

Our Nation's Health 2021

Health & Lifestyle Survey

Published July 2021

This report looks at the general health of adults aged 16 and over, including trends in general health, physical health and mental health, and compares the prevalence of these conditions by categories such as age, sex and marital status.

Key Findings



80% describe their health as 'good' or 'very good'



65.5% are overweight or obese.

23% of workers took time off with Covid, with an average of **14 days**



4.5% are often or always lonely.
7% often feel isolated from others



39% reported their relationships had worsened due to Covid



82% eat less than 5 portions of fruit and vegetables each day



27% exercise more than 5 times per week (for at least 20 minutes)



31.5% do less exercise than before Covid.
21.5% do more.



23.5% currently smoke (**3.5%** use e-cigarettes / vape)



34% drink at least one alcoholic drink per week.
3.5% drink 6 alcoholic drinks more than 3 times per week



13.5% drink less alcohol than they did before Covid
10% drink more



6% gamble more than once per week



20% take more than 60 minutes to get to sleep.
5% get less than 4 hours sleep per night



32% have worse sleep than they did before Covid
5% sleep better



Ratings:

8/10 – Primary Care

8/10 - Secondary Care

9/10 – Private Care

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Foreword



I take great pleasure in presenting the latest Health & Lifestyle Survey for Gibraltar. A review of people's behaviour is important to capture for posterity, but especially so after a horrendous pandemic. This experience has been a once in a hundred years event, and has necessitated a lot of hard work behind the scenes by those working in and with Public Health.

Experts speculate that as global warming, and further urban development take place especially in formerly remote regions, and quite apart from the direct impact of Climate, we will experience more pandemics due to the introduction of new species into new settings that mix with burgeoning human populations. Therefore, the link between my various Ministerial responsibilities makes clear sense, and underline why I have devoted my life to improving our environment, tackling pollution and global risks to the health of the public such as climate change.

The importance of Public Health as a discipline has often not been appreciated, and it has sadly taken a global pandemic to drive home its importance, and the importance of achieving a healthy lifestyle. How many of those the world has lost would still be here, one hesitates to ask.

The basis to developing any policy is information, which is what makes this survey so important. Because to it, many agencies, notably of course our much loved GHA, will be able to use the results to inform policy and practice, to the benefit of all.

Please take time and care to understand the information shared. It is imperfect, as all telephone-related survey processes have to be, but by having held a mirror up to ourselves, I hope the findings generate both great interest and also debate. This is not a volume that is consumed as a novel at one meal, but read as a reference book to be dipped into like a buffet with (healthy) finger food. Enjoy.

I commend this fascinating survey to you.

Dr John Cortes

Minister for Education & Culture, Environment, Sustainability, Climate Change, Heritage and Public Health

Preface



It is my very great pleasure to introduce the latest Health and Lifestyle Survey – Our Nation’s Health 2021. These take place every 5 years or so, and the findings should be the foundation on which any rationally planned system of healthcare would be based. This is not always the case, as special interests and ad-hoc issues can destabilise such rationality.

Unfortunately, this is one of my last acts as your Director of Public Health. I hope, however, that the findings help instigate a dialogue and debate about our health and wellbeing in Gibraltar. The aim is to provide the report in a number of instalments, the first is an overarching report, followed by

more deep dives into issues. These deep dives will be on:

- Mental Health
- Healthcare Access
- COVID-19
- Health Inequalities (such as by educational attainment, gender, age)
- Risky Behaviours (such as Obesity, Indolence, Drug and Alcohol abuse)

We are also carrying out a wellbeing survey of our school children in the autumn, and this will mean that for the first time we will have a comprehensive look at ourselves, through our own eyes, concerning our health and wellbeing.

Holding a mirror up to yourself can be daunting and sobering. This is when we see every blemish, but also our assets. It is noteworthy how highly people rate their health, when on many parameters they are not doing well. We know that obesity, for example, is linked to numerous issues such as increased propensity for cancer, high blood pressure and stroke. We know that people always self-rate their weight lower than it is, and their height bigger too. The fact that – by self-assessment – the majority of our adult population is overweight is a wake-up call to health planners as this represents a tsunami of future health problems that can be prevented, but only if acted on now.

Due to the COVID-19 pandemic, this survey has had to be performed using telephone interview as the method. This is a pragmatic response to difficult circumstances, and has enabled us to gather our information. Gibraltar is a small place, so sometimes people were concerned about confidentiality, and this may have altered some responses – certainly the ones around income. Yet income inequality is one of the most important issues when it comes to wellbeing. Health inequalities and the way the pandemic has exacerbated it is a key concern in the UK. Yet, inequalities in health outcomes is something that is missing in our dialogues. A bad health experiences such as a heart attack, chronic bronchitis, cancer or type 2 diabetes are personal and challenging. However, there is a huge wealth of evidence that shows that life expectancy, and experience of illness is related to social inequality of which the most obvious is income inequality. Being lower in the social hierarchy means you die earlier, get diseases earlier, and your treatment is different too. Human beings are social creatures, so we crave and love company; we measure ourselves against our peers. This happens in Gibraltar too. This is what the SARS-CoV-2 virus exploited; we addressed infection by the horrible experience of lockdown. This is not how we address social & health inequalities.

In 2008, Professor Sir Michael Marmot was asked by the Secretary of State of Health for England to look into tackling health inequalities. The Marmot Review, published in 2010, has fundamentally

shifted discourse on health inequalities in the UK and internationally. It has shaped public health services in England and around the world, guided government and international policy, and has given rise to a new commitment from service providers and health professionals to reducing health inequalities and addressing the social determinants of health. Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010 ("The Marmot Review") was published in 2010¹ and set out key policy objectives, based around these determinants of health:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

These are the 6 Marmot principles that many cities and areas have now adopted as a way to tackle health inequalities and to prevent the misery many people experience in later life from preventable illnesses. I commend them to you, and I commend this report as the first step in the journey that will get us there.

Dr Sohail S Bhatti

Director of Public Health

1. Introduction

¹ <https://www.instituteoftheequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

The health and lifestyle survey provide information that cannot be obtained from other sources on a range of aspects concerning the public's health. The topics covered include general health, obesity and overweight, smoking, alcohol, gambling, diet, chronic illness; the prevalence of diabetes, hypertension, cardio-vascular disease and prevalence of chronic pain.

1.1 Background

The 2021 health and lifestyle survey was conducted to provide information on the social and behavioural factors that influence health, such as health related attitudes and experiences in Gibraltar. Results are comparable to the surveys conducted in 2015 and 2008 due to the repeated measurement of the same factors. Additional questions were asked in this survey to reflect the ongoing COVID-19 pandemic. All results in this report relate to adults aged 16+.

1.2 Aims

- i. Continuity on the collection of baseline information for monitoring patterns of health and changes in health behaviour in Gibraltar.
- ii. To help the GHA evaluate, plan and develop service provision that meet the needs of the Gibraltar community.
- iii. To help raise local health awareness, physical as well as mental health, and health promotion both at individual level as well as within the community.

This survey was designed, managed and the data analysed by the Public Health Gibraltar.

2. Methods

2.1 Sampling Frames

Population sample was obtained from I.D. Card database, Parliament electoral record, GHA patient record, H.M. Tax and Revenue dataset, Cemetery and Crematorium.

2.2 Sample Size

The target population was adults aged 16+ living in Gibraltar. The Department of the Environment GIS Core Research Team estimates the current adult population figure to be 36,562.

2.3 Data Collection

A representative sample of 2,700 were contacted by a trained team from the Contact Tracing Bureau (CTB). Three attempts were made to contact individuals and those calls that were unanswered were classified as 'non-contactable'. Additional attempts were made to contact underrepresented groups, including home visits and telephone calls over the weekend. The collection period lasted roughly 8 weeks of which 606 responses were collected from a possible 2,700, which represents a response rate of 22.4%.

All participants were given a verbal explanation of the survey background and aims, and invited to take part anonymously. All data was collected in accordance to data protection and consent was given by participants before proceeding with the survey.

2.4 Data Comparability

The 2021 survey differed in its data collection method as a result of the COVID-19 pandemic and data was predominantly collected via telephone. Nonetheless the overall data collected was comparable with previous Health & Lifestyle surveys. Additional questions were added such as questions on gambling and the perceived impact of COVID-19 on particular aspects.

2.4 Survey & Population Structure

It is natural for certain subgroups of the population to be less likely to respond to surveys of this nature than others. For example, we found that younger people were less responsive compared to older people. Similarly, females were more responsive than males overall.

In order to obtain a representative sample of the overall population the structure of the 2021 Health & Lifestyle Survey followed closely that of previous surveys. Age and sex were used to estimate a representative sample of the population. Table 1 and 2 below compares the age and sex profiles of the sample with that of the estimated population.

Table 1: Estimated population & survey respondent structure

	Population		Survey	
	Male	Female	Male	Female
16 - 24	2,314	2,173	42	42
25 - 44	6,045	6,032	71	110
45 - 64	6,019	5,837	110	122
65 +	4,076	4,066	64	82
Total	18,454	18,108	287	356

* 12 respondents did not provide their gender, age or both and are therefore not included in breakdown above

Table 2: Estimated population & survey respondent structure

	Population		Survey	
	Male	Female	Male	Female
16 - 24	13%	12%	15%	12%
25 - 44	33%	33%	25%	31%
45 - 64	33%	32%	38%	34%
65 +	22%	22%	22%	23%
Total	18,454	18,108	287	356

2.6 Data Bias & Limitations

The survey was conducted during an ongoing COVID-19 pandemic and during a lockdown, whilst the response rate may likely be higher due to more people staying at home, the strain of the pandemic/lockdown would have likely shaped the response.

