.9% <sup>L</sup>
Not heterosexual	209	13.9% <sup>T</sup>	10.5% <sup>T</sup>	15.3%	49.8% <sup>L</sup>	10.5%
Prefer not to say	193	2.6%	2.1% <sup>L</sup>	8.8% <sup>L</sup>	71.0% <sup>T</sup>	15.5%

Note: Due to the low number of respondents, data for other sexual orientations cannot be presented separately

### 10.3.8. Comparisons

The main source of data for drug use in the general population is the British Crime Survey but it only looks for illegal drug use in the last year. Because of the different methodology direct numerical comparisons aren't possible. That survey did find a similar gender profile to ours, and also found an age profile with a decrease in use as age increased.

### 10.4. Drug Types Used

The most commonly used drug is cannabis with 62.3% of current users saying they currently use cannabis. Next most popular is cocaine, used by 26.6% of current user, then ecstasy, used by 17.1% of current users. All other drugs listed were used by less than 10% of current users.

Among ex users, cannabis had been the most popular drug, used by 88.8% of this group, followed by ecstasy and cocaine. Amphetamines (30.6%) and poppers (20.8%) had also been widely used, but LSD (12.5%) was the only other drug to have been used by more than 10% of ex users.

Drugs used by respondents		
Drug	Current drug users who have used this drug	Ex drug users who have used this drug
Cannabis	62.3%	88.8%
Cocaine	26.6%	31.2%
Ecstasy	17.1%	38.7%
Poppers	7.1%	20.8%
Amphetamines	6.0%	30.6%
Tranquilisers	5.6%	7.5%
Ketamine	5.2%	
Anabolic steroids	Less than 5% each	Less than 5% each
Crack		
Glues/solvents/gases		
Heroin		
LSD		12.5%
Magic mushrooms		9.6%
Methadone		Less than 5%

# Appendix 1: Stockport Adult Lifestyle Survey Questionnaire

A free interpreting service is available. If you need help with this booklet/leaflet. Please telephone Stockport Interpreting Unit on 0161 477 9000. Email: eds.admin@stockport.gov.uk

如果你需要他人為你解釋這小冊子/傳單的內容，我們可以提供免費的傳譯服務。請致電 0161 477 9000 史托波特傳譯部。

W przypadku gdybyś potrzebował pomocy odnośnie tej broszurki/ulotki, dostępne są usługi tłumaczeniowe. Prosimy dzwonić do Interpreting Unit pod numer 0161 477 9000.

اگر آپ کو اس کتابچے/پمفلٹ کے بارے میں مدد کی ضرورت ہے تو مفت ترجمانی کی سروس دستیاب ہے۔ براہ مہربانی اس پر ٹیکسٹ یا فون کریں۔ 0161 477 9000

شما میتواندید از خدمات ترجمه رایگان استفاده کنید و در صورت احتیاج به ترجمه ی این نشریه به طور خطوری با شماره تلفن اداره ترجمه تماس بگیرید 0161 4779000

تتوفر خدمة ترجمة شفوية آنا تطلب مساعدة في فهم هذا الكتيب النشرة. نرجو الاتصال اربن رينبول على رقم الهاتف: 0161 477 9000

Stockport Primary Care Trust

**STOCKPORT HEALTH SURVEY 2009**

**ABOUT YOUR HEALTH**

1. How is your health in general? Would you say it is...  
(Tick one box only)

Very good   
Good   
Fair   
Bad   
Very bad

2. Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?  
Include problems which are due to old age

Yes  No

**FOOD AND DIET**

3. On a typical day how many portions of fruit and vegetables do you eat?  
(An example of a typical portion is an apple, a glass of fruit juice or a serving of vegetables. Potatoes should not be included as vegetables).

0  1  2  3  4  5+

4. How often do you generally:

	2 or more times a day	Once a day	4 to 6 times a week	2 to 3 times a week	Once a week	Less than once a week	Never
Eat sugary snacks such as biscuits, cake, sweets or chocolate							
Drink sugary drinks, such as fizzy pop (not diet)							
Eat crisps or salted nuts							
Eat a take-away							
Eat out at a restaurant or cafe							

**PHYSICAL ACTIVITY**

5. How often do you take at least moderate physical activity for 30 minutes or more in total in a day (this could be 3 lots of 10 minutes or 2 lots of 15 minutes of activity)?  
(‘Moderate’ activity makes you breathe harder than normal and feel warm: e.g. walking, light tennis, easy swimming, dancing, cleaning windows, washing or mopping floors, easy cycling and badminton).

Less than once a week   
1 – 2 times a week   
3 – 4 times a week   
5 times a week or more

6. How do you get most of your physical activity?  
(Tick one box only)

At work   
At home (e.g. housework, gardening, exercise equipment)   
Travelling (walking or cycling to school, work or shops)   
Leisure/sports (e.g. gym, swimming, walking)   
Other   
Please specify:.....

**SMOKING**

7. Which best describes you?  
(Tick one box only)

I smoke daily   
I smoke sometimes but not every day   
I used to smoke daily but do not smoke at all now   
I used to smoke sometimes but do not smoke at all now   
I have only smoked a few times   
I have never smoked

8. Do you and/or other people regularly smoke in your home?  
Yes  No

9. In most weeks, how many hours a week are you exposed to other people's tobacco smoke?  
 hours

**ALCOHOL**

10. Do you drink alcoholic drinks at present?

Yes  No

(If 'no' please go to question 16)

11. Please write the number of alcoholic drinks you have consumed on each day during the past week.

It may help if you try to remember where you were and whom you were with on each day.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Pints of normal strength beer, lager, stout							
Pints of strong beer, lager, stout, cider (6% alcohol or more)							
Single glasses of spirits, such as whisky, vodka, gin, rum							
Small glasses of fortified wines such as sherry, port, martini							
Standard glasses (175ml) of normal strength wine (12.5%)							
Large glasses (250ml) of normal strength wine or standard glasses of stronger wine (13.5% or more)							
Bottles of alcopops							

12. Do you think that regularly drinking this amount could harm your health?

Yes  Probably  Not sure  No

13. Would you say the last week was fairly typical of what you usually have to drink in one week?

Yes  No

14. If last week was not typical, would you normally drink more or less in a week?

More  Less

15. Thinking now about all kinds of alcoholic drinks, how often have you had a drink of any kind during the last 12 months?

- Almost every day
- Five or six days a week
- Three or four days a week
- Once or twice a week
- Once or twice a month
- Once every couple of months
- Once or twice a year
- Not at all in the last 12 months

**DRUGS**

This next section asks about your use of drugs. We would like to stress the confidentiality of your answers. Your answers will not be linked with your name and address and will not be identifiable. Don't include anything that has been given to you by a doctor or chemist.

16. Please tick as many boxes as apply for each of the drugs listed below.

	Never tried	Tried	Used to use occasionally (less than monthly)	Used to use regularly (once a month or more)	Currently use occasionally (less than monthly)	Currently use regularly (once a month or more)
Cannabis						
Ecstasy						
Amphetamines						
Cocaine						
Crack						
LSD						
Ketamine						
Tranquillisers						
Heroin						
Methadone						
Poppers						
Anabolic steroids						
Magic mushrooms						
Glues/solvents/gases						

**WELL-BEING**

17. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

PLEASE TICK ONE BOX ONLY FOR EACH STATEMENT

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my own mind about things					

18. How typical would you say the last two weeks were in terms of your well-being?

(Tick one box only)

- Typical well-being
- Better than normal well-being
- Worse than normal well-being

**ABOUT YOU**

19. Are you male or female?  
(Please tick the appropriate box)  
Male  Female

20. What age band are you in?  
18 – 24  25 – 29   
30 – 34  35 – 39   
40 – 44  45 – 49   
50 – 54  55 – 59   
60 – 64  65 – 69   
70 – 74  75 – 79   
80 – 84  85 – 89   
90+

21. How tall are you?  
(Please write your details as a number in each box)  
 Feet  Inches or  
 Metres  cm

22. What is your usual weight?  
(In light clothing, without shoes)  
 Stones  Pounds or  
 Kgs

23. What does your waist size measure?  
 inches or  
 cm

24. Do you feel you are:  
a healthy weight   
overweight   
underweight

25. What is your postcode?   
Please note this will not be used to identify you.

26. What is your ethnic group?  
(Please tick one box to indicate your cultural background)

- |                           |                          |                        |                          |
|---------------------------|--------------------------|------------------------|--------------------------|
| White                     | <input type="checkbox"/> | Asian or Asian British | <input type="checkbox"/> |
| British                   | <input type="checkbox"/> | Indian                 | <input type="checkbox"/> |
| Irish                     | <input type="checkbox"/> | Pakistani              | <input type="checkbox"/> |
| Other White background    | <input type="checkbox"/> | Bangladeshi            | <input type="checkbox"/> |
|                           |                          | Chinese                | <input type="checkbox"/> |
|                           |                          | Other Asian background | <input type="checkbox"/> |
| Mixed                     |                          | Black or Black British |                          |
| White and Black Caribbean | <input type="checkbox"/> | Caribbean              | <input type="checkbox"/> |
| White and Black African   | <input type="checkbox"/> | African                | <input type="checkbox"/> |
| White and Asian           | <input type="checkbox"/> | Other Black background | <input type="checkbox"/> |
| Other Mixed background    | <input type="checkbox"/> |                        |                          |
| Any other group           | <input type="checkbox"/> |                        |                          |
- Please specify .....

27. Which of these activities best describes what you are doing at present?  
(Tick one box only)

- Employee in full-time job (30 hours plus per week)
- Employee in part-time job (under 30 hours per week)
- Self employed full or part-time
- Looking after the home
- Full-time education at school, college or university
- Unemployed and available for work
- Permanently sick/disabled
- Retired
- On a government supported training programme (e.g. Modern Apprenticeship/Training for Work)
- Doing something else (Please tick and write your answer below)

Please specify .....

The last two questions are voluntary. Having this information is useful for us but please feel free to leave blank if you feel uncomfortable answering them.

29. What is your religion  
(Tick 1 box only)

- None
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Other  Please specify .....

28. Do you care for someone with long-term ill health or problems related to old age other than as part of your job?  
Yes  No

30. Sexual orientation

Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>
Gay	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		

When you have answered the questions, please put your questionnaire in the envelope provided and return to us by:

- a) Posting – the FREEPOST envelope does not need a stamp
- b) Adding a stamp and posting – you'll help save NHS money

If you have any questions you would like to ask us about this survey or need any help with it, please contact the Department of Public Health, Stockport Primary Care Trust, on 0161 4265070.

## Appendix 2: Data tables for all topics

### Respondent Profile

Respondent Profile - Perceived Health Status		
Perceived health status	Survey responses	2001 Census
Very Bad	0.7%	11.1%
Bad	4.0%	
Fair	21.6%	26.0%
Good	46.2%	62.9%
Very Good	27.6%	

Respondent Profile – 2007 Index of Multiple Deprivation*			
National quintile of deprivation	Sample size	Survey responses	Stockport population based on GP registrations
1- Most deprived	739	11.3%	11.8%
2	1007	15.3%	17.5%
3	1248	19.0%	20.0%
4	1494	22.8%	22.1%
5- Least deprived	2075	31.6%	28.7%
Unknown	892	n/a	n/a

\* 11.6% of responses are missing so care should be given to interpretation.

Respondent Profile - Ethnicity compared to 2001 Census		
Ethnic Group	Survey responses	2001 Census
White British	90.6%	93.3%
White Irish	2.0%	1.8%
White Other	1.9%	1.4%
Asian Pakistani	1.5%	0.8%
Asian Indian	1.0%	0.7%
Asian Other	0.6%	0.3%
Asian Chinese	0.5%	0.4%
Any other group	0.4%	0.3%
Mixed White & Black Caribbean	0.3%	0.2%
Black African	0.3%	0.1%
Mixed White & Asian	0.3%	0.2%
Black Caribbean	0.2%	0.3%
Asian Bangladeshi	0.2%	0.1%
Mixed Other	0.2%	0.1%
Mixed White & Black African	0.1%	0.1%
Black Other	less than 0.1%	0.1%

Respondent Profile - Religion compared to 2001 Census		
Religion	Survey responses	2001 Census
Christian	65.6%	77.1%
None	25.2%	13.3%
Not answered	4.5%	6.6%
Muslim	2.4%	1.4%
Other	0.8%	0.2%
Hindu	0.6%	0.5%
Jewish	0.5%	0.6%
Buddhist	0.3%	0.2%
Sikh	0.1%	0.1%

Respondent profile - Sexual orientation	
Sexual orientation	Survey responses (of those answering)
Lesbian	0.3%
Gay	0.9%
Bisexual	2.2%
Heterosexual	97.8%

Respondent Profile - Carers compared to 2001 Census		
	Survey responses	2001 Census
Carers	9.4%	13.5%

Respondent Profile – Economic Activity		
Present activity	Survey responses	2001 Census
Employee in full-time job	39.3%	42.0%
Employee in part-time job	10.9%	12.2%
Self employed full or part-time	7.9%	3.1%
Looking after the home	5.5%	5.3%
Full-time education at school, college or university	2.8%	2.9%
Unemployed and available for work	2.9%	2.3%
Permanently sick/disabled	4.0%	4.9%
Retired	25.0%	24.9%
On a government supported training programme	0.2%	n/a
Other	1.5%	2.3%



## Multiple risks - any risky behaviour

	Sample size	Risky	Not risky
All responses	7209	47.8%	52.2%
<b>Gender</b>			
Female	3692	43.5% <sup>L</sup>	56.5% <sup>H</sup>
Male	3473	52.4% <sup>H</sup>	47.6% <sup>L</sup>
<b>Age band</b>			
18-24	636	50.8%	49.2%
25-29	511	52.3%	47.7%
30-34	704	47.9%	52.1%
35-39	536	54.7% <sup>H</sup>	45.3% <sup>L</sup>
40-44	608	52.1%	47.9%
45-49	624	57.4% <sup>H</sup>	42.6% <sup>L</sup>
50-54	618	51.6%	48.4%
55-59	645	53.8% <sup>H</sup>	46.2% <sup>L</sup>
60-64	659	48.0%	52.0%
65-69	524	41.0% <sup>L</sup>	59.0% <sup>H</sup>
70-74	397	37.3% <sup>L</sup>	62.7% <sup>H</sup>
75-79	362	31.2% <sup>L</sup>	68.8% <sup>H</sup>
80-84	205	24.4% <sup>L</sup>	75.6% <sup>H</sup>
85-89	134	20.1% <sup>L</sup>	79.9% <sup>H</sup>
90+	40	22.5% <sup>L</sup>	77.5% <sup>H</sup>
<b>Health Perception</b>			
Not Good Health	1849	53.6% <sup>H</sup>	46.4% <sup>L</sup>
Good Health	5323	45.7%	54.3%
<b>Health Perception Age</b>			
Not Good Health 44 and under	466	66.1% <sup>H</sup>	33.9% <sup>L</sup>
Not Good Health 45-64	679	63.5% <sup>H</sup>	36.5% <sup>L</sup>
Not Good Health 65 and over	703	35.8% <sup>L</sup>	64.2% <sup>H</sup>
Good Health 44 and under	2522	48.5%	51.5%
Good Health 45-64	1854	48.7%	51.3%
Good Health 65 and over	942	32.2% <sup>L</sup>	67.8% <sup>H</sup>
<b>Mental Wellbeing Category</b>			
Above Average	1109	42.7% <sup>L</sup>	57.3% <sup>H</sup>
Average	4786	47.7%	52.3%
Below Average	835	58.4% <sup>H</sup>	41.6% <sup>L</sup>
<b>Ethnic Group</b>			
White British	6520	48.9%	51.1%
White Irish	138	47.8%	52.2%

	Sample size	Risky	Not risky
White Other	136	41.2%	58.8%
Asian Pakistani	105	31.4% <sup>L</sup>	68.6% <sup>H</sup>
Not White	399	31.3% <sup>L</sup>	68.7% <sup>H</sup>
Not White British	673	36.7% <sup>L</sup>	63.3% <sup>H</sup>
<b>Religion</b>			
None	1836	55.5% <sup>H</sup>	44.5% <sup>L</sup>
Christian	4727	46.2%	53.8%
Any other religion	336	34.8% <sup>L</sup>	65.2% <sup>H</sup>
<b>Sexual Orientation</b>			
Heterosexual	5998	49.3%	50.7%
Not heterosexual	201	46.8%	53.2%
Prefer not to say	177	45.8%	54.2%
<b>Geography unknown*</b>			
Unknown	828	55.9% <sup>H</sup>	44.1% <sup>L</sup>
<b>Ward Name*</b>			
Bramhall North	327	38.5% <sup>L</sup>	61.5% <sup>H</sup>
Bramhall South	302	39.1% <sup>L</sup>	60.9% <sup>H</sup>
Bredbury & Woodley	323	48.9%	51.1%
Bredbury Green & Romiley	308	49.0%	51.0%
Brinnington & Central	254	66.5% <sup>H</sup>	33.5% <sup>L</sup>
Cheadle & Gatley	304	39.8% <sup>L</sup>	60.2% <sup>H</sup>
Cheadle Hulme North	311	40.5% <sup>L</sup>	59.5% <sup>H</sup>
Cheadle Hulme South	335	41.5%	58.5%
Davenport & Cale Green	300	51.0%	49.0%
Edgeley & Cheadle Heath	300	54.7% <sup>H</sup>	45.3% <sup>L</sup>
Hazel Grove	305	43.9%	56.1%
Heald Green	267	39.0% <sup>L</sup>	61.0% <sup>H</sup>
Heatons North	297	44.4%	55.6%
Heatons South	338	47.3%	52.7%
Manor	314	45.9%	54.1%
Marple North	333	45.0%	55.0%
Marple South	290	43.1%	56.9%
Offerton	292	48.6%	51.4%
Reddish North	273	51.6%	48.4%
Reddish South	294	56.8% <sup>H</sup>	43.2% <sup>L</sup>
Stepping Hill	280	49.3%	50.7%
<b>2007 Nat IMD*</b>			
1- Most deprived	702	60.0% <sup>H</sup>	40.0% <sup>L</sup>

	Sample size	Risky	Not risky
2	974	54.6% <sup>H</sup>	45.4% <sup>L</sup>
3	1205	47.7%	52.3%
4	1448	42.6% <sup>L</sup>	57.4% <sup>H</sup>
5-Least deprived	2018	40.5% <sup>L</sup>	59.5% <sup>H</sup>
<b>Priority 1*</b>			
All not P1	6902	47.0%	53.0%
All P1	307	65.1% <sup>H</sup>	34.9% <sup>L</sup>
P1 - Adswood & Bridgehall	93	60.2% <sup>H</sup>	39.8% <sup>L</sup>
P1 - Brinnington	91	68.1% <sup>H</sup>	31.9% <sup>L</sup>
P1 - Lancashire Hill	72	65.3% <sup>H</sup>	34.7% <sup>L</sup>
P1 - Town Centre	51	68.6% <sup>H</sup>	31.4% <sup>L</sup>
<b>ISC*</b>			
Brinnington & Reddish	685	57.1% <sup>H</sup>	42.9% <sup>L</sup>
Cheadle	1315	40.3% <sup>L</sup>	59.7% <sup>H</sup>
Hazel Grove & Bramhall	1325	42.6% <sup>L</sup>	57.4% <sup>H</sup>
Heatons	674	46.4%	53.6%
Marple & Werneth	1144	47.0%	53.0%
Stockport Central	1204	51.9% <sup>H</sup>	48.1% <sup>L</sup>
<b>PBC area*</b>			
Bramhall & Cheadle	1747	39.5% <sup>L</sup>	60.5% <sup>H</sup>
Heatons & Tame Valley	1424	52.6% <sup>H</sup>	47.4% <sup>L</sup>
Marple & Werneth	1254	46.6%	53.4%
Stepping Hill & Victoria	1922	48.9%	51.1%

\* 11.6% of responses are missing so care should be given to interpretation.

## Multiple risks - each risky behaviour

	Sample size	Smoke Obese Un-healthy Drinking	Smoke Un-healthy Drinking	Smoke Obese	Obese Un-healthy Drinking	Smoke only	Un-healthy Drinking only	Obese only	Not risky
All	7209	0.8%	5.3%	1.5%	3.5%	8.3%	18.3%	10.0%	52.2%
<b>Gender</b>									
Female	3692	0.5%	3.8% <sup>L</sup>	1.3%	2.4% <sup>L</sup>	8.7%	15.2% <sup>L</sup>	11.6%	56.5% <sup>H</sup>
Male	3473	1.2%	6.9% <sup>H</sup>	1.7%	4.7% <sup>H</sup>	7.9%	21.8% <sup>H</sup>	8.2% <sup>L</sup>	47.6% <sup>L</sup>
<b>Age band</b>									
18-24	636	0.8%	11.3% <sup>H</sup>	2.0%	1.7%	9.0%	23.4% <sup>H</sup>	2.5% <sup>L</sup>	49.2%
25-29	511	2.5% <sup>H</sup>	9.8% <sup>H</sup>	1.2%	2.3%	8.2%	21.5%	6.7% <sup>L</sup>	47.7%
30-34	704	0.7%	7.7% <sup>H</sup>	1.6%	2.8%	8.2%	20.0%	6.8% <sup>L</sup>	52.1%
35-39	536	1.3%	8.0% <sup>H</sup>	1.3%	3.5%	9.0%	22.9% <sup>H</sup>	8.6%	45.3% <sup>L</sup>
40-44	608	0.5%	6.3%	1.3%	4.4%	9.4%	22.5% <sup>H</sup>	7.7%	47.9%
45-49	624	1.0%	5.8%	2.1%	6.9% <sup>H</sup>	7.2%	23.2% <sup>H</sup>	11.2%	42.6% <sup>L</sup>
50-54	618	1.3%	4.4%	1.8%	4.7%	6.8%	20.1%	12.6%	48.4%
55-59	645	0.6%	4.3%	2.3%	5.9% <sup>H</sup>	10.7%	17.8%	12.1%	46.2% <sup>L</sup>
60-64	659	0.9%	2.9% <sup>L</sup>	1.4%	3.8%	8.3%	17.5%	13.2% <sup>H</sup>	52.0%
65-69	524	0.6%	1.9% <sup>L</sup>	1.3%	2.7%	7.6%	13.2% <sup>L</sup>	13.7% <sup>H</sup>	59.0% <sup>H</sup>
70-74	397	0.0%	0.5% <sup>L</sup>	1.0%	2.0%	8.1%	10.1% <sup>L</sup>	15.6% <sup>H</sup>	62.7% <sup>H</sup>
75-79	362	0.0%	0.0%	1.4%	0.8% <sup>L</sup>	7.7%	8.3% <sup>L</sup>	13.0%	68.8% <sup>H</sup>
80-84	205	0.0%	0.0%	1.0%	0.5%	6.3%	5.9% <sup>L</sup>	10.7%	75.6% <sup>H</sup>
85-89	134	0.0%	0.7%	0.0%	0.0%	5.2%	6.7% <sup>L</sup>	7.5%	79.9% <sup>H</sup>
90+	40	0.0%	0.0%	0.0%	0.0%	7.5%	5.0%	10.0%	77.5% <sup>H</sup>
<b>Good Health</b>									
Not Good Health	1849	1.4%	5.7%	3.3% <sup>H</sup>	4.3%	11.3% <sup>H</sup>	9.1% <sup>L</sup>	18.5% <sup>H</sup>	46.4% <sup>L</sup>
Good Health	5323	0.6%	5.2%	0.9% <sup>L</sup>	3.2%	7.2%	21.5% <sup>H</sup>	7.0% <sup>L</sup>	54.3%
<b>Health Perception by Age</b>									
Not Good Health 44 and under	466	2.8% <sup>H</sup>	12.9% <sup>H</sup>	4.3% <sup>H</sup>	6.0% <sup>H</sup>	14.6% <sup>H</sup>	11.8% <sup>L</sup>	13.7% <sup>H</sup>	33.9% <sup>L</sup>
Not Good Health 45-64	679	1.8%	6.2%	4.3% <sup>H</sup>	6.3% <sup>H</sup>	11.6% <sup>H</sup>	10.9% <sup>L</sup>	22.4% <sup>H</sup>	36.5% <sup>L</sup>
Not Good Health 65 and over	703	0.1%	0.4% <sup>L</sup>	1.7%	1.3% <sup>L</sup>	8.8%	5.5% <sup>L</sup>	17.9% <sup>H</sup>	64.2% <sup>H</sup>
Good Health 44 and under	2522	0.8%	7.8% <sup>H</sup>	1.0%	2.4%	7.7%	23.8% <sup>H</sup>	5.0% <sup>L</sup>	51.5%

	Sample size	Smoke Obese Un-healthy Drinking	Smoke Un-healthy Drinking	Smoke Obese	Obese Un-healthy Drinking	Smoke only	Un-healthy Drinking only	Obese only	Not risky
Good Health 45-64	1854	0.6%	3.7% <sup>L</sup>	1.0%	5.0% <sup>H</sup>	6.9%	22.9% <sup>H</sup>	8.6%	51.3%
Good Health 65 and over	942	0.2%	1.1% <sup>L</sup>	0.6%	1.8% <sup>L</sup>	6.3%	12.8% <sup>L</sup>	9.3%	67.8% <sup>H</sup>
<b>Mental Wellbeing</b>									
Below Average	835	1.9% <sup>H</sup>	6.9%	2.8%	4.2%	12.5% <sup>H</sup>	15.6%	14.6% <sup>H</sup>	41.6% <sup>L</sup>
Average	4786	0.8%	5.5%	1.3%	3.9%	7.6%	19.8%	8.8%	52.3%
Above Average	1109	0.5%	3.7%	1.4%	1.9% <sup>L</sup>	5.6% <sup>L</sup>	19.2%	10.4%	57.3% <sup>H</sup>
<b>Ethnic Group</b>									
White British	6520	0.9%	5.6%	1.5%	3.6%	8.2%	19.6%	9.6%	51.1%
White Irish	138	1.4%	6.5%	2.2%	4.3%	4.3%	14.5%	14.5%	52.2%
White Other	136	0.7%	2.9%	0.7%	5.1%	13.2%	8.1% <sup>L</sup>	10.3%	58.8%
Asian Pakistani	105	0.0%	0.0%	1.0%	0.0%	11.4%	1.0% <sup>L</sup>	18.1% <sup>H</sup>	68.6% <sup>H</sup>
Not White	399	0.3%	1.3% <sup>L</sup>	2.8%	0.3% <sup>L</sup>	9.8%	3.3% <sup>L</sup>	13.8%	68.7% <sup>H</sup>
Not White British	673	0.6%	2.7% <sup>L</sup>	2.2%	2.1%	9.4%	6.5% <sup>L</sup>	13.2%	63.3% <sup>H</sup>
<b>Religion</b>									
None	1836	1.3%	9.0% <sup>H</sup>	1.5%	3.7%	9.1%	24.6% <sup>H</sup>	6.4% <sup>L</sup>	44.5% <sup>L</sup>
Christian	4727	0.7%	4.3%	1.5%	3.6%	7.8%	17.1%	11.2%	53.8%
Any other religion	336	0.6%	2.4%	2.1%	0.6% <sup>L</sup>	10.1%	6.0% <sup>L</sup>	13.1%	65.2% <sup>H</sup>
<b>Sexual Orientation</b>									
Heterosexual	5998	0.8%	5.8%	1.3%	3.8%	8.0%	20.0%	9.6%	50.7%
Not heterosexual	201	0.5%	6.0%	3.0%	2.0%	9.0%	17.4%	9.0%	53.2%
Prefer not to say	177	1.7%	5.1%	1.7%	2.8%	11.9%	7.3% <sup>L</sup>	15.3%	54.2%
<b>Geography unknown*</b>									
Unknown	828	0.8%	7.4%	2.1%	4.1%	9.7%	22.1% <sup>H</sup>	9.8%	44.1% <sup>L</sup>
<b>Ward Name*</b>									
Bramhall North	327	0.0%	4.0%	0.6%	2.8%	4.3% <sup>L</sup>	21.7%	5.2% <sup>L</sup>	61.5% <sup>H</sup>

	Sample size	Smoke Obese Un-healthy Drinking	Smoke Un-healthy Drinking	Smoke Obese	Obese Un-healthy Drinking	Smoke only	Un-healthy Drinking only	Obese only	Not risky
Bramhall South	302	0.3%	3.3%	0.3%	2.6%	3.0% <sup>L</sup>	21.2%	8.3%	60.9% <sup>H</sup>
Bredbury & Woodley	323	0.6%	5.3%	0.3%	4.3%	9.9%	16.4%	12.1%	51.1%
Bredbury Green & Romiley	308	0.3%	3.2%	1.6%	5.5%	9.4%	18.2%	10.7%	51.0%
Brinnington & Central	254	2.8% <sup>H</sup>	10.6% <sup>H</sup>	3.5% <sup>H</sup>	4.3%	19.7% <sup>H</sup>	12.6% <sup>L</sup>	13.0%	33.5% <sup>L</sup>
Cheadle & Gatley	304	1.3%	2.6%	2.3%	2.3%	5.6%	16.1%	9.5%	60.2% <sup>H</sup>
Cheadle Hulme North	311	1.0%	3.9%	1.6%	3.5%	8.4%	14.8%	7.4%	59.5% <sup>H</sup>
Cheadle Hulme South	335	0.6%	2.7%	0.6%	3.3%	3.0% <sup>L</sup>	23.9% <sup>H</sup>	7.5%	58.5%
Davenport & Cale Green	300	0.7%	3.7%	2.3%	4.0%	11.0%	16.3%	13.0%	49.0%
Edgeley & Cheadle Heath	300	1.3%	8.7% <sup>H</sup>	3.0%	4.7%	10.7%	15.3%	11.0%	45.3% <sup>L</sup>
Hazel Grove	305	0.7%	3.9%	2.3%	3.9%	7.9%	17.4%	7.9%	56.1%
Heald Green	267	0.0%	2.2%	1.9%	1.1%	8.6%	16.5%	8.6%	61.0% <sup>H</sup>
Heatons North	297	1.0%	4.4%	1.0%	2.0%	6.4%	20.5%	9.1%	55.6%
Heatons South	338	0.9%	6.2%	0.3%	2.1%	7.1%	22.5%	8.3%	52.7%
Manor	314	0.0%	6.7%	2.5%	4.5%	10.2%	11.1% <sup>L</sup>	10.8%	54.1%
Marple North	333	0.6%	4.2%	0.3%	2.1%	3.6% <sup>L</sup>	24.6% <sup>H</sup>	9.6%	55.0%
Marple South	290	0.7%	5.5%	1.4%	3.1%	7.6%	15.5%	9.3%	56.9%
Offerton	292	1.7%	3.4%	0.3%	3.4%	11.0%	14.7%	14.0%	51.4%
Reddish North	273	1.8%	7.0%	3.3%	4.4%	9.2%	11.7% <sup>L</sup>	14.3%	48.4%
Reddish South	294	1.0%	8.2%	1.4%	4.4%	10.2%	17.7%	13.9%	43.2% <sup>L</sup>
Stepping Hill	280	0.7%	7.5%	1.1%	2.5%	7.1%	20.7%	9.6%	50.7%
<b>2007 Nat IMD*</b>									
1- Most deprived	702	2.0% <sup>H</sup>	8.1% <sup>H</sup>	3.3% <sup>H</sup>	3.4%	16.5% <sup>H</sup>	10.8% <sup>L</sup>	15.8% <sup>H</sup>	40.0% <sup>L</sup>
2	974	1.2%	7.3%	2.7%	4.2%	11.8% <sup>H</sup>	14.2% <sup>L</sup>	13.2% <sup>H</sup>	45.4% <sup>L</sup>
3	1205	0.6%	6.3%	1.3%	4.2%	8.9%	17.3%	9.1%	52.3%