Anonymity in a small tight-knit community such as Gibraltar is difficult, despite using an anonymised calling list, some interviewers were recognised by the caller or vice versa. It is therefore plausible that participation was declined due to this reason and/or those who accepted to take part may have responded less truthfully, particularly to questions of a more sensitive nature.

The results provide a snapshot into the health and lifestyle of the Gibraltar community but may not be generalisable to the rest of the population or to other points in time. It is therefore recommended that a repeat survey is conducted in order to gain an up-to-date insight into the population outside of lockdown and, in time, post the COVID-19 pandemic.

To view the survey, see appendix I.

Key facts on General Health

Health & Lifestyle survey results, Gibraltar 2021



8 in 10 adults report their general health to be 'Very Good' or 'Good'



8 in 10 adults rate the Primary & Secondary care received to be 'Very Good' or



1 in 5 adults take more than 60 minutes to get to sleep

4% less than 4 hours of sleep per night



2 in 3 adults over the age of 16 are overweight and obese

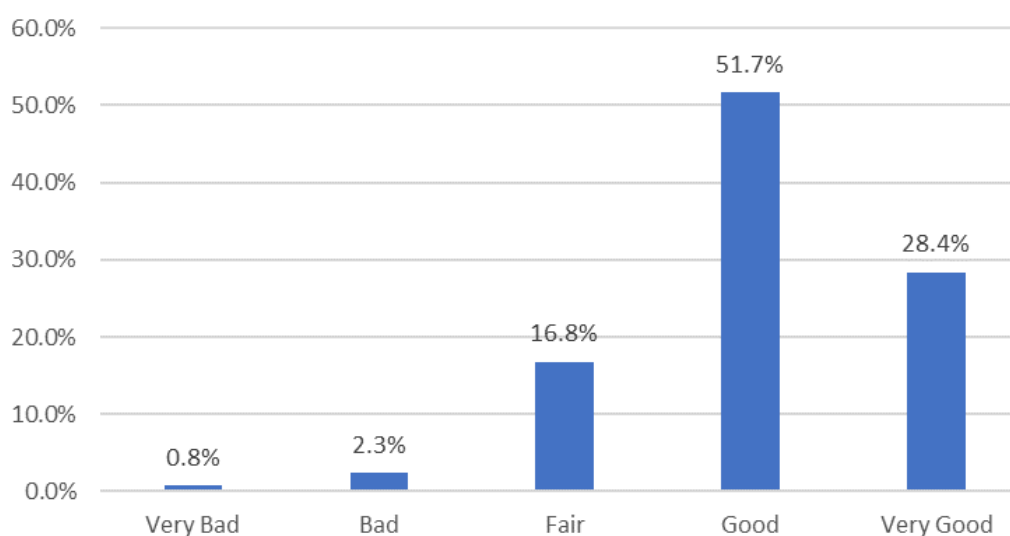
3. Results

3.1 General Health

Perceptions of general health

Generally, people in Gibraltar view themselves and others in the community as healthy. The current health and lifestyle survey 2021, shows that 80.1% of respondents describe their general health as either 'Very Good' (28.4%) or 'Good' (51.7%). This follows a similar trend to the 2015 and 2008 H&L surveys where 77% and 74%, respectively, described their general health as either 'Very Good' or 'Good'. The survey also shows overall 64.6% of respondents viewed the health of the wider community/country as either 'Very Good' (8.8%) or 'Good' (55.8%).

Figure 1: Overall general health perception



In comparison, the UK at 74.5%², Guernsey at 76%³, Isle of Man at 72.4%⁴, and Spain who share a border with Gibraltar, at 76%⁵ rate their health as 'Very Good' or 'Good'. Overall, all show their general health perception to be significantly lower than that of Gibraltar.

In Gibraltar 3.1% viewed their own health as 'Very Bad' or 'Bad', significantly lower than that reported in 2015 where 5% reported their health as 'Very Bad' (1%) or 'Bad' (4%). In comparison, the UK, Guernsey and Isle of Man (IoM) reported their prevalence of 'Very Bad' or 'Bad' health to be significantly higher at 7.5% (over twice as much as that reported in Gibraltar), <5% and 5.7%, respectively. Spain do not report the prevalence of 'Very Bad' or 'Bad' health perception in their survey report.

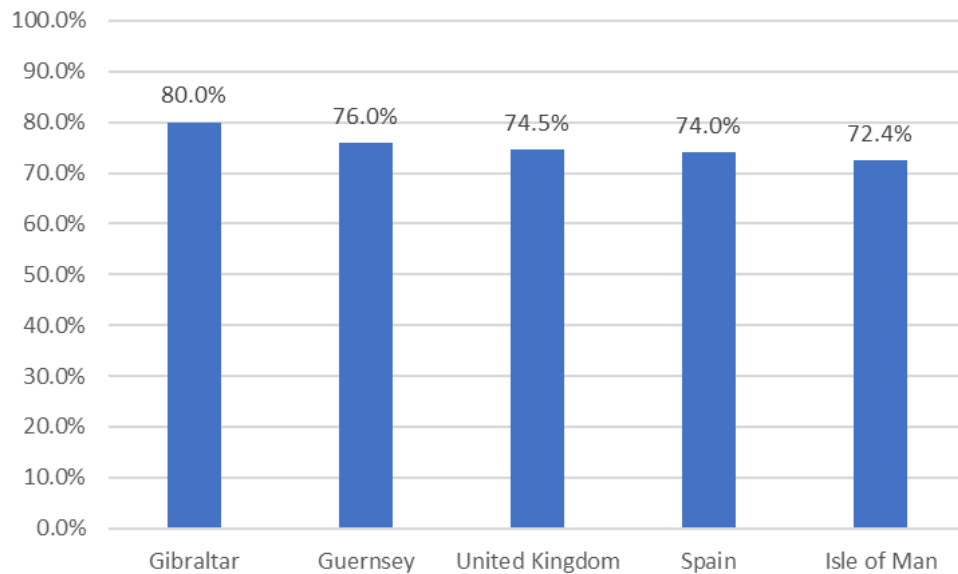
² health survey England 2019: <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2019>

³ well being survey Guernsey 2018: <https://www.gov.gg/CHttpHandler.ashx?id=122310&p=0>

⁴ well being survey Isle of Man 2016: <https://www.gov.im/media/1360860/20180208-iom-lifestyle-survey-2016-report-vfinal.pdf>

⁵ health survey Spain 2017: https://www.mscbs.gob.es/estadEstudios/estadisticas/encuestaNacional/encuestaNac2017/ENSE2017_notatecnica.pdf

Figure 2: General health perception comparison between Gibraltar, Guernsey, United Kingdom, Spain & Isle of Man



Perception of general health by Gender

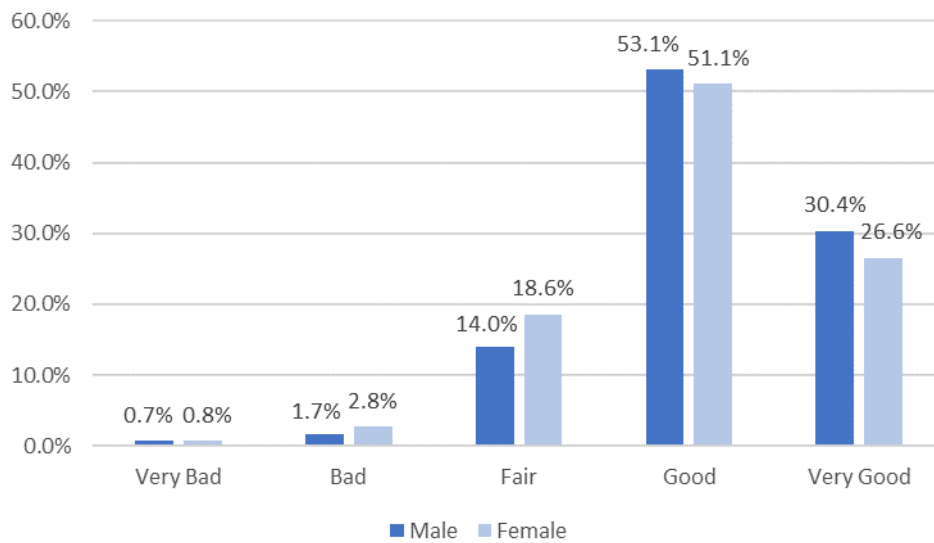
The results show that 83.6% of men rate their health as 'Very Good' (30.4%) or 'Good' (53.1%), higher than that of women who report their general health to be 77.7% 'Very Good' (26.6%) or 'Good' (51.1%). In comparison, in 2015 significantly fewer males (76%) rated their health as 'Very good' (34%) or 'Good' (42%), lower than that of women who report 79.1% as 'Very Good' (23%) or 'Good' (56.1%).

Generally, there are notable differences between men and women, with male respondents perceiving their general health more favourably in 2021 compared to 2015. Females, on the other hand, rate their general health slightly lower in 2021 compared to 2015, although this difference was not significant.