	Sample size	Smoke Obese Un-healthy Drinking	Smoke Un-healthy Drinking	Smoke Obese	Obese Un-healthy Drinking	Smoke only	Un-healthy Drinking only	Obese only	Not risky
4	1448	0.7%	3.3% <sup>L</sup>	1.2%	2.8%	7.0%	18.0%	9.5%	57.4% <sup>H</sup>
5- Least deprived	2018	0.5%	3.4% <sup>L</sup>	0.5% <sup>L</sup>	2.8%	3.7% <sup>L</sup>	22.1% <sup>H</sup>	7.5% <sup>L</sup>	59.5% <sup>H</sup>
<b>Priority 1*</b>									
All not P1	6902	0.8%	5.1%	1.4%	3.5%	7.8%	18.6%	9.8%	53.0%
All P1	307	2.0%	10.1% <sup>H</sup>	3.9% <sup>H</sup>	3.6%	18.2% <sup>H</sup>	12.1% <sup>L</sup>	15.3% <sup>H</sup>	34.9% <sup>L</sup>
P1 - Adswood & Bridgehall	93	0.0%	4.3%	6.5% <sup>H</sup>	4.3%	14.0%	10.8%	20.4% <sup>H</sup>	39.8% <sup>L</sup>
P1 - Brinnington	91	2.2%	14.3% <sup>H</sup>	3.3%	4.4%	19.8% <sup>H</sup>	9.9%	14.3%	31.9% <sup>L</sup>
P1 - Lancashire Hill	72	2.8%	12.5% <sup>H</sup>	1.4%	1.4%	26.4% <sup>H</sup>	11.1%	9.7%	34.7% <sup>L</sup>
P1 - Town Centre	51	3.9%	9.8%	3.9%	3.9%	11.8%	19.6%	15.7%	31.4% <sup>L</sup>
<b>ISC*</b>									
Brinnington & Reddish	685	1.6%	8.8% <sup>H</sup>	3.1% <sup>H</sup>	4.7%	12.6% <sup>H</sup>	12.7% <sup>L</sup>	13.7% <sup>H</sup>	42.9% <sup>L</sup>
Cheadle	1315	0.7%	3.0% <sup>L</sup>	1.5%	3.0%	6.2%	17.8%	8.1%	59.7% <sup>H</sup>
Hazel Grove & Bramhall	1325	0.7%	4.2%	1.1%	3.3%	5.3% <sup>L</sup>	19.8%	8.2%	57.4% <sup>H</sup>
Heatons	674	0.9%	5.3%	0.3% <sup>L</sup>	2.1%	7.0%	22.1%	8.8%	53.6%
Marple & Werneth	1144	0.5%	4.6%	0.9%	3.7%	8.0%	18.7%	10.6%	53.0%
Stockport Central	1204	1.0%	6.3%	2.2%	3.5%	11.5% <sup>H</sup>	15.0% <sup>L</sup>	12.5%	48.1% <sup>L</sup>
<b>PBC area*</b>									
Bramhall & Cheadle	1747	0.5%	3.2% <sup>L</sup>	1.0%	2.6%	4.8% <sup>L</sup>	19.7%	7.7% <sup>L</sup>	60.5% <sup>H</sup>
Heatons & Tame Valley	1424	1.4%	7.2% <sup>H</sup>	1.8%	3.4%	10.0%	17.4%	11.4%	47.4% <sup>L</sup>
Marple & Werneth	1254	0.6%	4.5%	0.9%	3.7%	7.6%	18.8%	10.4%	53.4%
Stepping Hill & Victoria	1922	0.9%	5.5%	2.1%	3.8%	10.0%	15.6% <sup>L</sup>	11.0%	51.1%

\* 11.6% of responses are missing so care should be given to interpretation.

## Mental Wellbeing

	Sample size	Above Average	Average	Below Average
All responses	6931	16.4%	71.0%	12.5%
<b>Gender</b>				
Female	3562	16.4%	70.2%	13.4%
Male	3319	16.6%	72.1%	11.3%
<b>Age band</b>				
18-24	646	9.1% <sup>L</sup>	71.5%	19.3% <sup>H</sup>
25-29	519	13.1%	72.8%	14.1%
30-34	701	15.8%	72.5%	11.7%
35-39	539	14.7%	71.6%	13.7%
40-44	609	12.2% <sup>L</sup>	75.9% <sup>H</sup>	12.0%
45-49	603	12.1% <sup>L</sup>	73.5%	14.4%
50-54	609	15.9%	71.9%	12.2%
55-59	621	16.7%	72.0%	11.3%
60-64	643	22.2% <sup>H</sup>	70.3%	7.5% <sup>L</sup>
65-69	471	24.4% <sup>H</sup>	66.2%	9.3%
70-74	353	23.2% <sup>H</sup>	68.8%	7.9% <sup>L</sup>
75-79	295	23.7% <sup>H</sup>	64.7%	11.5%
80-84	167	25.7% <sup>H</sup>	60.5% <sup>L</sup>	13.8%
85-89	105	18.1%	65.7%	16.2%
90+	27	0.0%	63.0%	37.0% <sup>H</sup>
<b>Health Perception</b>				
Not Good Health	1682	8.0% <sup>L</sup>	64.8% <sup>L</sup>	27.2% <sup>H</sup>
Good Health	5219	19.2% <sup>H</sup>	73.1%	7.7% <sup>L</sup>
<b>Health Perception by Age</b>				
Good Health 44 and under	2529	15.0%	75.2% <sup>H</sup>	9.8% <sup>L</sup>
Good Health 45-64	1831	19.7% <sup>H</sup>	73.7%	6.6% <sup>L</sup>
Good Health 65 and over	840	31.0% <sup>H</sup>	65.4% <sup>L</sup>	3.7% <sup>L</sup>
Not Good Health 44 and under	478	2.5% <sup>L</sup>	60.3% <sup>L</sup>	37.2% <sup>H</sup>
Not Good Health 45-64	633	8.8% <sup>L</sup>	66.5%	24.6% <sup>H</sup>
Not Good Health 65 and over	567	11.6% <sup>L</sup>	66.8%	21.5% <sup>H</sup>
<b>Ethnic Group</b>				
White British	6262	16.3%	71.4%	12.4%
White Irish	125	25.6% <sup>H</sup>	66.4%	8.0%
White Other	133	14.3%	75.9%	9.8%
Asian Pakistani	100	14.0%	61.0%	25.0% <sup>H</sup>
Not White	379	17.2%	65.4%	17.4% <sup>H</sup>



	Sample size	Above Average	Average	Below Average
<i>Not White British</i>	637	18.2%	67.8%	14.0%
<b>Religion</b>				
None	1834	13.2% <sup>L</sup>	72.3%	14.5%
Christian	4483	17.8%	71.0%	11.2%
Any other religion	320	14.7%	67.2%	18.1% <sup>H</sup>
<b>Sexual Orientation</b>				
Heterosexual	5890	16.4%	71.9%	11.7%
Not heterosexual	197	10.7%	69.0%	20.3% <sup>H</sup>
Prefer not to say	152	11.2%	67.1%	21.7% <sup>H</sup>
<b>Geography unknown*</b>				
Unknown	832	13.6%	72.0%	14.4%
<b>Ward Name*</b>				
Bramhall North	320	21.9% <sup>H</sup>	68.1%	10.0%
Bramhall South	295	17.6%	76.6%	5.8% <sup>L</sup>
Bredbury & Woodley	312	13.8%	71.8%	14.4%
Bredbury Green & Romiley	289	16.6%	70.2%	13.1%
Brinnington & Central	235	11.9%	71.1%	17.0%
Cheadle & Gatley	291	20.3%	68.0%	11.7%
Cheadle Hulme North	301	20.3%	68.4%	11.3%
Cheadle Hulme South	329	15.8%	73.9%	10.3%
Davenport & Cale Green	289	13.5%	71.3%	15.2%
Edgeley & Cheadle Heath	284	14.1%	71.5%	14.4%
Hazel Grove	295	18.6%	70.5%	10.8%
Heald Green	252	17.1%	73.0%	9.9%
Heatons North	276	14.1%	77.2%	8.7%
Heatons South	331	14.8%	72.2%	13.0%
Manor	297	17.5%	69.7%	12.8%
Marple North	320	18.4%	70.9%	10.6%
Marple South	273	22.7% <sup>H</sup>	63.7% <sup>L</sup>	13.6%
Offerton	273	12.5%	73.3%	14.3%
Reddish North	252	15.9%	69.4%	14.7%
Reddish South	281	18.1%	67.6%	14.2%
Stepping Hill	270	17.0%	69.3%	13.7%
<b>2007 National IMD Quintile*</b>				
1- Most deprived	644	11.3% <sup>L</sup>	69.9%	18.8% <sup>H</sup>
2	933	15.2%	68.7%	16.1% <sup>H</sup>
3	1146	15.5%	72.5%	12.0%
4	1381	17.9%	71.7%	10.4%

	Sample size	Above Average	Average	Below Average
5- Least deprived	1961	19.5% <sup>H</sup>	70.7%	9.8% <sup>L</sup>
<b>Priority 1*</b>				
All not P1	6653	16.6%	71.0%	12.4%
All P1	278	12.6%	71.2%	16.2%
P1 - Adswood & Bridgehall	82	11.0%	74.4%	14.6%
P1 - Brinnington	81	8.6%	77.8%	13.6%
P1 - Lancashire Hill	71	18.3%	64.8%	16.9%
P1 - Town Centre	44	13.6%	63.6%	22.7%
<b>ISC*</b>				
Brinnington & Reddish	637	15.1%	69.7%	15.2%
Cheadle	1272	18.0%	71.1%	10.8%
Hazel Grove & Bramhall	1276	18.9%	70.3%	10.8%
Heatons	647	15.6%	73.9%	10.5%
Marple & Werneth	1089	17.4%	70.0%	12.7%
Stockport Central	1144	14.5%	71.0%	14.5%
<b>PBC area*</b>				
Bramhall & Cheadle	1691	18.9%	71.5%	9.6% <sup>L</sup>
Heatons & Tame Valley	1344	15.0%	71.7%	13.3%
Marple & Werneth	1194	17.8%	69.3%	12.9%
Stepping Hill & Victoria	1836	15.7%	70.7%	13.6%

\* 11.6% of responses are missing so care should be given to interpretation.

## Smoking

	Sample size	Current smokers	Ex smokers	Non smokers
All responses	7436	15.8%	17.7%	66.5%
<b>Gender</b>				
Female	3814	14.2%	14.8% <sup>L</sup>	71.0% <sup>H</sup>
Male	3548	17.7%	20.5% <sup>H</sup>	61.7% <sup>L</sup>
<b>Age band</b>				
18-24	667	23.5% <sup>H</sup>	4.3% <sup>L</sup>	72.1% <sup>H</sup>
25-29	527	21.6% <sup>H</sup>	7.4% <sup>L</sup>	71.0%
30-34	722	18.1%	11.9% <sup>L</sup>	69.9%
35-39	543	19.3%	14.7%	65.9%
40-44	619	17.3%	9.7% <sup>L</sup>	73.0% <sup>H</sup>
45-49	637	15.9%	15.2%	68.9%
50-54	629	14.3%	17.3%	68.4%
55-59	658	17.8%	22.9% <sup>H</sup>	59.3% <sup>L</sup>
60-64	676	13.2%	25.0% <sup>H</sup>	61.8%
65-69	532	11.7% <sup>L</sup>	28.0% <sup>H</sup>	60.3% <sup>L</sup>
70-74	411	9.5% <sup>L</sup>	29.0% <sup>H</sup>	61.6%
75-79	374	9.4% <sup>L</sup>	31.6% <sup>H</sup>	59.1% <sup>L</sup>
80-84	220	7.3% <sup>L</sup>	25.0% <sup>H</sup>	67.7%
85-89	147	5.4% <sup>L</sup>	26.5% <sup>H</sup>	68.0%
90+	44	6.8%	13.6%	79.5%
<b>Health Perception</b>				
All Not Good Health	1926	21.4% <sup>H</sup>	22.3% <sup>H</sup>	56.3% <sup>L</sup>
All Good Health	5470	13.9% <sup>L</sup>	16.0%	70.1% <sup>H</sup>
<b>Health Perception by Age</b>				
Not Good Health 44 and under	491	34.2% <sup>H</sup>	9.6% <sup>L</sup>	56.2% <sup>L</sup>
Not Good Health 45-64	696	23.6% <sup>H</sup>	22.6% <sup>H</sup>	53.9% <sup>L</sup>
Not Good Health 65 and over	732	10.9% <sup>L</sup>	30.5% <sup>H</sup>	58.6% <sup>L</sup>
Good Health 44 and under	2580	17.2%	9.6% <sup>L</sup>	73.2% <sup>H</sup>
Good Health 45-64	1891	12.1% <sup>L</sup>	19.4%	68.5%
Good Health 65 and over	976	8.3% <sup>L</sup>	26.1% <sup>H</sup>	65.6%
<b>Mental Wellbeing Category</b>				
Above Average	1133	11.2% <sup>L</sup>	17.7%	71.1% <sup>H</sup>
Average	4904	15.0%	17.2%	67.8%
Below Average	867	24.0% <sup>H</sup>	17.0%	59.1% <sup>L</sup>
<b>Ethnic Group</b>				
White British	6708	16.0%	18.4%	65.6%

	Sample size	Current smokers	Ex smokers	Non smokers
White Irish	145	13.8%	17.9%	68.3%
White Other	138	18.1%	13.0%	68.8%
Asian Pakistani	108	12.0%	2.8% <sup>L</sup>	85.2% <sup>H</sup>
<i>Not White</i>	407	14.3%	6.1% <sup>L</sup>	79.6% <sup>H</sup>
<i>Not White British</i>	690	14.9%	10.0% <sup>L</sup>	75.1% <sup>H</sup>
<b>Religion</b>				
None	1880	20.9% <sup>H</sup>	16.7%	62.4% <sup>L</sup>
Christian	4881	14.1%	18.8%	67.1%
Any other religion	347	15.6%	6.3% <sup>L</sup>	78.1% <sup>H</sup>
Not answered	328	13.1%	18.3%	68.6%
<b>Sexual Orientation</b>				
Heterosexual	6147	15.8%	17.7%	66.5%
Not heterosexual	207	18.4%	24.6% <sup>H</sup>	57.0% <sup>L</sup>
Prefer not to say	192	20.3%	13.0%	66.7%
<b>Geography unknown*</b>				
Unknown	882	19.0%	15.8%	65.2%
<b>Wards*</b>				
Bramhall North	335	8.7% <sup>L</sup>	15.5%	75.8% <sup>H</sup>
Bramhall South	311	6.8% <sup>L</sup>	19.0%	74.3% <sup>H</sup>
Bredbury & Woodley	337	16.0%	22.0%	62.0%
Bredbury Green & Romiley	313	14.4%	21.1%	64.5%
Brinnington & Central	269	35.3% <sup>H</sup>	16.4%	48.3% <sup>L</sup>
Cheadle & Gatley	312	12.5%	17.9%	69.6%
Cheadle Hulme North	320	14.7%	18.8%	66.6%
Cheadle Hulme South	340	6.8% <sup>L</sup>	17.6%	75.6% <sup>H</sup>
Davenport & Cale Green	312	17.6%	15.7%	66.7%
Edgeley & Cheadle Heath	309	23.6% <sup>H</sup>	16.2%	60.2%
Hazel Grove	315	14.9%	16.8%	68.3%
Heald Green	274	12.4%	17.2%	70.4%
Heatons North	302	12.6%	15.6%	71.9%
Heatons South	348	14.9%	13.2%	71.8%
Manor	321	19.3%	18.7%	62.0%
Marple North	338	8.9% <sup>L</sup>	19.2%	71.9%
Marple South	298	15.8%	21.5%	62.8%
Offerton	301	16.6%	18.9%	64.5%
Reddish North	278	20.9%	23.4% <sup>H</sup>	55.8% <sup>L</sup>
Reddish South	303	20.5%	18.2%	61.4%
Stepping Hill	284	16.2%	15.1%	68.7%