In comparison, the proportion of men self-reporting 'Very Good' or 'Good' general health in the UK was 75%, Guernsey (77%) and Spain (77.8%). Similarly, women report a lower perception of 'Very Good' or 'Good' general health, UK (74%), Guernsey (75%) and Spain (70.4%), also lower than Gibraltar. In the Isle of Man 73.8% of women reported 'Very Good' or 'Good' general health and unlike the trend seen in Gibraltar, UK and others, men report a lower perception of general health at 71.7%. Overall, all report a lower general health perception compared to that reported in Gibraltar's 2021 survey.

The prevalence of 'Very Bad or 'Bad' general health self-reporting in the UK was higher among women (8%) than men (7%). In comparison, whilst significantly lower in Gibraltar, the number was also higher among women at 3.7% compared to men at 2.4% rating their general health as "Very Bad' or 'Bad'. Guernsey reports a higher rate amongst men at 5% and 4% amongst women and IoM reports an overall figure of 5.7% with no data on gender differences reported. Spain does not report on 'Very Bad' or 'Bad' general health.

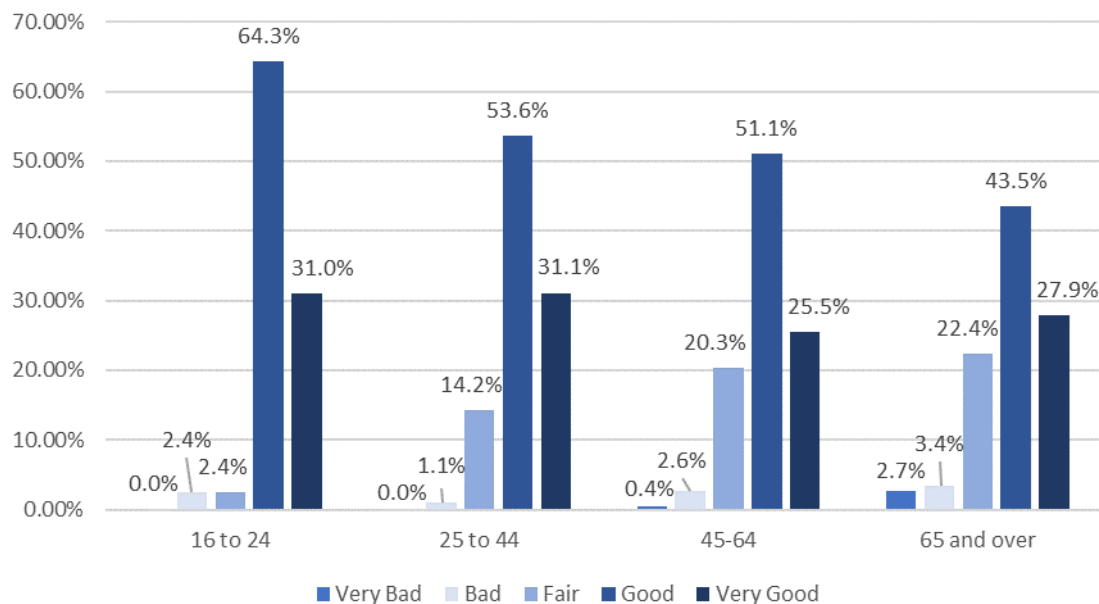
Figure 3: General Health perception by Gender



Perception of general health by Age

The survey results show that 95.2% of respondents aged 16 - 24 perceived their health to be ‘Very Good’ or ‘Good’ with none on this group reporting ‘Very Bad’ general health. 84.7% of respondents between the ages of 25 - 64 perceive their general health as “Very Good’ or Good’. 76.6% of those between the ages of 45 - 64 say their health is ‘Very Good’ or ‘Good’ with 71.4% of those 65 and over report their general health to be “Very Good’ or ‘Good’. The proportion of ‘Very Good’ or ‘Good’ general health decreases the older the age group.

Figure 4: General health perception by Age



In comparison, in 2015 results show that 80% of all the respondents up to the age of 64 say their health was 'Good' or 'Very Good'. Notably, 86% of 16 to 24 year-olds compared to 57% of those aged 65 and over reported their health as 'Very Good' or 'Good', significantly lower than that reported in 2021 for both age groups. This is comparable to the results in 2008 where 83% of participants aged 16-24 rated their health as 'Very Good' compared to 51% in those aged 65 and over. This suggests a trend where people's perception of their health is improving over time.

Interestingly, both in 2021 and 2015 none of those aged 16-24 rated their health as 'Very Bad'. The proportion of the respondents who rated their health as 'Bad' or 'Very Bad' increased with age, from 2% in those aged 25-44 to 10% in those 65 and over in 2015. The proportion of the respondents who rated their health as 'Bad' or 'Very Bad' in the 2021 survey also increased with age, from 1.1% in those aged 25-44 to 6.1% in those 65 and over in 2021, lower than that in 2015.

In the Isle of Man, 78.1% of those in the age group 40-49 rated their health as 'Very Good' or 'Good' and 66.9% of those 70 and above. Guernsey report the highest rate of 'Very Good' or 'Good' general health perception in the 25 - 34 age group at 82% and lowest in the 75 and over group at 62%. All age groups report to have 'Very Bad' or 'Bad' general health with the highest rate seen in the 35 - 44 age group at 6%. Spain reports an overall increase in general health perception over the years, 10% increase between the ages 45 - 75 and 15% increase in the 65 - 74% age group. Those who are 75 and over are the only group reported to show a sharp decrease in health perception over the years (1987 - 2017).

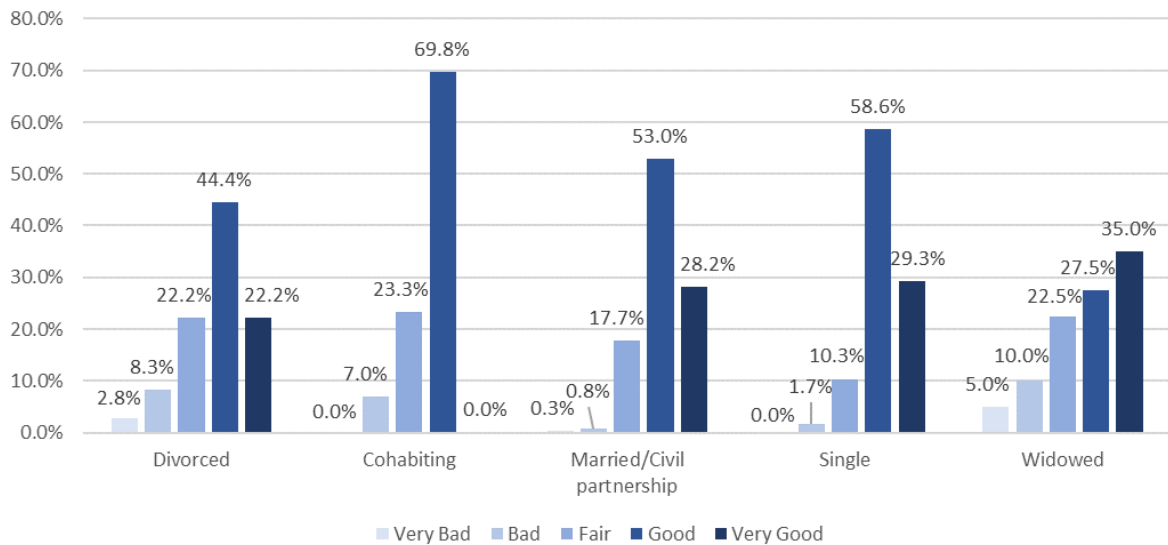
Perception of general health by marital status

The results show that single (87.2%), separated (84.6%), married/civil partnership (81.1%), cohabiting (77.6%), divorced (66.7%) and widowed (62.5%) rate their general health as 'Very Good' or 'Good'. Note the widowed group report the highest rate of 'Very Good' general health at 35% compared to the divorced group who rate the lowest at 22.2%.

The results show that 15% of widowed, 11.1% of divorced and 1.1% of married/civil partnership respondents rate their health as 'Very Bad' or 'Bad'. 7.7% of those separated, rate their general health as 'Very Bad'. Those cohabiting and those who are single do not rate their general health as 'Very Bad' but do rate their general health as 'Bad' at 5.2% and 1.7% respectively.

In comparison, and like 2021, in 2015 91% of the single group declared the highest reporting of "Very Good" or 'Good' general health and 15% of widowed persons rated their health as 'Very Bad' or 'Bad', which was more than any other group. The widowed group also had fewer persons declaring their health to be 'Very Good' or 'Good', also similar to that in 2021. In all H&L surveys conducted, 2008-2021, the cohabiting group do not rate their general health as 'Very Bad'.

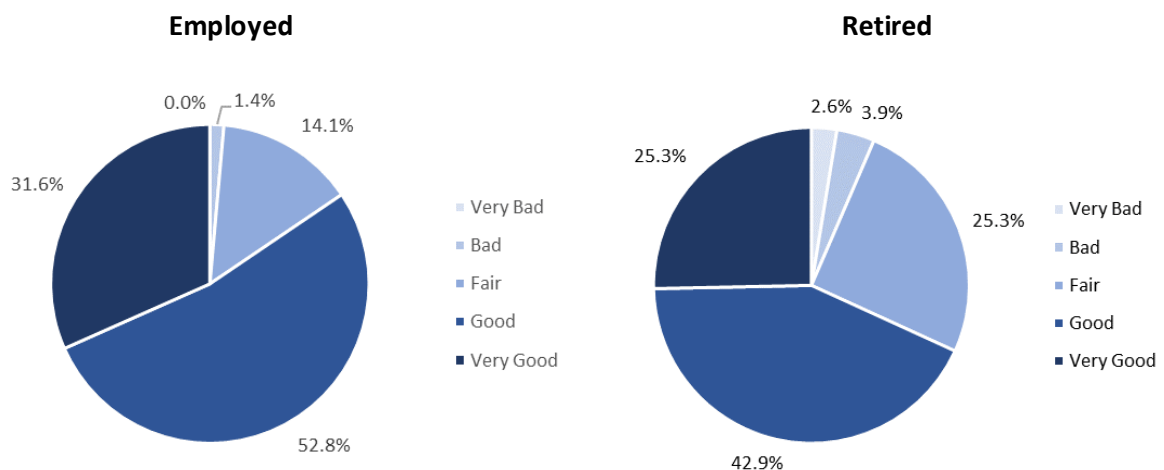
Figure 5: General health by marital



Perception of general health by employment status

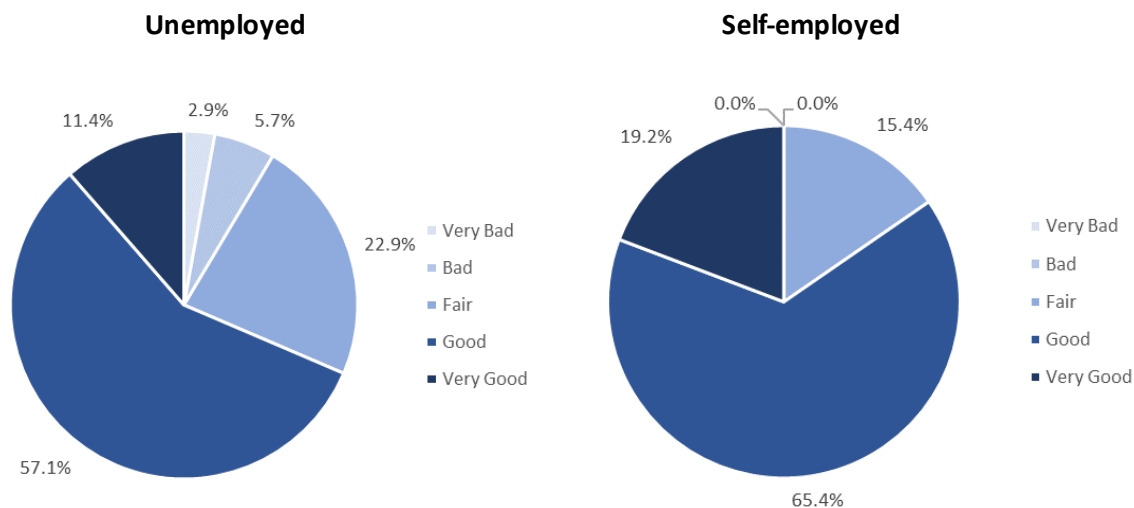
The results show that 84.6% of self-employed, 84.5% of employed, 74.3% unemployed and 68.6% of retired respondents rate their health as ‘Very Good’ and ‘Good’. 6.4% of the retired group also report their health as ‘Very Bad’ (2.6%) and ‘Bad’ (3.8%) compared to the employed group who do not rate their health as ‘Very Bad’, and only 1.4% as ‘Bad’. All other groups do not rate their general health as “Very Bad’ or ‘Bad’.

Figure 6: General health by employment status (Employed & Retired)



In comparison, in 2015 85.3% of the employed group rated their general health as ‘Very Good’ or ‘Good’ compared to only 57.7% of those retired, significantly lower than 2021. Retired people also reported the lowest general health in 2008. Between 2008-2021, there was no significant difference in self-reported general health between the employed and economically inactive groups, dissimilar to data reported in the UK and other larger countries.

Figure 7: General health by employment status (Unemployed & Self-employed)



In Guernsey 80% of those employed/study/training classed their general health as 'Good' or 'Very Good'. This group also reports the lowest rate of perceived 'Very Bad' or 'Bad' general health at 3%. 67% of those who are retired rate their general health as 'Very Good' or 'Good', with 4% rating their general health as 'Very Bad' or 'Bad'. Those not working/other (excluding retired) reported the lowest rate of perceived 'Very Good' or 'Good' general health at 60%. They also reported the highest rate for 'Very Bad' or 'Bad' general health perception at 21%.

Spain reported the perception of health to be more favourable amongst those in a higher social class, with 81.5% of those in a higher socio-economic status reporting their general health as 'Very Good' or 'Good', compared to 67% in lower socio-economic status. Disparity is also seen among the highest and lowest income groups reporting 'Very Good' or 'Good' health, showing men (from 29.2% in 2006 to 22.4% in 2017) and women (from 38.4% to 28.4% respectively), with the gap reducing over time.

Key facts on Physical Health



1 in 5 adults do little or no exercise

per week in their daily routine



8 in 10 adults do not eat at least 5 portions

of fruit and vegetables



1 in 5 adults currently smoke

3% use e-cigarettes or vape



1 in 3 of adults drink one or more alcoholic drinks per week and **3.5%** drink 6 alcoholic

drinks more than 3 times per week



6% of adults gamble at least once

every week

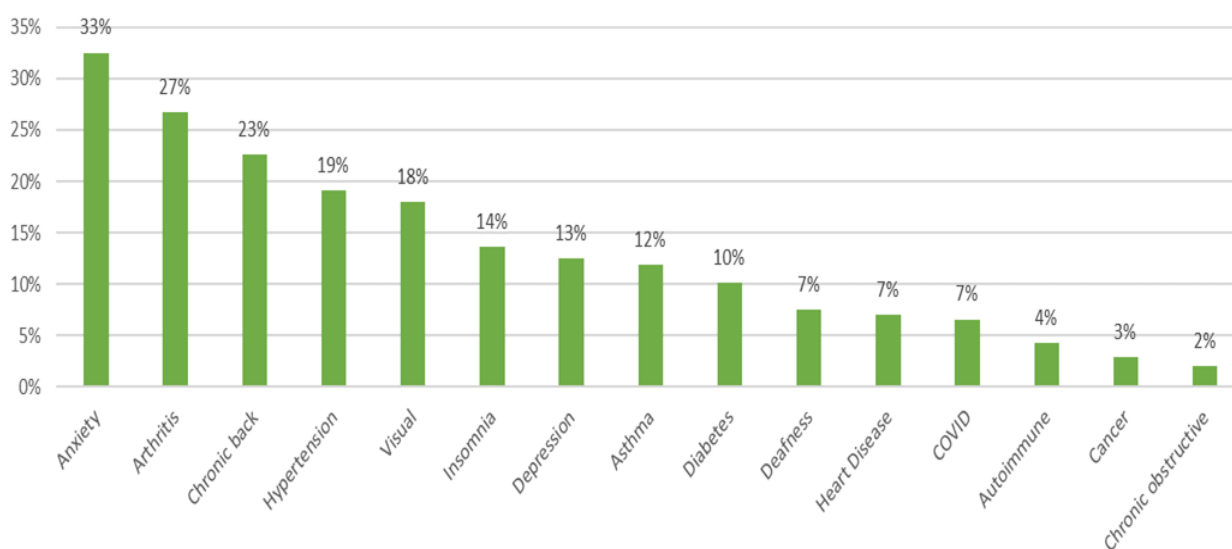
3.2 Physical Health

Health conditions

In all the physical or mental health illnesses reported in 2021, anxiety was the most prevalent with 32.5% of respondents reporting having anxiety. In 2015 hypertension was the most common illness, with 12.5% reporting having the condition compared to 19% in 2021.

Arthritis (26.7%) and chronic back pain (22.6%) were amongst the highest top five reported illnesses followed by hypertension (19%) and visual disorder (18%). Insomnia (13.6%), depression (12.5%), asthma (11.9%) and diabetes (10.1%) prevalence also rate high.

Figure 8: Prevalence of illnesses



In comparison, in 2015 the top five illnesses mentioned by respondents were hypertension (12.5%), arthritis (10.0%), diabetes (9.5%), respiratory conditions (8.1%) and heart disease (5.2%), all physical health with mental health illness reported amongst the lowest (2.4%).

In comparison, 2021 shows a higher rate of mental health reported with both anxiety and depression rating above 10% and anxiety (32.5%) being most prevalent. It is worth noting that in 2015 mental health was not differentiated in the answers given, where as in 2021 respondents could pick anxiety or depression amongst physical health. This may have contributed to the lower numbers seen on mental health response in 2015, however the 2021 survey is likely reflecting mental health as a result of the COVID-19 pandemic.

Heart disease (7%) rated amongst the lowest in 2021 although higher percentage increase compared to 2015 (5.2%) which was amongst the top five most prevalent illnesses. Overall respiratory disease (asthma and chronic obstructive disease) rated higher in 2021 (13.9%) compared to 2015 (8.1%). Note other health categories were added in 2021 but didn't feature in the previous health surveys, such as deafness (7.5%), COVID-19 (6.6), cancer (2.9%) and chronic obstructive disease (2%).