	Sample size	Current smokers	Ex smokers	Non smokers
<b>2007 National IMD*</b>				
1- Most deprived	735	29.5% <sup>H</sup>	18.0%	52.5% <sup>L</sup>
2	1002	22.7% <sup>H</sup>	19.3%	58.1% <sup>L</sup>
3	1241	17.0%	17.2%	65.8%
4	1484	12.3% <sup>L</sup>	17.5%	70.2% <sup>H</sup>
5- Least deprived	2058	8.3% <sup>L</sup>	18.2%	73.6% <sup>H</sup>
<b>Priority 1*</b>				
<i>All not P1</i>	7113	15.1%	17.7%	67.3%
<i>All P1</i>	323	33.1% <sup>H</sup>	18.0%	48.9% <sup>L</sup>
P1 - Adswood & Bridgehall	95	24.2%	14.7%	61.1%
P1 - Brinnington	96	37.5% <sup>H</sup>	17.7%	44.8% <sup>L</sup>
P1 - Lancashire Hill	76	42.1% <sup>H</sup>	19.7%	38.2% <sup>L</sup>
P1 - Town Centre	56	28.6% <sup>H</sup>	21.4%	50.0% <sup>L</sup>
<b>ISC*</b>				
Brinnington & Reddish	707	25.5% <sup>H</sup>	21.1%	53.5% <sup>L</sup>
Cheadle	1347	11.4% <sup>L</sup>	18.0%	70.5% <sup>H</sup>
Hazel Grove & Bramhall	1358	11.3% <sup>L</sup>	16.7%	72.0% <sup>H</sup>
Heatons	689	13.6%	13.6% <sup>L</sup>	72.7% <sup>H</sup>
Marple & Werneth	1172	14.1%	20.6%	65.4%
Stockport Central	1247	20.9% <sup>H</sup>	17.5%	61.6% <sup>L</sup>
<b>PBC area*</b>				
Bramhall & Cheadle	1789	9.4% <sup>L</sup>	11.2% <sup>L</sup>	79.4% <sup>H</sup>
Heatons & Tame Valley	1467	20.2% <sup>H</sup>	10.6% <sup>L</sup>	69.2%
Marple & Werneth	1286	13.7%	10.6% <sup>L</sup>	75.7% <sup>H</sup>
Stepping Hill & Victoria	1978	18.5% <sup>H</sup>	10.7% <sup>L</sup>	70.8% <sup>H</sup>

\* 11.6% of responses are missing so care should be given to interpretation.

## Alcohol - Binge Drinking

	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
All responses	7448	20.8%	21.8%	29.4%	4.2%	24.4%
<b>Gender</b>						
Female	3827	15.0% <sup>L</sup>	21.8%	27.9%	4.9%	30.4% <sup>H</sup>
Male	3554	25.9% <sup>H</sup>	22.3%	31.0%	3.5%	17.4% <sup>L</sup>
<b>Age band</b>						
18-24	667	35.2% <sup>H</sup>	17.7% <sup>L</sup>	18.7% <sup>L</sup>	5.2%	23.1%
25-29	530	33.8% <sup>H</sup>	20.2%	19.4% <sup>L</sup>	4.5%	22.1%
30-34	721	28.3% <sup>H</sup>	20.8%	24.5% <sup>L</sup>	4.6%	21.8%
35-39	544	28.5% <sup>H</sup>	28.1% <sup>H</sup>	21.3% <sup>L</sup>	3.3%	18.8% <sup>L</sup>
40-44	619	25.4% <sup>H</sup>	24.6%	25.7%	5.8%	18.6% <sup>L</sup>
45-49	636	28.0% <sup>H</sup>	25.3%	25.5%	3.5%	17.8% <sup>L</sup>
50-54	630	18.9%	27.9% <sup>H</sup>	28.4%	3.5%	21.3%
55-59	659	16.5%	26.4% <sup>H</sup>	33.2%	3.3%	20.5%
60-64	676	13.3% <sup>L</sup>	23.7%	33.0%	4.0%	26.0%
65-69	536	7.3% <sup>L</sup>	24.6%	39.6% <sup>H</sup>	3.7%	24.8%
70-74	413	4.1% <sup>L</sup>	15.5% <sup>L</sup>	44.8% <sup>H</sup>	4.1%	31.5% <sup>H</sup>
75-79	378	2.1% <sup>L</sup>	12.2% <sup>L</sup>	41.3% <sup>H</sup>	1.9%	42.6% <sup>H</sup>
80-84	217	0.5% <sup>L</sup>	8.8% <sup>L</sup>	41.5% <sup>H</sup>	4.6%	44.7% <sup>H</sup>
85-89	149	1.3% <sup>L</sup>	7.4% <sup>L</sup>	40.3% <sup>H</sup>	8.1%	43.0% <sup>H</sup>
90+	46	0.0%	2.2% <sup>L</sup>	32.6%	8.7%	56.5% <sup>H</sup>
<b>Health Perception</b>						
Not Good Health	1939	14.2% <sup>L</sup>	14.0% <sup>L</sup>	30.3%	4.7%	36.8% <sup>H</sup>
Good Health	5470	22.3% <sup>H</sup>	24.6% <sup>H</sup>	29.0%	4.1%	20.0% <sup>L</sup>
<b>Health Perception by Age</b>						
Not Good Health 44 and under	492	28.0% <sup>H</sup>	15.2% <sup>L</sup>	20.5% <sup>L</sup>	6.1%	30.1% <sup>H</sup>
Not Good Health 45-64	698	17.5%	15.6% <sup>L</sup>	29.8%	4.4%	32.7% <sup>H</sup>
Not Good Health 65 and over	741	2.0% <sup>L</sup>	11.7% <sup>L</sup>	37.2% <sup>H</sup>	3.9%	45.1% <sup>H</sup>
Good Health 44 and under	2582	30.6% <sup>H</sup>	23.3%	22.4% <sup>L</sup>	4.5%	19.2% <sup>L</sup>
Good Health 45-64	1890	19.8%	29.5% <sup>H</sup>	30.2%	3.3%	17.2% <sup>L</sup>
Good Health 65 and over	979	5.3% <sup>L</sup>	18.9%	44.1% <sup>H</sup>	4.1%	27.6%
<b>Mental Wellbeing Category</b>						
Above Average	1136	16.0% <sup>L</sup>	23.1%	32.6%	4.1%	24.2%
Average	4906	22.1%	23.9%	28.9%	4.0%	21.1% <sup>L</sup>

	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
Below Average	864	22.9%	15.0% <sup>L</sup>	25.2% <sup>L</sup>	4.9%	31.9% <sup>H</sup>
<b>Ethnic Group</b>						
White British	6715	21.2%	23.1%	29.8%	4.2%	21.6% <sup>L</sup>
White Irish	146	21.9%	17.1%	21.9%	5.5%	33.6% <sup>H</sup>
White Other	138	12.3% <sup>L</sup>	15.9%	38.4% <sup>H</sup>	2.9%	30.4%
Asian Pakistani	108	0.9% <sup>L</sup>	0.9% <sup>L</sup>	2.8% <sup>L</sup>	0.9%	94.4% <sup>H</sup>
Not White	414	4.3% <sup>L</sup>	5.8% <sup>L</sup>	22.0% <sup>L</sup>	3.1%	64.7% <sup>H</sup>
Not White British	698	9.6% <sup>L</sup>	10.2% <sup>L</sup>	25.2%	3.6%	51.4% <sup>H</sup>
<b>Religion</b>						
None	1882	29.5% <sup>H</sup>	25.2% <sup>H</sup>	24.6% <sup>L</sup>	3.8%	16.8% <sup>L</sup>
Christian	4889	17.9% <sup>L</sup>	21.5%	31.6%	4.4%	24.5%
Any other religion	350	7.1% <sup>L</sup>	6.0% <sup>L</sup>	20.6% <sup>L</sup>	3.1%	63.1% <sup>H</sup>
Not answered	327	13.1% <sup>L</sup>	23.5%	32.7%	5.2%	25.4%
<b>Sexual Orientation</b>						
Heterosexual	6146	22.1% <sup>H</sup>	23.3%	29.4%	4.1%	21.1% <sup>L</sup>
Not heterosexual	208	18.8%	23.1%	27.4%	4.3%	26.4%
Prefer not to say	189	11.1% <sup>L</sup>	13.8% <sup>L</sup>	23.3%	4.2%	47.6% <sup>H</sup>
<b>Geography unknown*</b>						
Unknown	882	26.4% <sup>H</sup>	21.2%	27.0%	6.0%	19.4% <sup>L</sup>
<b>Ward Name*</b>						
Bramhall North	338	18.3%	28.1% <sup>H</sup>	29.3%	3.0%	21.3%
Bramhall South	312	16.0%	25.6%	37.2% <sup>H</sup>	2.9%	18.3% <sup>L</sup>
Bredbury & Woodley	340	21.2%	18.2%	31.2%	3.8%	25.6%
Bredbury Green & Romiley	315	16.8%	22.9%	32.4%	4.1%	23.8%
Brinnington & Central	264	22.0%	16.3%	20.1% <sup>L</sup>	2.3%	39.4% <sup>H</sup>
Cheadle & Gatley	314	14.3% <sup>L</sup>	18.2%	30.9%	5.1%	31.5% <sup>H</sup>
Cheadle Hulme North	322	15.2%	18.9%	39.4% <sup>H</sup>	3.4%	23.0%
Cheadle Hulme South	344	21.8%	25.0%	28.5%	4.1%	20.6%
Davenport & Cale Green	313	18.5%	19.8%	26.8%	4.8%	30.0%
Edgeley & Cheadle Heath	308	24.4%	23.7%	28.9%	5.2%	17.9% <sup>L</sup>
Hazel Grove	319	20.1%	20.4%	31.3%	3.4%	24.8%
Heald Green	273	12.8% <sup>L</sup>	23.4%	31.1%	2.2%	30.4%
Heatons North	303	17.8%	24.1%	29.4%	4.3%	24.4%
Heatons South	346	25.4% <sup>H</sup>	18.8%	21.7% <sup>L</sup>	2.6%	31.5% <sup>H</sup>
Manor	319	18.2%	23.2%	26.3%	3.4%	28.8%
Marple North	335	19.7%	26.0%	34.9%	4.2%	15.2% <sup>L</sup>

	Sample size	Binged	Over daily guideline	Drank within daily guideline	Didn't drink last week	Non drinker
Marple South	298	16.8%	20.5%	36.9% <sup>H</sup>	4.4%	21.5%
Offerton	303	17.2%	18.5%	30.7%	6.3%	27.4%
Reddish North	278	18.7%	21.9%	25.2%	4.0%	30.2%
Reddish South	304	23.4%	20.1%	23.4%	5.6%	27.6%
Stepping Hill	284	23.2%	25.4%	26.8%	4.6%	20.1%
<b>2007 National IMD Quintile*</b>						
1- Most deprived	732	19.0%	14.9% <sup>L</sup>	23.4% <sup>L</sup>	4.6%	38.1% <sup>H</sup>
2	1002	20.2%	21.7%	27.0%	4.0%	27.1%
3	1244	21.9%	20.4%	28.5%	4.3%	24.9%
4	1489	17.0% <sup>L</sup>	22.3%	31.9%	3.7%	25.1%
5- Least deprived	2065	18.7%	25.1% <sup>H</sup>	32.4% <sup>H</sup>	3.8%	20.0% <sup>L</sup>
<b>Priority 1*</b>						
All not P1	7129	20.1%	22.1%	29.7%	4.3%	23.8%
All P1	319	21.0%	15.0% <sup>L</sup>	21.6% <sup>L</sup>	3.4%	38.9% <sup>H</sup>
P1 - Adswood & Bridgehall	95	16.8%	14.7%	26.3%	6.3%	35.8% <sup>H</sup>
P1 - Brinnington	94	23.4%	14.9%	16.0% <sup>L</sup>	2.1%	43.6% <sup>H</sup>
P1 - Lancashire Hill	76	17.1%	17.1%	19.7%	3.9%	42.1% <sup>H</sup>
P1 - Town Centre	54	29.6%	13.0%	25.9%	0.0%	31.5%
<b>ISC*</b>						
Brinnington & Reddish	705	20.7%	18.9%	22.0% <sup>L</sup>	4.8%	33.6% <sup>H</sup>
Cheadle	1356	16.3% <sup>L</sup>	21.3%	33.4% <sup>H</sup>	3.5%	25.4%
Hazel Grove & Bramhall	1364	19.1%	24.9%	30.9%	3.7%	21.3%
Heatons	688	21.9%	22.5%	25.6%	3.1%	26.9%
Marple & Werneth	1175	18.9%	22.0%	33.6% <sup>H</sup>	4.1%	21.4%
Stockport Central	1244	20.3%	20.5%	27.3%	4.7%	27.2%
<b>PBC area*</b>						
Bramhall & Cheadle	1799	16.8% <sup>L</sup>	23.6%	32.6% <sup>H</sup>	3.5%	23.5%
Heatons & Tame Valley	1462	21.7%	20.4%	23.9% <sup>L</sup>	3.8%	30.3% <sup>H</sup>
Marple & Werneth	1288	18.7%	21.9%	33.8% <sup>H</sup>	4.1%	21.5%
Stepping Hill & Victoria	1983	19.8%	21.5%	28.7%	4.5%	25.5%

\* 11.6% of responses are missing so care should be given to interpretation.



## Alcohol - Binge Drinking of those who drank last week

	Sample size	Binged	Over daily guideline	Drank within daily guideline
All responses	5313	28.2%	30.6%	41.2%
<b>Gender</b>				
Female	2476	23.2% <sup>L</sup>	33.6%	43.2%
Male	2812	32.7% <sup>†</sup>	28.2%	39.2%
<b>Age band</b>				
18-24	478	49.2% <sup>†</sup>	24.7% <sup>L</sup>	26.2% <sup>L</sup>
25-29	389	46.0% <sup>†</sup>	27.5%	26.5% <sup>L</sup>
30-34	531	38.4% <sup>†</sup>	28.2%	33.3% <sup>L</sup>
35-39	424	36.6% <sup>†</sup>	36.1%	27.4% <sup>L</sup>
40-44	468	33.5%	32.5%	34.0% <sup>L</sup>
45-49	501	35.5% <sup>†</sup>	32.1%	32.3% <sup>L</sup>
50-54	474	25.1%	37.1% <sup>†</sup>	37.8%
55-59	502	21.7% <sup>L</sup>	34.7%	43.6%
60-64	473	19.0% <sup>L</sup>	33.8%	47.1% <sup>†</sup>
65-69	383	10.2% <sup>L</sup>	34.5%	55.4% <sup>†</sup>
70-74	266	6.4% <sup>L</sup>	24.1%	69.5% <sup>†</sup>
75-79	210	3.8% <sup>L</sup>	21.9% <sup>L</sup>	74.3% <sup>†</sup>
80-84	110	0.9% <sup>L</sup>	17.3% <sup>L</sup>	81.8% <sup>†</sup>
85-89	73	2.7% <sup>L</sup>	15.1% <sup>L</sup>	82.2% <sup>†</sup>
90+	16	0.0%	6.3%	93.8% <sup>†</sup>
<b>Health Perception</b>				
Not Good Health	1134	24.3% <sup>L</sup>	23.9% <sup>L</sup>	51.9% <sup>†</sup>
Good Health	4154	29.4%	32.4%	38.2% <sup>L</sup>
<b>Health Perception by Age</b>				
Not Good Health 44 and under	314	43.9% <sup>†</sup>	23.9% <sup>L</sup>	32.2% <sup>L</sup>
Not Good Health 45-64	439	27.8%	24.8% <sup>L</sup>	47.4% <sup>†</sup>
Not Good Health 65 and over	378	4.0% <sup>L</sup>	23.0% <sup>L</sup>	73.0% <sup>†</sup>
Good Health 44 and under	1970	40.1% <sup>†</sup>	30.6%	29.4% <sup>L</sup>
Good Health 45-64	1503	24.9%	37.1% <sup>†</sup>	38.0%
Good Health 65 and over	669	7.8% <sup>L</sup>	27.7%	64.6% <sup>†</sup>
<b>Mental Wellbeing category</b>				
Above Average	814	22.4% <sup>L</sup>	32.2%	45.5%
Average	3673	29.5%	31.9%	38.6%
Below Average	546	36.3% <sup>†</sup>	23.8% <sup>L</sup>	39.9%
<b>Ethnic group</b>				
White British	4979	28.6%	31.2%	40.2%
White Irish	89	36.0%	28.1%	36.0%
White Other	92	18.5%	23.9%	57.6% <sup>†</sup>
Not White	133	13.5% <sup>L</sup>	18.0% <sup>L</sup>	68.4% <sup>†</sup>
Not White British	314	21.3% <sup>L</sup>	22.6% <sup>L</sup>	56.1% <sup>†</sup>

	Sample size	Binged	Over daily guideline	Drank within daily guideline
<b>Religion</b>				
None	1494	37.2% <sup>†</sup>	31.8%	31.0% <sub>L</sub>
Christian	3474	25.2% <sup>L</sup>	30.3%	44.5% <sup>†</sup>
Any other religion	118	21.2%	17.8% <sup>L</sup>	61.0% <sup>†</sup>
Not answered	227	18.9% <sup>L</sup>	33.9%	47.1%
<b>Sexual Orientation</b>				
Heterosexual	4596	29.6%	31.1%	39.3%
Not heterosexual	144	27.1%	33.3%	39.6%
Prefer not to say	91	23.1%	28.6%	48.4%
<b>Geography unknown*</b>				
Unknown	658	35.4% <sup>†</sup>	28.4%	36.2%
<b>Ward name*</b>				
Bramhall North	256	24.2%	37.1%	38.7%
Bramhall South	246	20.3% <sup>L</sup>	32.5%	47.2%
Bredbury & Woodley	240	30.0%	25.8%	44.2%
Bredbury Green & Romiley	227	23.3%	31.7%	44.9%
Brinnington & Central	154	37.7% <sup>†</sup>	27.9%	34.4%
Cheadle & Gatley	199	22.6%	28.6%	48.7%
Cheadle Hulme North	237	20.7% <sup>L</sup>	25.7%	53.6% <sup>†</sup>
Cheadle Hulme South	259	29.0%	33.2%	37.8%
Davenport & Cale Green	204	28.4%	30.4%	41.2%
Edgeley & Cheadle Heath	237	31.6%	30.8%	37.6%
Hazel Grove	229	27.9%	28.4%	43.7%
Heald Green	184	19.0% <sup>L</sup>	34.8%	46.2%
Heatons North	216	25.0%	33.8%	41.2%
Heatons South	228	38.6% <sup>†</sup>	28.5%	32.9% <sup>L</sup>
Manor	216	26.9%	34.3%	38.9%
Marple North	270	24.4%	32.2%	43.3%
Marple South	221	22.6%	27.6%	49.8% <sup>†</sup>
Offerton	201	25.9%	27.9%	46.3%
Reddish North	183	28.4%	33.3%	38.3%
Reddish South	203	35.0%	30.0%	35.0%
Stepping Hill	214	30.8%	33.6%	35.5%
<b>2007 National IMD Quintile</b>				
1-Most deprived	419	33.2%	26.0%	40.8%
2	690	29.3%	31.4%	39.3%
3	881	31.0%	28.8%	40.2%
4	1060	23.9% <sup>L</sup>	31.3%	44.8%
5-Least deprived	1574	24.5% <sup>L</sup>	32.9%	42.6%
<b>Priority 1 Areas*</b>				
All not P1	5129	27.9%	30.7%	41.3%
All P1 Areas	184	36.4% <sup>†</sup>	26.1%	37.5%

	Sample size	Binged	Over daily guideline	Drank within daily guideline
P1 - Adswood & Bridgehall	55	29.1%	25.5%	45.5%
P1 - Brinnington	51	43.1% <sup>†</sup>	27.5%	29.4%
P1 - Lancashire Hill	41	31.7%	31.7%	36.6%
P1 - Town Centre	37	43.2%	18.9%	37.8%
<b>ISC*</b>				
Brinnington & Reddish	434	33.6%	30.6%	35.7%
Cheadle	963	22.9% <sup>‡</sup>	30.0%	47.0% <sup>††</sup>
Hazel Grove & Bramhall	1023	25.5%	33.2%	41.3%
Heatons	482	31.3%	32.2%	36.5%
Marple & Werneth	875	25.4%	29.5%	45.1%
Stockport Central	847	29.8%	30.1%	40.1%
<b>PBC area*</b>				
Bramhall & Cheadle	1313	23.0% <sup>‡</sup>	32.3%	44.7%
Heatons & Tame Valley	964	32.9% <sup>††</sup>	30.9%	36.2% <sup>‡</sup>
Marple & Werneth	958	25.2%	29.4%	45.4%
Stepping Hill & Victoria	1389	28.3%	30.7%	41.0%

## Alcohol - Harmful and Hazardous Drinking

	Sample size	Harmful	Hazardous	Drank within weekly guideline	Didn't drink last week	Non drinker
All responses	7455	4.1%	17.7%	49.6%	4.2%	24.4%
<b>Gender</b>						
Female	3827	2.7% <sup>L</sup>	14.1% <sup>L</sup>	47.8%	4.9%	30.4% <sup>H</sup>
Male	3554	5.5% <sup>H</sup>	21.9% <sup>H</sup>	51.7%	3.5%	17.4% <sup>L</sup>
<b>Age band</b>						
18-24	667	4.8%	18.3%	48.6%	5.2%	23.1%
25-29	530	4.7%	18.7%	50.0%	4.5%	22.1%
30-34	721	4.3%	18.0%	51.3%	4.6%	21.8%
35-39	544	5.1%	23.5% <sup>H</sup>	49.3%	3.3%	18.8% <sup>L</sup>
40-44	619	6.8% <sup>H</sup>	21.0%	47.8%	5.8%	18.6% <sup>L</sup>
45-49	638	5.8%	24.3% <sup>H</sup>	48.7%	3.4%	17.7% <sup>L</sup>
50-54	629	5.1%	21.0%	49.1%	3.5%	21.3%
55-59	659	4.4%	18.7%	53.1%	3.3%	20.5%
60-64	677	3.2%	18.6%	48.2%	4.0%	26.0%
65-69	536	2.6%	14.0%	54.9%	3.7%	24.8%
70-74	413	1.5% <sup>L</sup>	9.9% <sup>L</sup>	53.0%	4.1%	31.5% <sup>H</sup>
75-79	380	0.5% <sup>L</sup>	8.2% <sup>L</sup>	47.1%	1.8%	42.4% <sup>H</sup>
80-84	217	0.0%	6.0% <sup>L</sup>	44.7%	4.6%	44.7% <sup>H</sup>
85-89	149	0.0%	6.7% <sup>L</sup>	42.3%	8.1%	43.0% <sup>H</sup>
90+	46	0.0%	4.3% <sup>L</sup>	30.4% <sup>L</sup>	8.7%	56.5% <sup>H</sup>
<b>Health Perception</b>						
Good Health	1941	4.4%	12.3% <sup>L</sup>	41.8% <sup>L</sup>	4.7%	36.8% <sup>H</sup>
Not Good Health	5475	3.9%	19.7% <sup>H</sup>	52.3% <sup>H</sup>	4.1%	20.0% <sup>L</sup>
<b>Health Perception by Age</b>						
Not Good Health 44 and under	492	8.3% <sup>H</sup>	18.1%	37.4% <sup>L</sup>	6.1%	30.1% <sup>H</sup>
Not Good Health 45-64	698	5.2%	15.5%	42.3% <sup>L</sup>	4.4%	32.7% <sup>H</sup>
Not Good Health 65 and over	743	1.2% <sup>L</sup>	5.7% <sup>L</sup>	44.3% <sup>L</sup>	3.9%	45.0% <sup>H</sup>
Good Health 44 and under	2582	4.5%	20.1%	51.7%	4.5%	19.2% <sup>L</sup>
Good Health 45-64	1892	4.4%	22.6% <sup>H</sup>	52.5%	3.3%	17.2% <sup>L</sup>
Good Health 65 and over	979	1.3% <sup>L</sup>	13.1% <sup>L</sup>	53.9% <sup>H</sup>	4.1%	27.6%
<b>Mental Wellbeing Category</b>						
Above Average	1136	2.6%	17.8%	51.3%	4.1%	24.2%
Average	4911	4.3%	19.2%	51.4%	4.0%	21.1% <sup>L</sup>

	Sample size	Harmful	Hazardous	Drank within weekly guideline	Didn't drink last week	Non drinker
Below Average	865	5.7%	16.2%	41.4% <sup>L</sup>	4.9%	31.9% <sup>H</sup>
<b>Ethnic Group</b>						
White British	6719	4.2%	18.9%	51.0%	4.2%	21.6% <sup>L</sup>
White Irish	146	4.8%	17.8%	38.4% <sup>L</sup>	5.5%	33.6% <sup>H</sup>
White Other	138	5.1%	8.7% <sup>L</sup>	52.9%	2.9%	30.4%
Asian Pakistani	108	0.0%	0.0%	4.6% <sup>L</sup>	0.9%	94.4% <sup>H</sup>
Not White	414	0.7% <sup>L</sup>	2.4% <sup>L</sup>	29.0% <sup>L</sup>	3.1%	64.7% <sup>H</sup>
Not White British	698	2.4%	6.9% <sup>L</sup>	35.7% <sup>L</sup>	3.6%	51.4% <sup>H</sup>
<b>Religion</b>						
None	1885	6.0% <sup>H</sup>	23.9% <sup>H</sup>	49.4%	3.8%	16.8% <sup>L</sup>
Christian	4891	3.5%	16.6%	50.9%	4.4%	24.5%
Any other religion	350	2.3%	4.9% <sup>L</sup>	26.6% <sup>L</sup>	3.1%	63.1% <sup>H</sup>
<b>Sexual Orientation</b>						
Heterosexual	6151	4.4%	19.6%	50.8%	4.1%	21.1% <sup>L</sup>
Not heterosexual	209	6.2%	14.8%	48.3%	4.3%	26.3%
Prefer not to say	188	3.2%	10.1% <sup>L</sup>	34.6% <sup>L</sup>	4.3%	47.9% <sup>H</sup>
<b>Geography unknown*</b>						
Unknown	885	6.4% <sup>H</sup>	20.5%	47.8%	6.0%	19.3% <sup>L</sup>
<b>Ward Name*</b>						
Bramhall North	338	3.3%	21.0%	51.5%	3.0%	21.3%
Bramhall South	312	3.8%	20.5%	54.5%	2.9%	18.3% <sup>L</sup>
Bredbury & Woodley	340	3.5%	15.3%	51.8%	3.8%	25.6%
Bredbury Green & Romiley	314	3.5%	18.8%	49.7%	4.1%	23.9%
Brinnington & Central	264	6.1%	17.4%	34.8% <sup>L</sup>	2.3%	39.4% <sup>H</sup>
Cheadle & Gatley	314	2.2%	15.6%	45.5%	5.1%	31.5% <sup>H</sup>
Cheadle Hulme North	322	2.2%	16.1%	55.3%	3.4%	23.0%
Cheadle Hulme South	345	5.5%	20.9%	49.0%	4.1%	20.6%
Davenport & Cale Green	313	3.2%	15.7%	46.3%	4.8%	30.0%
Edgeley & Cheadle Heath	308	4.9%	17.5%	54.5%	5.2%	17.9% <sup>L</sup>
Hazel Grove	319	5.0%	14.1%	52.7%	3.4%	24.8%
Heald Green	273	1.5%	13.9%	52.0%	2.2%	30.4%
Heatons North	304	2.6%	18.1%	50.7%	4.3%	24.3%
Heatons South	346	3.8%	19.1%	43.1% <sup>L</sup>	2.6%	31.5% <sup>H</sup>
Manor	321	2.8%	12.5% <sup>L</sup>	52.6%	3.4%	28.7%
Marple North	335	3.6%	23.0% <sup>H</sup>	54.0%	4.2%	15.2% <sup>L</sup>

	Sample size	Harmful	Hazardous	Drank within weekly guideline	Didn't drink last week	Non drinker
Marple South	299	4.0%	17.1%	53.2%	4.3%	21.4%
Offerton	303	2.6%	15.2%	48.5%	6.3%	27.4%
Reddish North	278	4.3%	14.0%	47.5%	4.0%	30.2%
Reddish South	304	5.6%	16.4%	44.7%	5.6%	27.6%
Stepping Hill	284	4.2%	19.7%	51.4%	4.6%	20.1%
<b>2007 National IMD Quintile*</b>						
1- Most deprived	732	4.4%	13.4% <sup>L</sup>	39.5% <sup>L</sup>	4.6%	38.1% <sup>H</sup>
2	1002	3.7%	15.9%	49.3%	4.0%	27.1%
3	1246	5.1%	16.3%	49.4%	4.3%	24.9%
4	1490	2.8%	16.6%	51.9%	3.7%	25.1%
5- Least deprived	2066	3.3%	20.5% <sup>H</sup>	52.4%	3.8%	20.0% <sup>L</sup>
<b>Priority 1*</b>						
All not P1	7136	4.0%	17.8%	50.2%	4.2%	23.8%
All P1	319	5.3%	15.7%	36.7% <sup>L</sup>	3.4%	38.9% <sup>H</sup>
P1 - Adswood & Bridgehall	95	1.1%	12.6%	44.2%	6.3%	35.8% <sup>H</sup>
P1 - Brinnington	94	5.3%	20.2%	28.7% <sup>L</sup>	2.1%	43.6% <sup>H</sup>
P1 - Lancashire Hill	76	6.6%	14.5%	32.9% <sup>L</sup>	3.9%	42.1% <sup>H</sup>
P1 - Town Centre	54	11.1% <sup>H</sup>	14.8%	42.6%	0.0%	31.5%
<b>ISC*</b>						
Brinnington & Reddish	705	5.4%	15.2%	41.0% <sup>L</sup>	4.8%	33.6% <sup>H</sup>
Cheadle	1357	3.2%	16.9%	50.8%	3.5%	25.4%
Hazel Grove & Bramhall	1364	3.7%	19.1%	52.1%	3.7%	21.3%
Heatons	689	2.9%	19.3%	47.9%	3.0%	26.9%
Marple & Werneth	1175	3.6%	18.3%	52.6%	4.1%	21.4%
Stockport Central	1246	3.9%	14.8%	49.4%	4.7%	27.1%
<b>PBC area*</b>						
Bramhall & Cheadle	1800	3.1%	18.7%	51.2%	3.5%	23.5%
Heatons & Tame Valley	1463	4.4%	17.1%	44.4% <sup>L</sup>	3.8%	30.3% <sup>H</sup>
Marple & Werneth	1288	3.6%	18.6%	52.2%	4.1%	21.5%
Stepping Hill & Victoria	1985	3.8%	15.4%	50.9%	4.5%	25.4%

\* 11.6% of responses are missing so care should be given to interpretation.