The UK reports a prevalence 45% of longstanding illness, with Isle of Man reporting 38.9% and 44% in Guernsey. IoM also reported 32.5% had high blood pressure, 28.6% had high cholesterol, 27.5% had

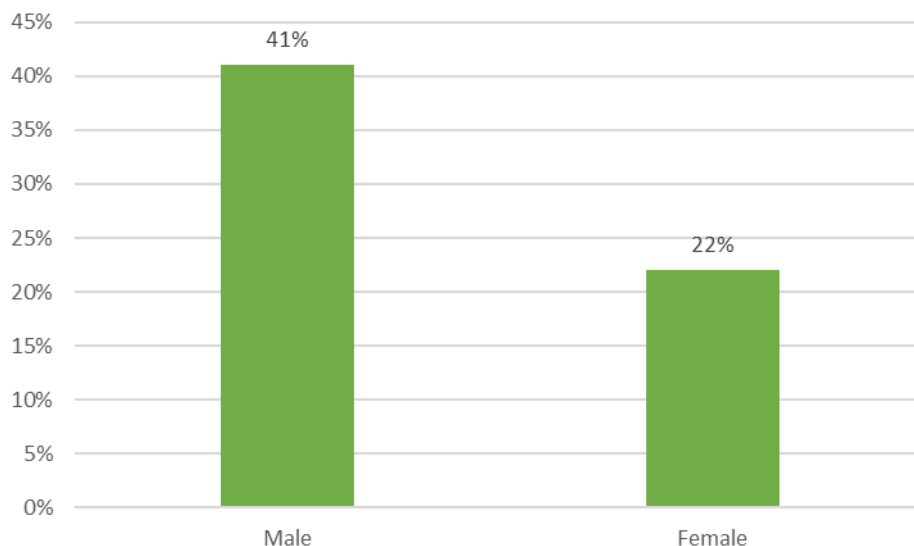
a mental health condition (for instance depression, anxiety or an eating disorder) and 26.8% of people had arthritis. In addition, IoM reports a 54% reported experiencing pain or discomfort at the time of the survey, with 86% of those experienced chronic pain.

Spain reports an increasing prevalence of cardiovascular risk factors, with chronic diseases such as high blood pressure (19.8%), high cholesterol (17.9%), obesity (17.4%) and diabetes (7.8%) increasing over time.

Health illnesses prevalence by Gender

The 2021 results show that anxiety is most prevalent and higher among women (41%) than men (22%). In the UK, in 2019, the prevalence of longstanding illness was higher among women (45%) than men (40%). Guernsey reported a higher prevalence in men (46%) than women (43%). The UK also reports prevalence of acute sickness (affecting tasks in the last two weeks and including longstanding illness) has been consistently lower in men than women. In 2019, 13% of men and 19% of women reported acute sickness, an increase over time in both groups.

Figure 9: Prevalence of anxiety by Gender



Spain reports no major differences between men and women in longstanding illness, however reports a significant difference in SES, 12% difference between SES with women mostly affected. The survey reports high cholesterol prevalence has doubled between 1993 (8.2%) and 2017 (17.9%), with a negligible difference between men and women, with a steadier increase seen in women. The report does report a 6% difference amongst SES in Spain.

In the UK, self-reported prevalence of diabetes from the 2021 survey was 9.8% (11.5% including undiagnosed diabetes) for men and 10.4% in women. In 2019, the prevalence of diabetes was higher in men (9%) than women (6%). Prevalence also increased with age, from 1% of adults aged under 35 to 17% of adults aged 75 and over. The largest rise has been among adults aged 65 and over. Among

adults aged 65 to 74 years, the proportion of diabetes increased by 11% percentage points from 5% in 1994 to 16% in 2019, with a similar increase among those aged 75 and over.

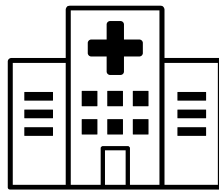
In Spain, the prevalence of diabetes has almost doubled between 1993 (4.1%) and 2017 (7.8%). The increase is predominantly seen in men 55 and over and in women 75 and over. People in lower SES were reported to be twice as likely (9.4%) to have diabetes than those of the high SES (4.3%). These differences mainly observed in women (6%) than in men (2-3%).

Work and health

The average (mean) number of days people reported having missed in the last three months due to ill health was 2.3, ranging from 0 to 90. Approximately 23% of those working took time off due to being unwell with Covid, with an average of 14.1 days being taken off.

Healthcare use and experience

Overall, people in Gibraltar rated the health services generally well. The median average scores out of 10 (with 10 being the highest, 0 being the lowest) were 8 for primary care and 8 for secondary care services. Private health care in Gibraltar was rated slightly higher by those who had used it, with an average score of 9.



Median score

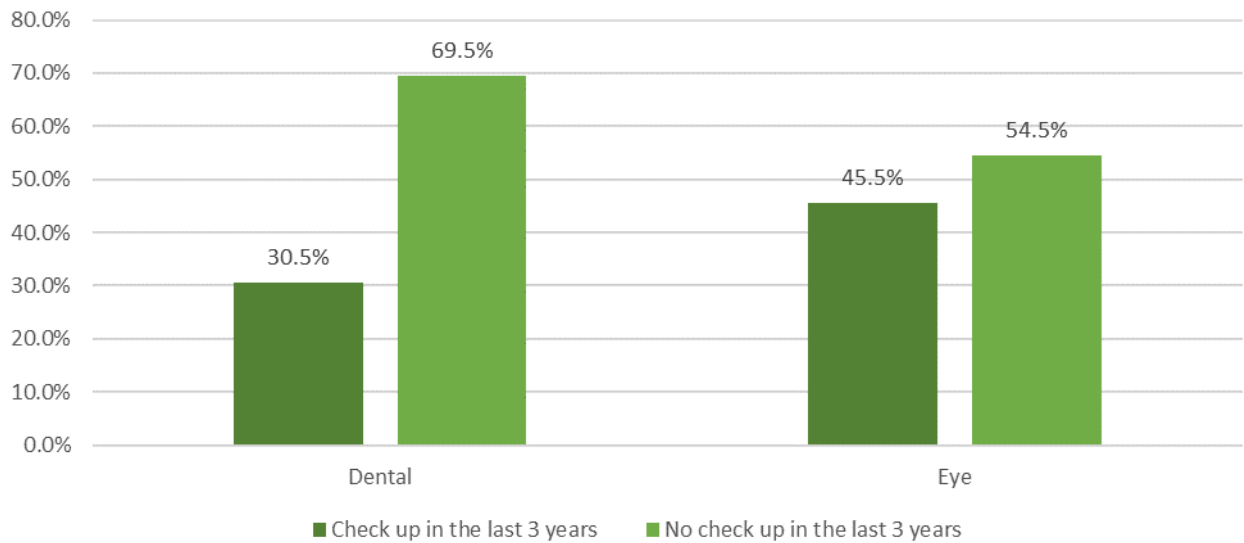
8/10 – Primary Care

8/10 - Secondary Care

9/10 – Private Care

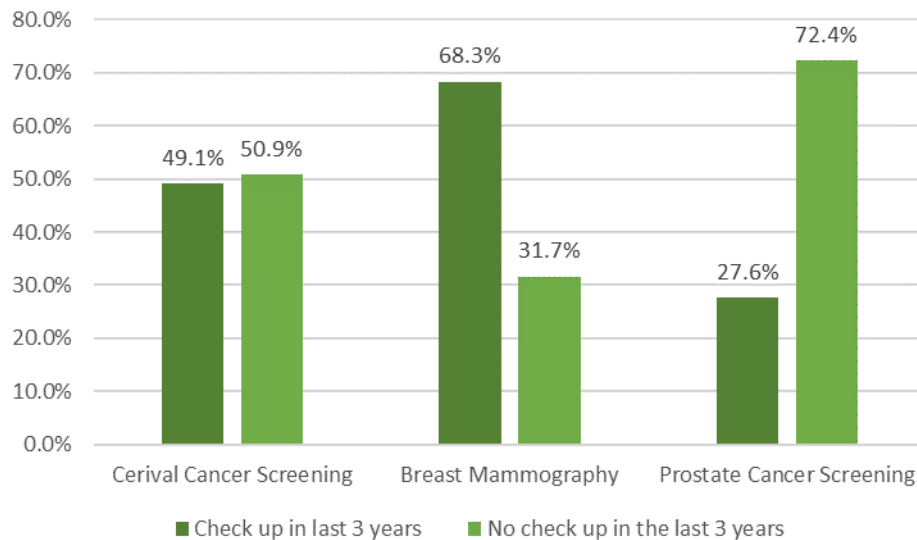
The results show that in the last three years 30.5% of people have not had a dental check-up and 45.5% have not had an eye check-up.

Figure 10: Dental and eye check up in the last 3 years



The results also show that only 49.1% of eligible women (aged 25 to 64) were screened for cervical cancer in the last 3 years. This figure falls to 21.6% in the past year. Similarly, 68.3% of women (aged 40-70) were screened for breast cancer, with 39.2% screened in the past year.

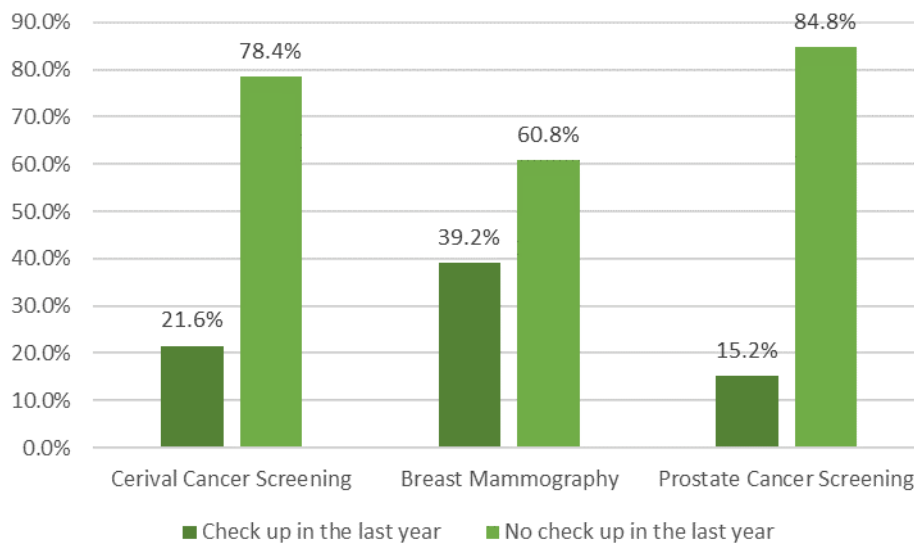
Figure 11: Cervical cancer, breast mammography and prostate cancer check up in the last 3 years



In comparison, 27.6% of men (aged 50 and over) were screened for prostate cancer in the past 3 years, with 15.2% being screened in the past year. Recent data from the UK has found that 35% of people in the UK have postponed seeking medical advice or treatment unrelated to Covid.⁶

⁶ kings 2020 study based on 2254 interviews aged 16-75 may 2020: <https://www.kcl.ac.uk/news/nearly-a-third-of-uk-public-drinking-more-alcohol-than-usual-during-the-pandemic>

Figure 12: Cervical cancer, breast mammography and prostate cancer check up in the last year



Living conditions

It is estimated that at least 14% of participants currently live in overcrowded conditions, as defined by the UK government.⁷ However, as the survey did not record the genders or ages of participants and thus it is not possible to determine the true extent of overcrowding from the available data.

The UK government defines overcrowding as one which has fewer bedrooms than required, with one bedroom needed by: a married or cohabiting couple; a person aged over 21; 2 children of the same sex aged 10 – 20 years old; 2 children of any sex aged under 10 years old.⁸

Obesity

Obesity is associated with reduced life expectancy, and is well established as a risk factor for a range of diseases including diabetes mellitus type 2, cardiovascular disease, many cancers, liver disease, respiratory diseases and a range of mental health disorders. A study published in the Lancet found that in 2017 4.7 million people globally died prematurely due to obesity. This is four times the number of people that died in road accidents and almost five times the number that died from HIV/AIDS that year.

According to the WHO, worldwide obesity has nearly tripled since 1975. Amongst European Union countries, WHO data estimates that 22.9% of people are obese⁹ and 59.3% are overweight¹⁰, ranging

⁷ <https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest>

⁸ <https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest>

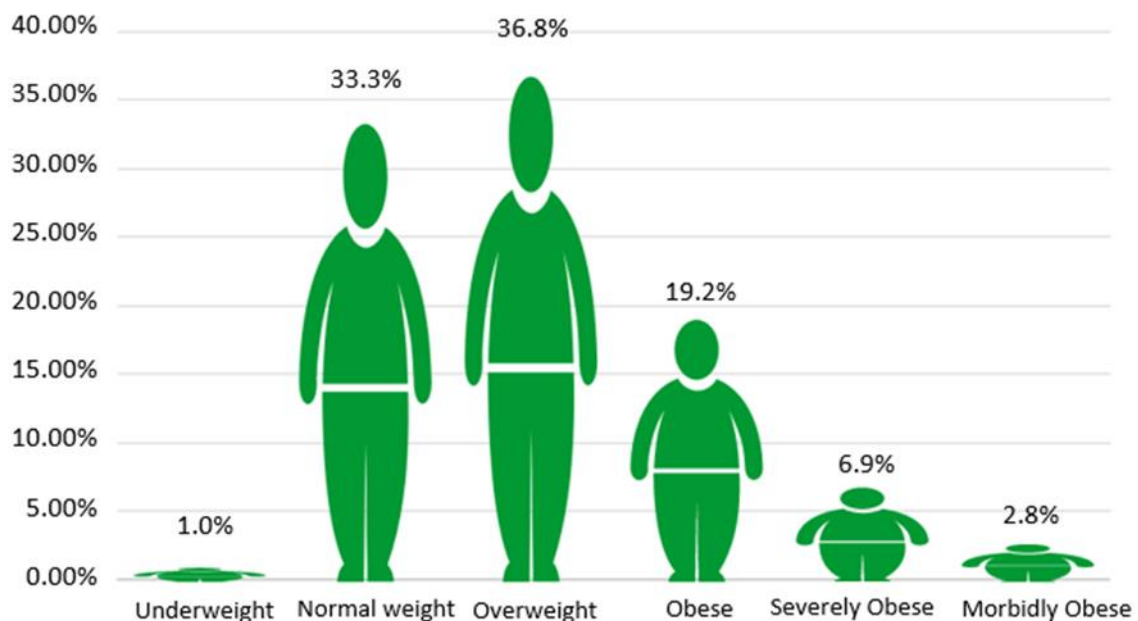
⁹ https://gateway.euro.who.int/en/indicators/h2020_9-obesity/

¹⁰ https://gateway.euro.who.int/en/indicators/h2020_6-overweight/

from 14.2% to 32.1% and 45.3% to 66.8%, respectively. Recent data from the UK found that around two-thirds of adults are above a healthy weight (67% of men and 60% of women).¹¹ Of these, half are obese.

Overall the survey results show that 28.8% of participants are obese and 65.6% are overweight, measured as those with a body mass index (BMI) equal to or greater than 30.0kg/m², and 25.0 kg/m², respectively.¹²

Figure 13: Overall obesity levels



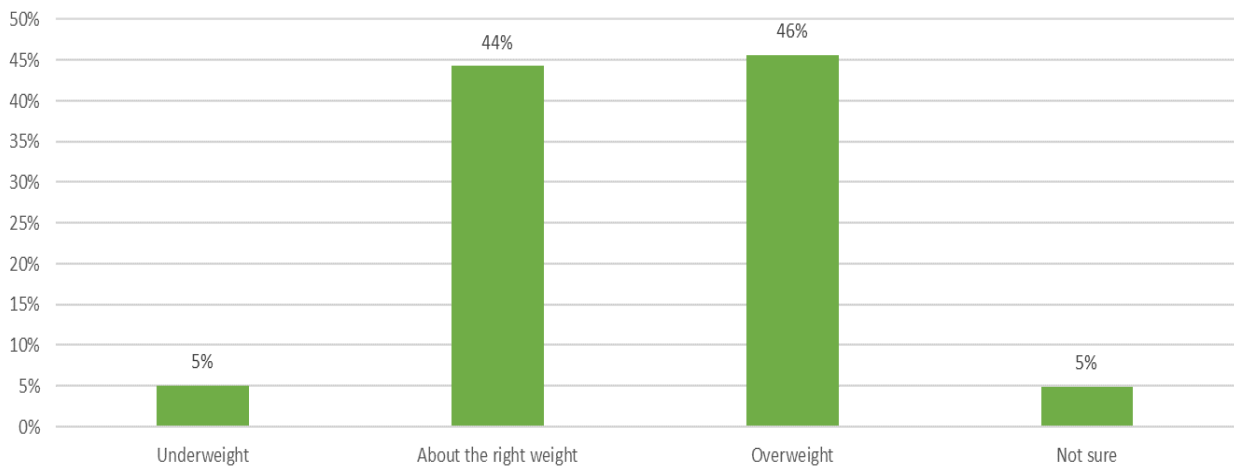
The true levels of obesity may be higher as it is well known that self-reporting often leads to underestimation of weight and overestimation of height. In 2015, 41% reported themselves to be in the normal BMI range, 35% overweight and 24% obese (none were underweight). Both of these figures are significantly lower than those for Gibraltar suggesting that significantly more people are overweight and obese in 2021 compared to 2015. The average BMI in 2015 was 28kg/m² for men and women 27kg/m².

The results show that 44.3% of participants felt they were “about the right weight for their height” and 45.7% believed themselves to be overweight compared to the 2015 survey where these were 50% and 37%, respectively. These results show that many Gibraltar respondents felt they were the right weight for their height even though they were actually overweight or even obese

¹¹ <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020/part-3-adult-obesity-copy>

¹² <https://www.who.int/westernpacific/health-topics/obesity>

Figure 14: Overall weight perception



The survey results did not find obesity to be linked with measures of deprivation such as overcrowding, low household income, education or employment.