## Alcohol - Harmful and Hazardous Drinking of those who drank last week

	Sample size	Harmful	Hazardous	Drank within weekly guideline
All responses	5320	5.7%	24.8%	69.5%
<b>Gender</b>				
Female	2476	4.2%	21.8% <sup>L</sup>	73.9% <sup>H</sup>
Male	2812	6.9%	27.7% <sup>H</sup>	65.4% <sup>L</sup>
<b>Age Band</b>				
18-24	478	6.7%	25.5%	67.8%
25-29	389	6.4%	25.4%	68.1%
30-34	531	5.8%	24.5%	69.7%
35-39	424	6.6%	30.2%	63.2% <sup>L</sup>
40-44	468	9.0% <sup>H</sup>	27.8%	63.2% <sup>L</sup>
45-49	503	7.4%	30.8% <sup>H</sup>	61.8% <sup>L</sup>
50-54	473	6.8%	27.9%	65.3%
55-59	502	5.8%	24.5%	69.7%
60-64	474	4.6%	26.6%	68.8%
65-69	383	3.7%	19.6%	76.8% <sup>H</sup>
70-74	266	2.3% <sup>L</sup>	15.4% <sup>L</sup>	82.3% <sup>H</sup>
75-79	212	0.9% <sup>L</sup>	14.6% <sup>L</sup>	84.4% <sup>H</sup>
80-84	110	0.0%	11.8% <sup>L</sup>	88.2% <sup>H</sup>
85-89	73	0.0%	13.7% <sup>L</sup>	86.3% <sup>H</sup>
90+	16	0.0%	12.5%	87.5%
<b>Health Perception</b>				
Not Good Health	1136	7.6%	21.0% <sup>L</sup>	71.4%
Good Health	4159	5.2%	25.9%	68.9%
<b>Health Perception by Age</b>				
Not Good Health 44 and under	314	13.1% <sup>H</sup>	28.3%	58.6% <sup>L</sup>
Not Good Health 45-64	439	8.2%	24.6%	67.2%
Not Good Health 65 and over	380	2.4% <sup>L</sup>	11.1% <sup>L</sup>	86.6% <sup>H</sup>
Good Health 44 and under	1970	5.9%	26.3%	67.8%
Good Health 45-64	1505	5.6%	28.4% <sup>H</sup>	66.0%
Good Health 65 and over	669	1.9% <sup>L</sup>	19.1% <sup>L</sup>	78.9% <sup>H</sup>
<b>Mental Wellbeing category</b>				
Above Average	814	3.6% <sup>L</sup>	24.8%	71.6%
Average	3678	5.7%	25.7%	68.6%
Below Average	547	9.0% <sup>H</sup>	25.6%	65.4%
<b>Ethnic group</b>				
White British	4983	5.7%	25.5%	68.8%
White Irish	89	7.9%	29.2%	62.9%
White Other	92	7.6%	13.0% <sup>L</sup>	79.3%
Not White	133	2.3%	7.5% <sup>L</sup>	90.2% <sup>H</sup>
Not White British	314	5.4%	15.3% <sup>L</sup>	79.3% <sup>H</sup>

	Sample size	Harmful	Hazardous	Drank within weekly guideline
<b>Religion</b>				
None	1497	7.6% <sup>†</sup>	30.1% <sup>†</sup>	62.3% <sup>L</sup>
Christian	3476	5.0%	23.4%	71.6%
Any other religion	118	6.8%	14.4% <sup>L</sup>	78.8%
Not answered	229	3.1%	17.9% <sup>L</sup>	79.0% <sup>†</sup>
<b>Sexual orientation</b>				
Heterosexual	4601	5.9%	26.1%	67.9%
Not heterosexual	145	9.0%	21.4%	69.7%
Prefer not to say	90	6.7%	21.1%	72.2%
<b>Geography unknown*</b>				
Unknown	661	8.6% <sup>†</sup>	27.4%	64.0% <sup>L</sup>
<b>Ward name*</b>				
Bramhall North	256	4.3%	27.7%	68.0%
Bramhall South	246	4.9%	26.0%	69.1%
Bredbury & Woodley	240	5.0%	21.7%	73.3%
Bredbury Green & Romiley	226	4.9%	26.1%	69.0%
Brinnington & Central	154	10.4% <sup>†</sup>	29.9%	59.7% <sup>L</sup>
Cheadle & Gatley	199	3.5%	24.6%	71.9%
Cheadle Hulme North	237	3.0%	21.9%	75.1%
Cheadle Hulme South	260	7.3%	27.7%	65.0%
Davenport & Cale Green	204	4.9%	24.0%	71.1%
Edgeley & Cheadle Heath	237	6.3%	22.8%	70.9%
Hazel Grove	229	7.0%	19.7%	73.4%
Heald Green	184	2.2%	20.7%	77.2%
Heatons North	217	3.7%	25.3%	71.0%
Heatons South	228	5.7%	28.9%	65.4%
Manor	218	4.1%	18.3%	77.5% <sup>†</sup>
Marple North	270	4.4%	28.5%	67.0%
Marple South	222	5.4%	23.0%	71.6%
Offerton	201	4.0%	22.9%	73.1%
Reddish North	183	6.6%	21.3%	72.1%
Reddish South	203	8.4%	24.6%	67.0%
Stepping Hill	214	5.6%	26.2%	68.2%
<b>2007 National IMD Quintile*</b>				
1-Most deprived	419	7.6%	23.4%	69.0%
2	690	5.4%	23.0%	71.6%
3	883	7.2%	23.0%	69.8%
4	1061	3.9%	23.3%	72.9%
5-Least deprived	1575	4.4%	26.9%	68.7%
<b>Priority 1 Areas*</b>				
All not P1	5136	5.5%	24.8%	69.7%
All P1 Areas	184	9.2%	27.2%	63.6%



	Sample size	Harmful	Hazardous	Drank within weekly guideline
P1 - Adswood & Bridgehall	55	1.8%	21.8%	76.4%
P1 - Brinnington	51	9.8%	37.3%	52.9% <sup>L</sup>
P1 - Lancashire Hill	41	12.2%	26.8%	61.0%
P1 - Town Centre	37	16.2% <sup>H</sup>	21.6%	62.2%
<b>ISC*</b>				
Brinnington & Reddish	434	8.8% <sup>H</sup>	24.7%	66.6%
Cheadle	964	4.6%	23.9%	71.6%
Hazel Grove & Bramhall	1023	5.0%	25.5%	69.5%
Heatons	483	4.1%	27.5%	68.3%
Marple & Werneth	875	4.8%	24.6%	70.6%
Stockport Central	849	5.7%	21.8%	72.6%
<b>PBC area*</b>				
Bramhall & Cheadle	1314	4.3%	25.6%	70.1%
Heatons & Tame Valley	965	6.7%	25.9%	67.4%
Marple & Werneth	958	4.9%	24.9%	70.1%
Stepping Hill & Victoria	1391	5.4%	21.9%	72.7%

## Obesity

	Sample size	Obese	Over-weight	Normal weight	Under-weight
All responses	7282	15.8%	35.1%	47.4%	1.7%
<b>Gender</b>					
Female	3740	15.8%	29.4% <sup>L</sup>	52.4% <sup>H</sup>	2.5%
Male	3493	15.7%	41.1% <sup>H</sup>	42.1% <sup>L</sup>	1.0% <sup>L</sup>
<b>Age band</b>					
18-24	641	7.0% <sup>L</sup>	19.0% <sup>L</sup>	67.9% <sup>H</sup>	6.1% <sup>H</sup>
25-29	514	12.6%	24.7% <sup>L</sup>	60.1% <sup>H</sup>	2.5%
30-34	705	11.9% <sup>L</sup>	30.9%	54.9% <sup>H</sup>	2.3%
35-39	537	14.7%	33.9%	50.1%	1.3%
40-44	613	14.0%	35.9%	49.3%	0.8%
45-49	625	21.1% <sup>H</sup>	35.8%	42.1% <sup>L</sup>	1.0%
50-54	621	20.5% <sup>H</sup>	37.7%	41.1% <sup>L</sup>	0.8%
55-59	652	20.9% <sup>H</sup>	40.8% <sup>H</sup>	37.9% <sup>L</sup>	0.5% <sup>L</sup>
60-64	664	19.3%	42.0% <sup>H</sup>	37.7% <sup>L</sup>	1.1%
65-69	528	18.2%	43.6% <sup>H</sup>	37.3% <sup>L</sup>	0.9%
70-74	406	18.7%	42.4% <sup>H</sup>	37.9% <sup>L</sup>	1.0%
75-79	371	15.1%	40.7%	42.3%	1.9%
80-84	216	12.5%	31.0%	54.2%	2.3%
85-89	141	7.1% <sup>L</sup>	32.6%	58.9% <sup>H</sup>	1.4%
90+	42	9.5%	28.6%	54.8%	7.1% <sup>H</sup>
<b>Health Perception</b>					
Not Good Health	1879	27.3% <sup>H</sup>	34.6%	36.4% <sup>L</sup>	1.7%
Good Health	5365	11.8% <sup>L</sup>	35.2%	51.2% <sup>H</sup>	1.8%
<b>Health Perception by Age</b>					
Not Good Health 44 and under	469	26.9% <sup>H</sup>	28.1% <sup>L</sup>	42.4%	2.6%
Not Good Health 45-64	685	34.5% <sup>H</sup>	34.2%	30.1% <sup>L</sup>	1.3%
Not Good Health 65 and over	724	20.9% <sup>H</sup>	39.2%	38.4% <sup>L</sup>	1.5%
Good Health 44 and under	2534	9.2% <sup>L</sup>	29.0% <sup>L</sup>	59.2% <sup>H</sup>	2.7% <sup>H</sup>
Good Health 45-64	1864	15.3%	41.0% <sup>H</sup>	43.0% <sup>L</sup>	0.6% <sup>L</sup>
Good Health 65 and over	962	12.0% <sup>L</sup>	40.4% <sup>H</sup>	46.2%	1.5%
<b>Mental Wellbeing category</b>					
Above Average	1119	14.2%	38.1%	46.3%	1.4%
Average	4815	14.7%	35.0%	48.6%	1.7%
Below Average	837	23.4% <sup>H</sup>	30.8%	43.0%	2.7%
<b>Ethnic Group</b>					
White British	6583	15.5%	35.3%	47.5%	1.7%

	Sample size	Obese	Over-weight	Normal weight	Under-weight
White Irish	141	23.4% <sup>H</sup>	39.0%	36.9% <sup>L</sup>	0.7%
White Other	136	16.9%	35.3%	47.8%	0.0%
Asian Pakistani	105	19.0%	33.3%	42.9%	4.8%
Not White	406	16.7%	30.8%	49.0%	3.4%
Not White British	683	18.2%	33.4%	46.3%	2.2%
<b>Religion</b>					
None	1843	12.8% <sup>L</sup>	32.9%	51.6% <sup>H</sup>	2.7%
Christian	4780	16.9%	35.8%	45.9%	1.4%
Any other religion	341	16.1%	36.1%	45.7%	2.1%
<b>Sexual Orientation</b>					
Heterosexual	6032	15.5%	35.0%	47.8%	1.7%
Not heterosexual	202	14.4%	34.7%	49.0%	2.0%
Prefer not to say	181	21.0%	30.9%	47.0%	1.1%
<b>Geography unknown*</b>					
Unknown	837	16.7%	32.3%	49.5%	1.6%
<b>Ward Name*</b>					
Bramhall North	330	8.5% <sup>L</sup>	36.1%	53.9% <sup>H</sup>	1.5%
Bramhall South	307	11.4%	30.3%	55.4% <sup>H</sup>	2.9%
Bredbury & Woodley	327	17.7%	36.7%	45.0%	0.6%
Bredbury Green & Romiley	310	18.4%	37.7%	42.3%	1.6%
Brinnington & Central	258	23.6% <sup>H</sup>	27.5% <sup>L</sup>	45.0%	3.9% <sup>H</sup>
Cheadle & Gatley	306	15.4%	34.6%	48.7%	1.3%
Cheadle Hulme North	315	13.3%	37.1%	47.9%	1.6%
Cheadle Hulme South	340	11.8%	39.4%	48.2%	0.6%
Davenport & Cale Green	303	20.1%	36.0%	42.6%	1.3%
Edgeley & Cheadle Heath	302	20.2%	28.8%	49.3%	1.7%
Hazel Grove	309	14.6%	36.2%	47.9%	1.3%
Heald Green	268	11.6%	39.6%	46.6%	2.2%
Heatons North	299	13.0%	38.1%	46.8%	2.0%
Heatons South	343	11.4%	39.7%	46.6%	2.3%
Manor	316	17.7%	34.5%	44.6%	3.2%
Marple North	335	12.5%	32.2%	52.8%	2.4%
Marple South	293	14.3%	34.8%	48.8%	2.0%
Offerton	296	19.3%	36.8%	41.6%	2.4%
Reddish North	275	23.6% <sup>H</sup>	32.7%	42.2%	1.5%
Reddish South	297	20.9%	35.7%	42.4%	1.0%
Stepping Hill	282	14.2%	39.0%	46.5%	0.4%
<b>2007 National IMD Quintile*</b>					

	Sample size	Obese	Over-weight	Normal weight	Under-weight
1- Most deprived	711	24.3% <sup>H</sup>	33.9%	39.7% <sup>L</sup>	2.1%
2	983	21.4% <sup>H</sup>	31.5%	45.9%	1.2%
3	1213	15.2%	35.4%	47.1%	2.3%
4	1462	14.3%	38.4%	46.1%	1.2%
5- Least deprived	2042	11.4% <sup>L</sup>	35.9%	50.7% <sup>H</sup>	2.0%
<b>Priority 1*</b>					
All not P1	6968	15.4%	35.2%	47.7%	1.7%
All P1	314	24.5% <sup>H</sup>	32.5%	40.4% <sup>L</sup>	2.5%
P1 - Adswood & Bridgehall	95	30.5% <sup>H</sup>	36.8%	31.6% <sup>L</sup>	1.1%
P1 - Brinnington	93	23.7%	25.8%	47.3%	3.2%
P1 - Lancashire Hill	73	15.1%	35.6%	46.6%	2.7%
P1 - Town Centre	53	28.3% <sup>H</sup>	32.1%	35.8%	3.8%
<b>ISC*</b>					
Brinnington & Reddish	692	23.0% <sup>H</sup>	32.2%	43.4%	1.4%
Cheadle	1329	13.2%	37.2%	48.1%	1.6%
Hazel Grove & Bramhall	1339	13.2%	35.3%	49.7%	1.9%
Heatons	681	11.9% <sup>L</sup>	38.6%	47.1%	2.3%
Marple & Werneth	1154	15.8%	35.4%	47.4%	1.5%
Stockport Central	1216	19.2% <sup>H</sup>	34.1%	44.6%	2.1%
<b>PBC area*</b>					
Bramhall & Cheadle	1766	11.7% <sup>L</sup>	36.5%	50.2%	1.6%
Heatons & Tame Valley	1440	17.9%	35.2%	44.8%	2.1%
Marple & Werneth	1265	15.7%	35.3%	47.3%	1.7%
Stepping Hill & Victoria	1940	17.8%	34.9%	45.6%	1.8%

\* 11.6% of responses are missing so care should be given to interpretation.