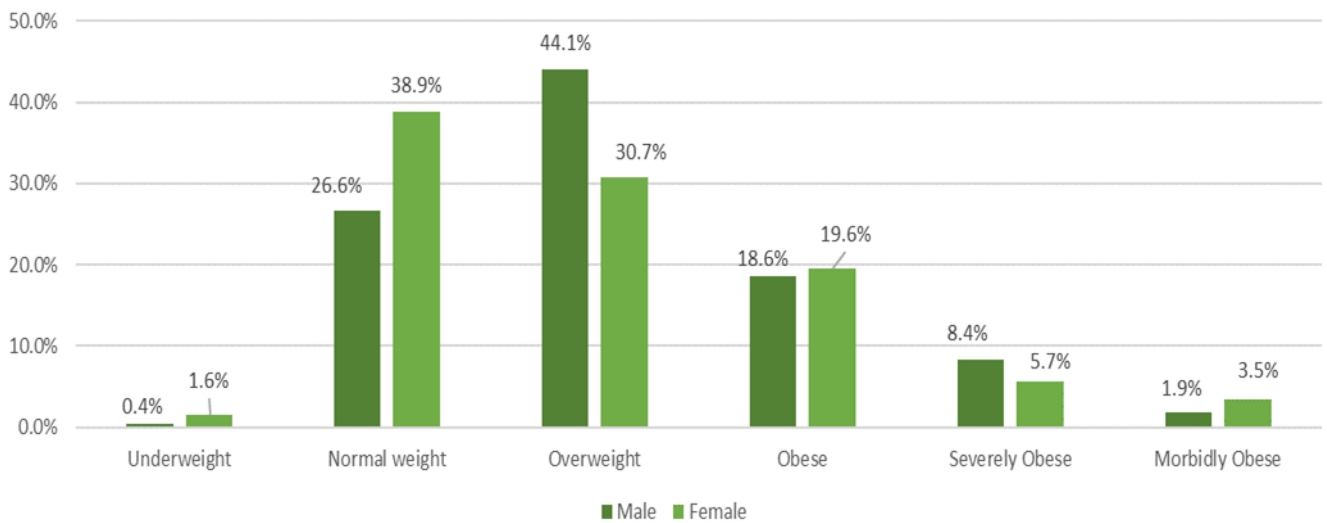
The survey results from UK reports among adults 16 and over, 68% of men and 60% of women were overweight or obese. There is also evidence from the UK that obesity is highest amongst the most deprived groups in society. Amongst survey participants in Gibraltar, obesity was not found to be associated with measures of deprivation such as overcrowding or low household income.

There is an increasing body of evidence suggesting that being overweight or obese is associated with greater severity of symptoms, hospitalisation, admission to Intensive Care Units, and death due to Covid. With increasing BMI, these risks progressively rise even when adjusting for potential confounders.

Prevalence of obesity by Gender

The survey results show that 44.1% of males are overweight compared to 30.7% of females. The results also show that more men are severely obese (8.4%) compared to women (5.7%). There is however similar proportion of obese females (19.6%) compared to males (18.6%). Although there is a higher number of women respondents who are morbidly obese (3.5%) compared to men (1.9%).

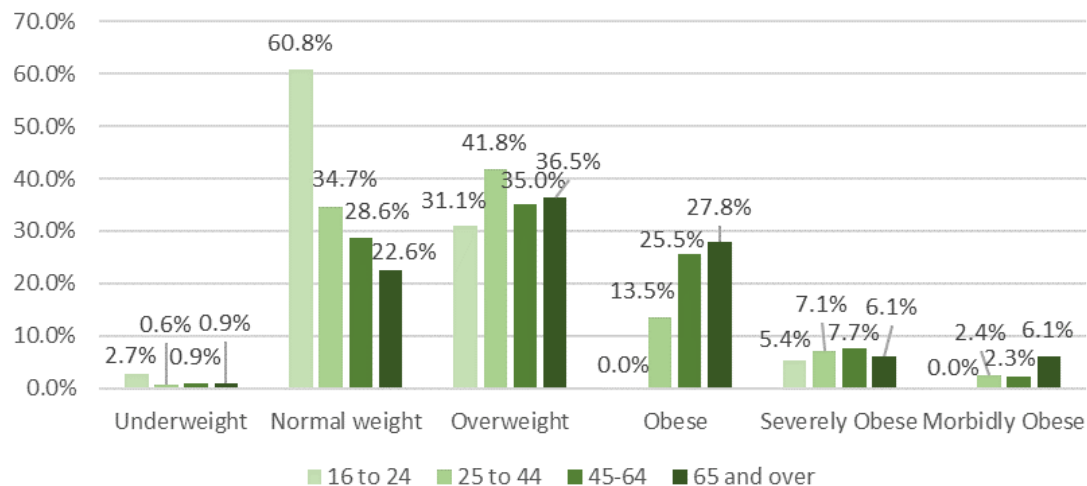
Figure 15: Prevalence of Obesity by Gender



Prevalence of obesity by Age

The results show those between the ages of 25-44 to be the most overweight (41.8%) followed by those 65 and over (36.5%) and 45-64 (35%). Participants between the ages of 16-24 maintain normal weight (60.8%), are the least overweight (31.1%) and do not appear to be obese, or morbidly obese. This age group has the lowest levels of severely obese (5.4%) compared to all other age groups, with those between the ages of 45-64 having the highest levels at 7.7% closely followed by those 25-44 (7.1%). Participants over the age of 65 are most likely to be morbidly obese, with the same rate (6.1%) also being severely obese.

Figure 16: Prevalence of Obesity by Age



Key facts on Mental and Emotional Health



4.5% of adults often or always feel lonely



7% of adults feel isolated



1 in 3 adults reported anxiety



1 in 10 adults reported depression



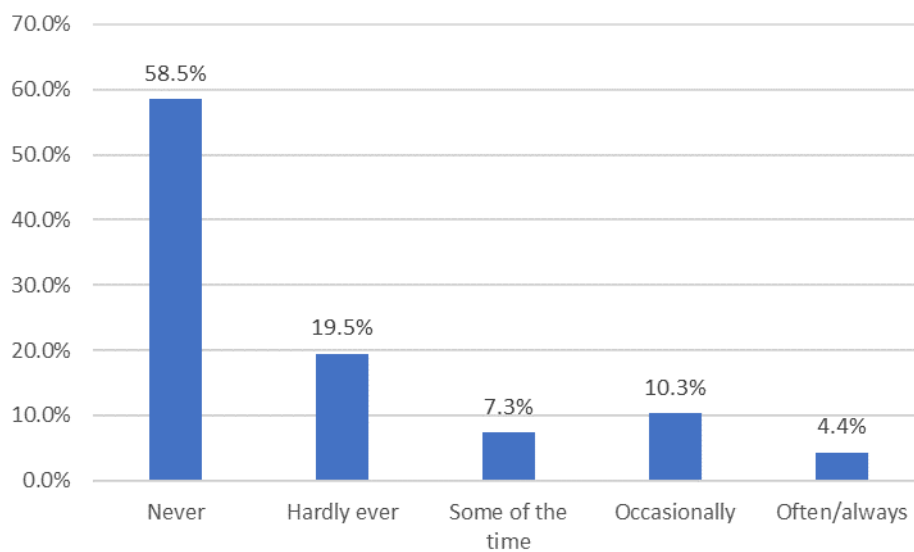
2 in 3 adults who gamble everyday reported feeling depressed.

3.3 Mental Health

Loneliness

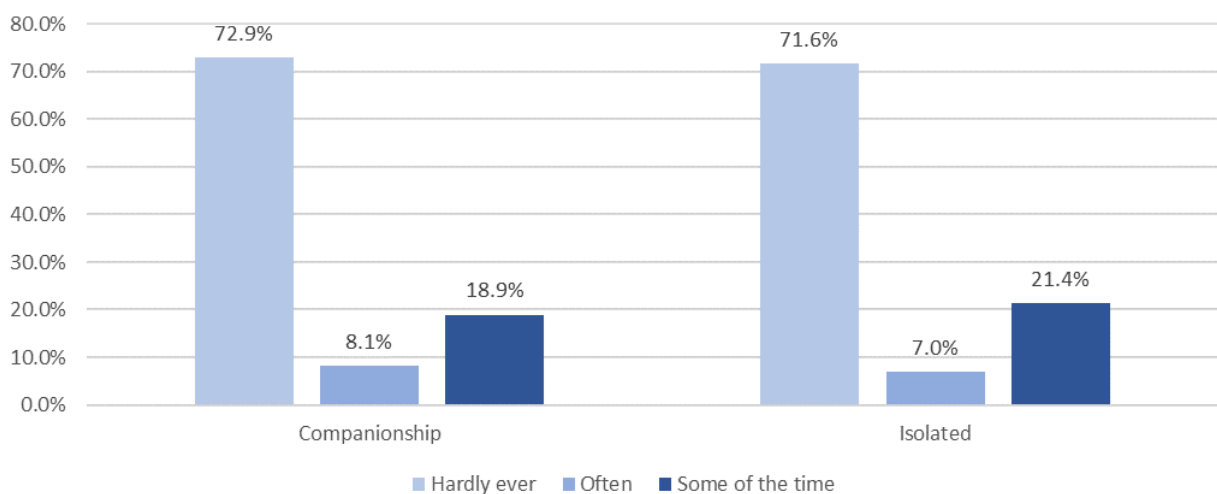
The H&L survey found that 4.4% of participants classified themselves as 'Often' or 'Always' lonely. 8.1% said that they feel they lack companionship and 7% said they often felt isolated from others. Loneliness was found to be significantly associated with a range of health conditions, including anxiety, arthritis, asthma, chronic back pain, depression, diabetes and insomnia.

Figure 17: Feeling of loneliness



The health impacts of loneliness are comparable to other factors such as physical inactivity, obesity, substance use, injury and violence and lack of access to healthcare, and estimates loneliness to increase likelihood of mortality by 26%. Social isolation – an objective condition described in relation to the number of notable interactions with others over a given time period - and living alone have been found to increase likelihood of mortality by 29% and 32%, respectively.