## Physical Activity

	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
All responses	7419	17.3%	26.8%	30.2%	25.7%
<b>Gender</b>					
Female	3815	16.8%	27.7%	30.8%	24.6%
Male	3531	17.7%	25.8%	29.6%	26.9%
<b>Age band</b>					
18-24	669	15.4%	27.4%	26.3%	30.9% <sup>H</sup>
25-29	527	12.7% <sup>L</sup>	26.0%	34.9%	26.4%
30-34	723	14.9%	29.7%	33.1%	22.3%
35-39	544	18.0%	29.2%	29.2%	23.5%
40-44	621	15.3%	30.0%	28.7%	26.1%
45-49	636	19.2%	27.7%	27.4%	25.8%
50-54	628	18.3%	25.8%	27.9%	28.0%
55-59	660	20.0%	27.0%	27.4%	25.6%
60-64	674	15.3%	25.8%	33.4%	25.5%
65-69	530	13.6%	22.6%	34.3%	29.4%
70-74	408	14.2%	27.9%	33.8%	24.0%
75-79	366	20.5%	26.5%	28.1%	24.9%
80-84	215	25.6% <sup>H</sup>	23.3%	33.0%	18.1% <sup>L</sup>
85-89	146	34.9% <sup>H</sup>	18.5% <sup>L</sup>	28.8%	17.8%
90+	44	56.8% <sup>H</sup>	11.4% <sup>L</sup>	13.6% <sup>L</sup>	18.2%
<b>Health Perception</b>					
Not Good Health	1914	30.4% <sup>H</sup>	27.5%	21.1% <sup>L</sup>	21.0% <sup>L</sup>
Good Health	5466	12.6% <sup>L</sup>	26.6%	33.4% <sup>H</sup>	27.4%
<b>Health Perception by Age</b>					
Not Good Health 44 and under	492	24.6% <sup>H</sup>	32.9% <sup>H</sup>	20.1% <sup>L</sup>	22.4%
Not Good Health 45-64	695	31.7% <sup>H</sup>	24.6%	21.0% <sup>L</sup>	22.7%
Not Good Health 65 and over	720	33.1% <sup>H</sup>	26.9%	21.7% <sup>L</sup>	18.3% <sup>L</sup>
Good Health 44 and under	2585	13.5% <sup>L</sup>	27.7%	32.3%	26.6%
Good Health 45-64	1890	13.0% <sup>L</sup>	27.4%	32.1%	27.6%
Good Health 65 and over	970	9.4% <sup>L</sup>	22.2% <sup>L</sup>	39.3% <sup>H</sup>	29.2%
<b>Mental Wellbeing category</b>					
Above Average	1133	11.4% <sup>L</sup>	23.4%	34.7% <sup>H</sup>	30.5% <sup>H</sup>
Average	4896	15.7%	27.6%	30.9%	25.8%

	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
Below Average	862	29.1% <sup>H</sup>	29.4%	22.5% <sup>L</sup>	19.0% <sup>L</sup>
<b>Ethnic Group</b>					
White British	6697	16.5%	26.8%	30.5%	26.2%
White Irish	141	24.8% <sup>H</sup>	22.0%	28.4%	24.8%
White Other	138	18.1%	26.8%	28.3%	26.8%
Asian Pakistani	108	28.7% <sup>H</sup>	24.1%	31.5%	15.7% <sup>L</sup>
Not White	408	28.2% <sup>H</sup>	27.7%	26.7%	17.4% <sup>L</sup>
Not White British	687	25.5% <sup>H</sup>	26.3%	27.4%	20.8% <sup>L</sup>
<b>Religion</b>					
None	1883	16.6%	26.7%	29.7%	27.0%
Christian	4859	17.0%	26.9%	30.3%	25.8%
Any other religion	349	26.1% <sup>H</sup>	24.6%	30.7%	18.6% <sup>L</sup>
<b>Sexual Orientation</b>					
Heterosexual	6132	16.2%	26.8%	30.5%	26.5%
Not heterosexual	206	19.9%	25.2%	27.7%	27.2%
Prefer not to say	192	26.6% <sup>H</sup>	31.3%	22.4% <sup>L</sup>	19.8%
<b>Geography unknown*</b>					
Unknown	879	20.8% <sup>H</sup>	29.2%	27.6%	22.3%
<b>Ward Name*</b>					
Bramhall North	335	13.4%	27.5%	36.1%	23.0%
Bramhall South	308	14.0%	27.6%	35.7%	22.7%
Bredbury & Woodley	341	18.5%	24.3%	32.0%	25.2%
Bredbury Green & Romiley	311	16.4%	28.6%	26.7%	28.3%
Brinnington & Central	268	20.1%	24.3%	25.4%	30.2%
Cheadle & Gatley	313	20.1%	26.5%	28.4%	24.9%
Cheadle Hulme North	318	16.7%	25.8%	30.8%	26.7%
Cheadle Hulme South	340	13.5%	31.5%	33.8%	21.2%
Davenport & Cale Green	311	20.9%	24.4%	28.9%	25.7%
Edgeley & Cheadle	308	17.2%	23.4%	30.8%	28.6%
Hazel Grove	314	19.1%	24.2%	35.0%	21.7%
Heald Green	274	20.8%	28.8%	24.5%	25.9%
Heatons North	302	15.6%	32.1%	32.5%	19.9%
Heatons South	347	17.3%	22.8%	32.3%	27.7%
Manor	321	16.8%	27.7%	24.9%	30.5%
Marple North	338	11.8% <sup>L</sup>	26.0%	32.0%	30.2%
Marple South	298	17.4%	18.8% <sup>L</sup>	34.2%	29.5%

	Sample size	Less than once a week	1-2 times a week	3-4 times a week	5 times a week or more
Offerton	301	15.3%	31.6%	26.9%	26.2%
Reddish North	276	19.6%	23.6%	29.7%	27.2%
Reddish South	298	16.1%	31.9%	25.5%	26.5%
Stepping Hill	284	14.1%	26.1%	31.7%	28.2%
<b>2007 National IMD Quintile*</b>					
1- Most deprived	732	21.4% <sup>H</sup>	26.5%	25.3% <sup>L</sup>	26.8%
2	1001	17.8%	25.3%	28.8%	28.2%
3	1239	17.9%	26.9%	28.2%	27.0%
4	1478	16.6%	26.8%	31.1%	25.4%
5- Least deprived	2056	14.2% <sup>L</sup>	26.8%	34.1% <sup>H</sup>	24.9%
<b>Priority 1*</b>					
All not P1	7100	17.2%	26.9%	30.4%	25.5%
All P1	319	20.1%	26.3%	25.4%	28.2%
P1 - Adswood & Bridgehall	94	25.5%	25.5%	29.8%	19.1%
P1 - Brinnington	95	21.1%	22.1%	21.1%	35.8% <sup>H</sup>
P1 - Lancashire Hill	74	18.9%	32.4%	21.6%	27.0%
P1 - Town Centre	56	10.7%	26.8%	30.4%	32.1%
<b>ISC*</b>					
Brinnington & Reddish	700	19.0%	25.9%	27.4%	27.7%
Cheadle	1346	17.9%	28.6%	29.3%	24.2%
Hazel Grove & Bramhall	1354	15.3%	25.0%	34.9% <sup>H</sup>	24.7%
Heatons	687	16.4%	27.8%	31.1%	24.6%
Marple & Werneth	1174	15.9%	25.5%	30.9%	27.7%
Stockport Central	1245	17.1%	26.7%	28.0%	28.3%
<b>PBC area*</b>					
Bramhall & Cheadle	1784	16.1%	27.7%	32.1%	24.0%
Heatons & Tame Valley	1458	17.7%	26.7%	29.3%	26.3%
Marple & Werneth	1288	16.0%	24.5%	31.2%	28.3%
Stepping Hill & Victoria	1976	17.3%	26.7%	29.5%	26.5%

\* 11.6% of responses are missing so care should be given to interpretation.

## Food and Diet - 5 a Day

	Sample size	0	1	2	3	4	5+
All responses	6662	1.9%	9.2%	19.4%	29.2%	22.3%	18.0%
<b>Gender</b>							
Female	3525	1.4%	7.0% <sup>L</sup>	17.0% <sup>L</sup>	30.0%	24.3%	20.3% <sup>H</sup>
Male	3066	2.5%	11.6% <sup>H</sup>	22.0% <sup>H</sup>	28.2%	20.1%	15.7% <sup>L</sup>
<b>Age band</b>							
18-24	535	5.4% <sup>H</sup>	14.9% <sup>H</sup>	27.3% <sup>H</sup>	29.7%	15.2% <sup>L</sup>	7.5% <sup>L</sup>
25-29	459	1.7%	11.7%	19.8%	32.1%	19.1%	15.5%
30-34	642	1.7%	9.6%	22.2%	33.4%	21.1%	12.2% <sup>L</sup>
35-39	460	2.4%	13.1% <sup>H</sup>	20.3%	28.0%	20.3%	15.9%
40-44	551	2.1%	9.4%	21.3%	29.4%	20.2%	17.7%
45-49	565	1.3%	10.2%	18.7%	30.5%	23.4%	15.9%
50-54	576	1.4%	7.3%	18.6%	29.0%	22.3%	21.3%
55-59	601	1.7%	7.6%	17.0%	27.8%	24.0%	22.0%
60-64	633	1.3%	5.5% <sup>L</sup>	15.5%	25.1%	25.1%	27.4% <sup>H</sup>
65-69	501	0.6%	6.0% <sup>L</sup>	15.2%	24.0% <sup>L</sup>	26.8%	27.4% <sup>H</sup>
70-74	382	1.9%	6.5%	16.4%	26.6%	26.1%	22.5%
75-79	354	1.1%	6.3%	17.1%	31.3%	27.1%	17.1%
80-84	198	1.8%	10.0%	17.8%	34.2%	24.2%	11.9%
85-89	139	1.3%	7.3%	24.5%	29.1%	23.2%	14.6%
90+	36	4.4%	17.8%	20.0%	28.9%	15.6%	13.3%
<b>Health Perception</b>							
Not Good Health	1631	4.2% <sup>H</sup>	12.3% <sup>H</sup>	23.7% <sup>H</sup>	27.8%	18.5% <sup>L</sup>	13.5% <sup>L</sup>
Good Health	4993	1.1% <sup>L</sup>	8.1%	17.9%	29.6%	23.6%	19.7%
<b>Health Perception by Age</b>							
Not Good Health 44 and under	374	8.1% <sup>H</sup>	16.0% <sup>H</sup>	27.8% <sup>H</sup>	26.8%	12.4% <sup>L</sup>	8.9% <sup>L</sup>
Not Good Health 45-64	596	3.3%	11.6%	23.3%	27.1%	19.9%	14.9%
Not Good Health 65 and over	652	2.4%	10.6%	21.5%	29.0%	21.2%	15.3%
Good Health 44 and under	2266	1.7%	10.8%	21.4%	31.3%	20.4%	14.4% <sup>L</sup>
Good Health 45-64	1768	0.7% <sup>L</sup>	6.1% <sup>L</sup>	15.3% <sup>L</sup>	28.4%	25.2%	24.2% <sup>H</sup>
Good Health 65 and over	938	0.5% <sup>L</sup>	4.6% <sup>L</sup>	13.9% <sup>L</sup>	27.3%	29.0% <sup>H</sup>	24.7% <sup>H</sup>
<b>Mental Wellbeing category</b>							
Above Average	1061	1.1%	5.8% <sup>L</sup>	13.1% <sup>L</sup>	26.0%	28.1% <sup>H</sup>	25.9% <sup>H</sup>
Average	4446	1.1% <sup>L</sup>	8.6%	19.2%	30.0%	22.9%	18.2%
Below Average	678	6.6% <sup>H</sup>	15.3% <sup>H</sup>	26.5% <sup>H</sup>	27.1%	13.7% <sup>L</sup>	10.8% <sup>L</sup>



	Sample size	0	1	2	3	4	5+
<b>Ethnic Group</b>							
White British	6035	1.9%	8.8%	19.0%	29.1%	23.0%	18.3%
White Irish	125	2.8%	12.4%	15.9%	32.4%	18.6%	17.9%
White Other	126	1.4%	7.2%	21.7%	29.0%	15.9%	24.6%
Asian Pakistani	84	4.7%	17.8% <sup>H</sup>	40.2% <sup>H</sup>	27.1%	6.5% <sup>L</sup>	3.7% <sup>L</sup>
Not White	337	2.9%	15.8% <sup>H</sup>	26.5% <sup>H</sup>	28.7%	15.3% <sup>L</sup>	10.7% <sup>L</sup>
Not White British	588	2.6%	13.4% <sup>H</sup>	23.3%	29.5%	16.1% <sup>L</sup>	15.0%
<b>Religion</b>							
None	1625	2.5%	11.5% <sup>H</sup>	18.0%	29.1%	20.5%	18.5%
Christian	4448	1.5%	8.0%	19.3%	29.4%	23.6%	18.1%
Any other religion	292	3.5%	13.5% <sup>H</sup>	26.8% <sup>H</sup>	28.2%	13.5% <sup>L</sup>	14.4%
<b>Sexual Orientation</b>							
Heterosexual	5518	1.8%	8.8%	18.6%	28.8%	23.1%	19.0%
Not heterosexual	186	3.8%	7.2%	24.4%	34.4%	16.7%	13.4%
Prefer not to say	155	3.7%	16.2% <sup>H</sup>	19.4%	31.9%	23.0%	5.8% <sup>L</sup>
<b>Geography unknown*</b>							
Unknown	796	1.8%	9.0%	21.7%	28.7%	23.4%	15.5%
<b>Ward Name*</b>							
Bramhall North	315	1.8%	5.0% <sup>L</sup>	15.4%	32.6%	25.8%	19.3%
Bramhall South	294	0.6%	5.8%	15.0%	27.2%	25.2%	26.2% <sup>H</sup>
Bredbury & Woodley	307	2.1%	8.0%	22.3%	29.4%	21.4%	16.9%
Bredbury Green & Romiley	281	1.6%	9.2%	20.4%	27.1%	25.5%	16.2%
Brinnington & Central	204	5.6% <sup>H</sup>	18.7% <sup>H</sup>	24.3%	28.8%	12.0% <sup>L</sup>	10.5% <sup>L</sup>
Cheadle & Gatley	286	1.3%	7.6%	18.2%	28.7%	23.6%	20.7%
Cheadle Hulme North	288	1.6%	9.3%	19.0%	30.8%	20.9%	18.4%
Cheadle Hulme South	313	1.7%	7.6%	16.0%	26.2%	28.0%	20.4%
Davenport & Cale Green	259	2.9%	14.7% <sup>H</sup>	18.9%	30.8%	18.3%	14.4%
Edgeley & Cheadle Heath	264	2.9%	12.0%	21.7%	30.1%	20.1%	13.3%
Hazel Grove	286	1.9%	8.6%	22.2%	23.2%	23.2%	21.0%
Heald Green	244	1.5%	9.5%	17.2%	30.3%	24.5%	17.2%
Heatons North	274	1.3%	8.6%	21.8%	26.4%	18.8%	23.1%
Heatons South	317	2.3%	7.2%	18.9%	26.4%	23.2%	22.1%
Manor	279	2.8%	10.6%	17.7%	29.8%	21.7%	17.4%
Marple North	320	0.0%	5.3% <sup>L</sup>	13.1% <sup>L</sup>	27.9%	27.9%	25.8% <sup>H</sup>
Marple South	281	1.4%	5.1% <sup>L</sup>	15.2%	29.1%	25.7%	23.6% <sup>H</sup>
Offerton	271	1.3%	9.6%	20.8%	32.3%	22.4%	13.5%

	Sample size	0	1	2	3	4	5+
Reddish North	235	3.2%	12.5%	25.4%	33.7%	16.5%	8.6% <sup>L</sup>
Reddish South	265	2.6%	10.6%	20.9%	32.1%	16.9%	16.9%
Stepping Hill	256	1.1%	9.1%	17.9%	33.0%	21.1%	17.9%
<b>2007 National IMD Quintiles*</b>							
1- Most deprived	594	4.8% <sup>H</sup>	15.1% <sup>H</sup>	25.1% <sup>H</sup>	28.5%	15.2% <sup>L</sup>	11.4% <sup>L</sup>
2	862	2.7%	11.7%	21.2%	31.4%	18.7%	14.3% <sup>L</sup>
3	1098	2.3%	9.7%	21.5%	29.9%	21.6%	15.0%
4	1352	1.5%	8.0%	18.8%	28.6%	22.8%	20.2%
5- Least deprived	1933	0.6% <sup>L</sup>	6.3% <sup>L</sup>	14.6% <sup>L</sup>	28.5%	26.3% <sup>H</sup>	23.7% <sup>H</sup>
<b>Priority 1*</b>							
All not P1	6413	1.7%	8.8%	19.1%	29.1%	22.8%	18.4%
All P1	249	5.9% <sup>H</sup>	17.8% <sup>H</sup>	24.6%	30.2%	11.2% <sup>L</sup>	10.3% <sup>L</sup>
P1 - Adswood & Bridgehall	75	6.4% <sup>H</sup>	16.0%	22.3%	33.0%	10.6% <sup>L</sup>	11.7%
P1 - Brinnington	73	7.3% <sup>H</sup>	16.7%	29.2%	30.2%	9.4% <sup>L</sup>	7.3% <sup>L</sup>
P1 - Lancashire Hill	52	8.0% <sup>H</sup>	25.3% <sup>H</sup>	28.0%	21.3%	10.7%	6.7%
P1 - Town Centre	49	0.0%	12.5%	16.1%	37.5%	16.1%	17.9%
<b>ISC*</b>							
Brinnington & Reddish	577	4.4% <sup>H</sup>	14.4% <sup>H</sup>	24.8% <sup>H</sup>	31.3%	14.7% <sup>L</sup>	10.5% <sup>L</sup>
Cheadle	1221	1.6%	8.6%	17.4%	29.3%	23.6%	19.5%
Hazel Grove & Bramhall	1262	1.3%	6.5% <sup>L</sup>	17.1%	27.8%	25.4%	21.9% <sup>H</sup>
Heatons	632	1.6%	7.2%	19.3%	27.0%	21.9%	23.0% <sup>H</sup>
Marple & Werneth	1083	1.3%	7.0%	18.4%	28.8%	24.7%	19.9%
Stockport Central	1064	2.5%	12.7% <sup>H</sup>	20.3%	31.4%	19.2%	14.0% <sup>L</sup>
<b>PBC area*</b>							
Bramhall & Cheadle	1653	1.3%	7.1% <sup>L</sup>	16.3% <sup>L</sup>	29.4%	25.3%	20.6%
Heatons & Tame Valley	1268	2.9%	11.1%	21.9%	29.3%	18.1% <sup>L</sup>	16.8%
Marple & Werneth	1189	1.2%	6.9%	17.8%	28.3%	25.1%	20.6%
Stepping Hill & Victoria	1729	2.3%	11.0%	20.3%	29.7%	20.5%	16.3%

\* 11.6% of responses are missing so care should be given to interpretation.

## Drug Use

	Sample size	Current user	Ex user	Only tried	Never tried	Not answered
All responses	7489	3.4%	6.4%	16.9%	62.4%	10.8%
<b>Gender</b>						
Female	3847	2.2% <sup>L</sup>	5.0% <sup>L</sup>	15.6%	64.6%	12.5%
Male	3562	4.6% <sup>H</sup>	8.1% <sup>H</sup>	18.6%	60.2%	8.5% <sup>L</sup>
<b>Age band</b>						
18-24	670	10.1% <sup>L</sup>	13.3% <sup>L</sup>	24.3% <sup>L</sup>	47.6% <sup>L</sup>	4.6% <sup>L</sup>
25-29	530	6.4% <sup>H</sup>	15.1% <sup>L</sup>	30.8% <sup>L</sup>	41.7% <sup>L</sup>	6.0% <sup>L</sup>
30-34	723	7.5% <sup>H</sup>	16.2% <sup>L</sup>	31.3% <sup>L</sup>	38.7% <sup>L</sup>	6.4% <sup>L</sup>
35-39	544	6.1% <sup>H</sup>	11.4% <sup>L</sup>	31.4% <sup>L</sup>	45.6% <sup>L</sup>	5.5% <sup>L</sup>
40-44	622	2.1%	7.4%	24.0% <sup>L</sup>	59.3% <sup>L</sup>	7.2% <sup>L</sup>
45-49	638	2.7%	4.2%	20.8% <sup>L</sup>	64.3% <sup>L</sup>	8.0%
50-54	631	1.3% <sup>L</sup>	3.8% <sup>L</sup>	13.0% <sup>L</sup>	73.4% <sup>L</sup>	8.6%
55-59	662	1.4% <sup>L</sup>	2.4% <sup>L</sup>	14.0% <sup>L</sup>	70.7% <sup>L</sup>	11.5%
60-64	679	0.7% <sup>L</sup>	1.3% <sup>L</sup>	8.2% <sup>L</sup>	77.9% <sup>L</sup>	11.8%
65-69	536	0.4% <sup>L</sup>	0.9% <sup>L</sup>	3.0% <sup>L</sup>	79.3% <sup>L</sup>	16.4% <sup>H</sup>
70-74	417	0.7% <sup>L</sup>	0.2% <sup>L</sup>	1.7% <sup>L</sup>	77.9% <sup>L</sup>	19.4% <sup>H</sup>
75-79	382	0.0%	0.8% <sup>L</sup>	0.3% <sup>L</sup>	75.1% <sup>L</sup>	23.8% <sup>H</sup>
80-84	224	0.9%	0.4% <sup>L</sup>	1.3% <sup>L</sup>	75.4% <sup>L</sup>	21.9% <sup>H</sup>
85-89	152	1.3%	0.0%	0.0%	74.3% <sup>L</sup>	24.3% <sup>H</sup>
90+	46	0.0%	0.0%	0.0%	76.1% <sup>L</sup>	23.9% <sup>H</sup>
<b>Health Perception</b>						
Not Good Health	1952	4.0%	4.9%	12.8% <sup>L</sup>	63.3% <sup>L</sup>	15.0% <sup>H</sup>
Good Health	5497	3.1%	7.0%	18.4% <sup>L</sup>	62.1% <sup>L</sup>	9.3% <sup>L</sup>
<b>Health Perception by Age</b>						
Not Good Health 44 and under	493	11.2% <sup>L</sup>	14.0% <sup>L</sup>	27.6% <sup>L</sup>	40.6% <sup>L</sup>	6.7% <sup>L</sup>
Not Good Health 45-64	700	2.4%	2.9% <sup>L</sup>	14.7% <sup>L</sup>	67.9% <sup>L</sup>	12.1%
Not Good Health 65 and over	749	0.8% <sup>L</sup>	0.8% <sup>L</sup>	1.5% <sup>L</sup>	74.4% <sup>L</sup>	22.6% <sup>H</sup>
Good Health 44 and under	2589	5.7% <sup>H</sup>	12.5% <sup>L</sup>	28.3% <sup>L</sup>	47.7% <sup>L</sup>	5.8% <sup>L</sup>
Good Health 45-64	1897	1.2% <sup>L</sup>	2.8% <sup>L</sup>	13.7% <sup>L</sup>	73.2% <sup>L</sup>	9.1%
Good Health 65 and over	988	0.3% <sup>L</sup>	0.4% <sup>L</sup>	1.5% <sup>L</sup>	79.1% <sup>L</sup>	18.6% <sup>H</sup>
<b>Mental Wellbeing category</b>						
Above Average	1140	1.7% <sup>L</sup>	5.3%	13.3% <sup>L</sup>	69.6% <sup>L</sup>	10.1%
Average	4924	3.5%	6.8%	18.8% <sup>L</sup>	61.9% <sup>L</sup>	9.1% <sup>L</sup>
Below Average	867	6.0% <sup>H</sup>	8.3%	19.3% <sup>L</sup>	57.0% <sup>L</sup>	9.5%
<b>Ethnic Group</b>						
White British	6749	3.5%	6.6%	17.3% <sup>L</sup>	62.0% <sup>L</sup>	10.6%

	Sample size	Current user	Ex user	Only tried	Never tried	Not answered
White Irish	147	1.4%	4.8%	15.0%	64.6%	14.3%
White Other	138	3.6%	5.1%	20.3%	62.3%	8.7%
Asian Pakistani	108	0.9%	3.7%	7.4% <sup>L</sup>	76.9%	11.1%
<i>Not White</i>	414	2.7%	4.6%	10.6%	69.1%	13.0%
<i>Not White British</i>	699	2.6%	4.7%	13.4%	66.8%	12.4%
<b>Religion</b>						
None	1887	7.5% <sup>H</sup>	12.2%	26.9%	46.1%	7.4% <sup>L</sup>
Christian	4916	1.9% <sup>L</sup>	4.5% <sup>L</sup>	14.0%	68.0%	11.6%
Any other religion	351	2.8%	4.8%	9.1% <sup>L</sup>	73.2%	10.0%
<b>Sexual Orientation</b>						
Heterosexual	6167	3.4%	7.1%	18.9%	61.7%	8.9% <sup>L</sup>
Not heterosexual	209	13.9%	10.5%	15.3%	49.8%	10.5%
Prefer not to say	193	2.6%	2.1% <sup>L</sup>	8.8% <sup>L</sup>	71.0%	15.5%
<b>Geography unknown*</b>						
Unknown	892	5.8% <sup>H</sup>	8.7% <sup>H</sup>	22.1%	53.9%	9.4%
<b>Ward Name*</b>						
Bramhall North	338	2.1%	5.9%	10.7%	68.0%	13.3%
Bramhall South	314	1.9%	3.2% <sup>L</sup>	13.7%	68.5%	12.7%
Bredbury & Woodley	341	2.1%	4.4%	18.5%	66.6%	8.5%
Bredbury Green & Romiley	315	2.5%	4.4%	17.1%	62.9%	13.0%
Brinnington & Central	269	4.8%	10.0%	13.8%	56.5%	14.9%
Cheadle & Gatley	314	1.3%	3.2% <sup>L</sup>	13.7%	70.1%	11.8%
Cheadle Hulme North	323	3.1%	5.9%	15.5%	62.8%	12.7%
Cheadle Hulme South	345	2.9%	5.2%	18.3%	63.8%	9.9%
Davenport & Cale Green	314	4.5%	6.7%	19.7%	60.2%	8.9%
Edgeley & Cheadle Heath	310	4.2%	10.0%	20.0%	55.5%	10.3%
Hazel Grove	319	2.8%	6.6%	13.2%	68.3%	9.1%
Heald Green	274	0.0%	3.3%	13.5%	67.5%	15.7% <sup>H</sup>
Heatons North	304	4.9%	6.3%	14.5%	65.1%	9.2%
Heatons South	350	3.7%	6.6%	19.1%	63.7%	6.9% <sup>L</sup>
Manor	322	4.0%	7.5%	18.6%	55.9%	14.0%
Marple North	338	2.1%	5.6%	17.8%	64.8%	9.8%
Marple South	300	2.0%	6.0%	13.3%	69.3%	9.3%
Offerton	304	2.6%	8.2%	14.1%	65.1%	9.9%
Reddish North	279	4.3%	7.2%	16.8%	62.0%	9.7%
Reddish South	305	4.9%	6.9%	16.4%	60.0%	11.8%
Stepping Hill	285	3.2%	5.3%	20.7%	58.9%	11.9%

	Sample size	Current user	Ex user	Only tried	Never tried	Not answered
<b>2007 National IMD Quintile*</b>						
1- Most deprived	739	5.1%	6.8%	15.4%	58.6%	14.1% <sup>H</sup>
2	1007	4.7%	9.1% <sup>H</sup>	19.4%	56.8%	10.0%
3	1248	3.4%	6.5%	18.0%	60.7%	11.5%
4	1494	2.1% <sup>L</sup>	5.2%	14.5%	67.3%	11.0%
5- Least deprived	2075	2.0% <sup>L</sup>	4.8% <sup>L</sup>	15.0%	68.0%	10.2%
<b>Priority 1*</b>						
All not P1	7164	3.3%	6.3%	17.0%	62.7%	10.7%
All P1	325	5.8%	8.3%	15.1%	57.2%	13.5%
P1 - Adswood & Bridgehall	96	4.2%	6.3%	11.5%	64.6%	13.5%
P1 - Brinnington	96	5.2%	9.4%	11.5%	58.3%	15.6%
P1 - Lancashire Hill	77	10.4%	10.4%	23.4%	49.4%	6.5%
P1 - Town Centre	56	3.6%	7.1%	16.1%	53.6%	19.6%
<b>ISC*</b>						
Brinnington & Reddish	710	5.5% <sup>H</sup>	7.6%	15.5%	59.6%	11.8%
Cheadle	1359	1.9% <sup>L</sup>	4.4% <sup>L</sup>	15.3%	66.1%	12.3%
Hazel Grove & Bramhall	1368	2.3%	6.2%	14.0%	66.7%	10.7%
Heatons	693	3.8%	6.6%	17.3%	64.8%	7.5% <sup>L</sup>
Marple & Werneth	1180	2.2%	5.0%	17.1%	65.1%	10.6%
Stockport Central	1253	4.1%	7.6%	18.4%	58.1%	11.9%
<b>PBC area*</b>						
Bramhall & Cheadle	1804	1.7% <sup>L</sup>	4.3% <sup>L</sup>	14.2%	67.2%	12.6%
Heatons & Tame Valley	1474	4.6%	7.3%	16.4%	61.6%	10.2%
Marple & Werneth	1294	2.2%	5.1%	16.8%	65.8%	10.1%
Stepping Hill & Victoria	1991	3.6%	7.4%	17.5%	60.6%	10.8%

\* 11.6% of responses are missing so care should be given to interpretation.

### Appendix 3: Data entry errors

Based on sample of 150 returned surveys.

Question number	Topic	Surveys with error	% with error
16	Drug use	10	3.3%
25	Postcode	5	2.0%
3	Fruit and vegetables	3	2.0%
22	Weight	4	1.7%
17	Wellbeing	7	1.5%
10	Drink alcohol	2	1.3%
2	Long Term Illness	2	1.3%
6	Most physical activity	2	1.3%
7	Smoking habit	2	1.3%
23	Waist measure	2	1.3%
4	Eating habits	3	0.8%
15	Alcohol drank over year	1	0.7%
12	Drink harm	1	0.7%
21	Height	1	0.7%
11	Alcohol consumed in week	4	0.1%

#### Appendix 4: Alcohol units information

Alcoholic drink	Units conversion
Pint of normal strength beer, lager, stout	2
Pint of strong beer, lager, stout, cider (6% alcohol or more)	4
Single glass of spirits	1
Small glass fortified wines	1
Standard glasses (175 ml) or normal strength wine (12.5%)	2
Large glass (250 ml) of normal wine or standard glass of stronger wine (13.5% or more)	3
Bottle of alcopop	1.5

Binge drinking category, based on units consumed on day drank most		
	Female	Male
Binged	>6	>8
Over daily guideline	>3 and ≤6	>4 and ≤8
Within daily guideline	>0 and ≤3	>0 and ≤4

Harmful drinking category, based on units consumed in week		
	Female	Male
Harmful	≥35	≥50
Hazardous	≥15 and <35	≥22 and <50
Within weekly guideline	>0 and ≤14.9	>0 and ≤21.9