Figure 18: Feeling of isolation & lack of companionship



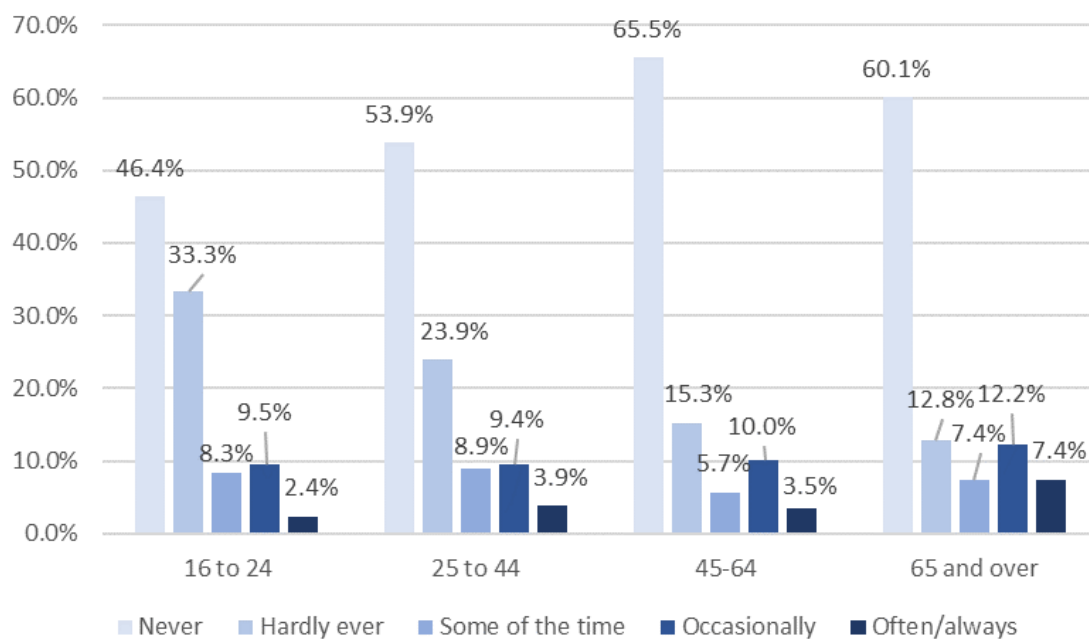
In Europe, around 7% of adults (approximately 30 million people) report frequently feeling lonely, and more than 7% report that they never meet up with friends or relatives, not even once per year. The highest levels of loneliness are found in Eastern and Southern Europe, with the lowest prevalence in Western and Northern countries.

Loneliness has been linked with many health conditions, such as cardiovascular disorders hypertension and high cholesterol. One recent study found that social isolation increases the risk of heart disease by 29%, and the risk of stroke by 32%.¹³ Mental health disorders including depression and anxiety are also well established to be worsened in severity by loneliness.¹⁴

Loneliness and Age

The survey results show that those aged 65+ were the loneliest group with 7.4% saying they were often or always lonely. This is in keeping with EU data that shows more than 1 in 10 people aged 65+ are lonely.¹⁴

Figure 19: Loneliness by age



Loneliness affects all age groups, but is a particular issue amongst older people. In two-thirds of European countries, more than 1 in 10 people aged 65 or over has no friends, or they never meet up with them. In older adults, loneliness is associated with decreased mental cognition, diabetes mellitus, migraines, CVD and suicidal ideation.

¹³ <https://heart.bmj.com/content/102/13/1009>

¹⁴ https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Main_Page#Social_isolation

Loneliness and Covid

The survey showed that 40% of people reported that their social and romantic relationships had worsened since Covid. A 2020 study in the UK found that 43% of people felt more lonely than usual as a result of the pandemic.

The pandemic has exacerbated feelings of loneliness for many people. For example, a 2020 study in the UK found that 43% of people felt more lonely than usual. In Gibraltar, 39% of people reported that their social and romantic relationships had worsened since Covid.

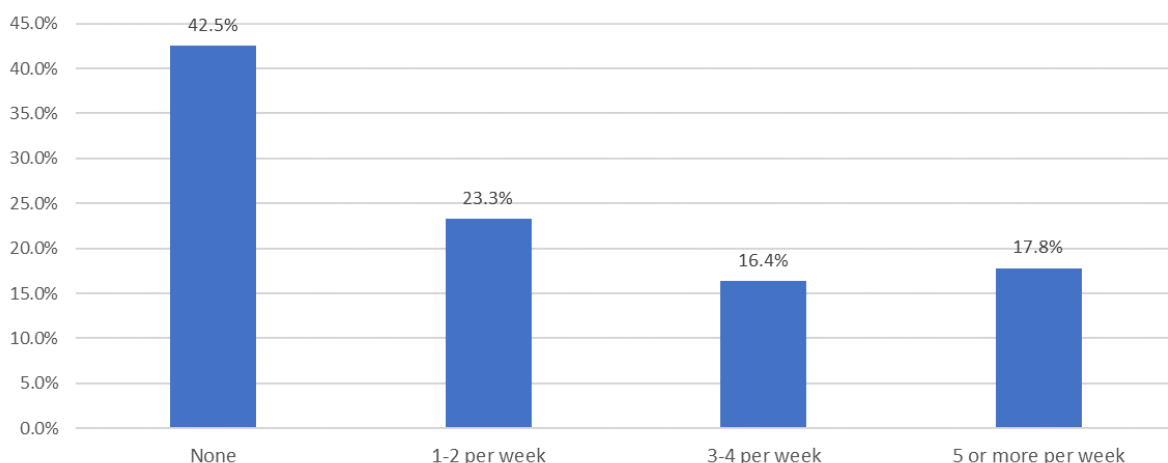
Social support can be protective against some of the effects of loneliness during the pandemic. A UK study on social relationships and depression during Covid found that those with perceived social support scored 1.8 points lower on the Patient Health Questionnaire-9 (PHQ-9), which measures levels of depression, than those with low levels of support.¹⁵ Daily face-to-face or phone/video contacts were associated with lower depressive symptoms, however this had a much smaller effect.

Loneliness and Physical activity

Physical activity leads to a range of health benefits, and is well established as one of the best ways to prevent ill-health and prolong years of healthy life. Most international guidelines recommend 150 minutes per week of moderate to vigorous intensity physical activity, however even small amounts of physical activity can generate a marked improvement in health. However, many people struggle to incorporate physical activity and exercise into their daily routine.

42.5% of people who do not exercise for more than 20 minutes a week feel lonely sometimes or often/always compared to only 16.4% of people who exercise 3-4 times per week.

Figure 20: Frequency of exercise of those people who feel lonely sometimes or often/always

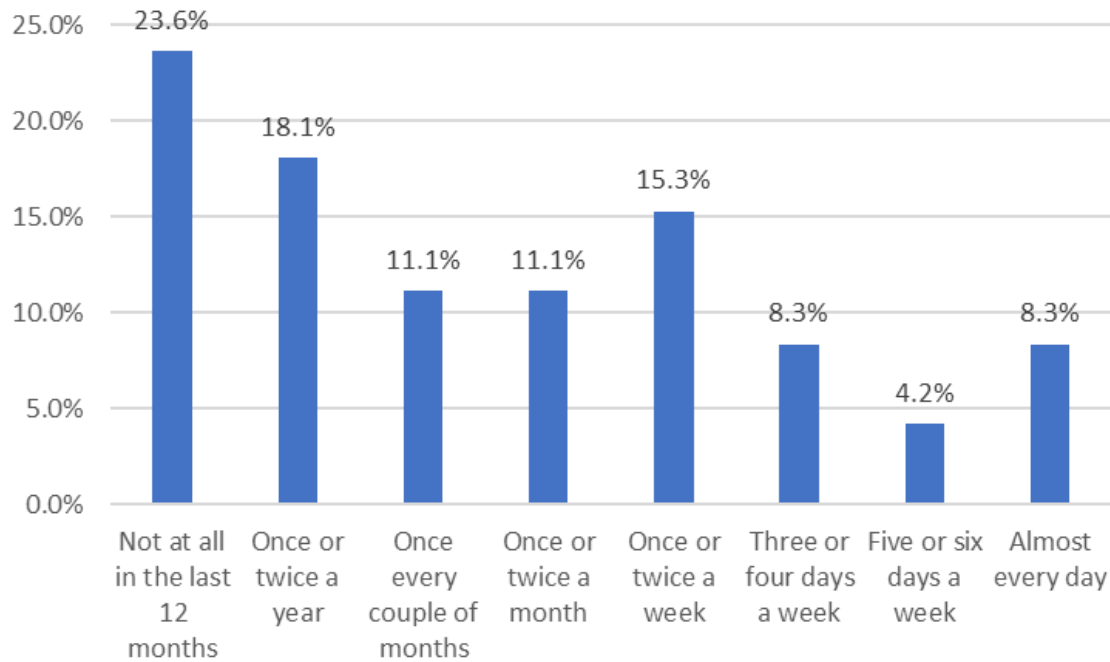


¹⁵ <https://pubmed.ncbi.nlm.nih.gov/33436126/>

Loneliness and Drinking

12.5% of people who feel lonely sometimes or often/always drank alcohol drinks 5 or more days per week compared to 23.6% who have not drunk at all in the last 12 months.

Figure 21: Frequency of drinking of alcohol drinks of those people who feel lonely sometimes or often/always



Anxiety & depression

The most commonly health issue amongst participants was anxiety, with 32.5% self-reporting the condition. The prevalence of depression was lower, at 12.5%. While the question used to obtain this information is not a validated clinical tool, it is nevertheless concerning that a high proportion of people believe themselves to be suffering from these conditions.

Key facts on Physical Health



47.1% of adults do little or no exercise
per week in their daily routine



82% of adults do not eat at least 5 portions
of fruit and vegetables



23.5% of adults currently smoke
3% use e-cigarettes or vape



1 in 3 of adults drink one or more alcoholic
drinks per week and **3.5%** drink 6 alcoholic
drinks more than 3 times per week



6% of adults gamble at least once
every week

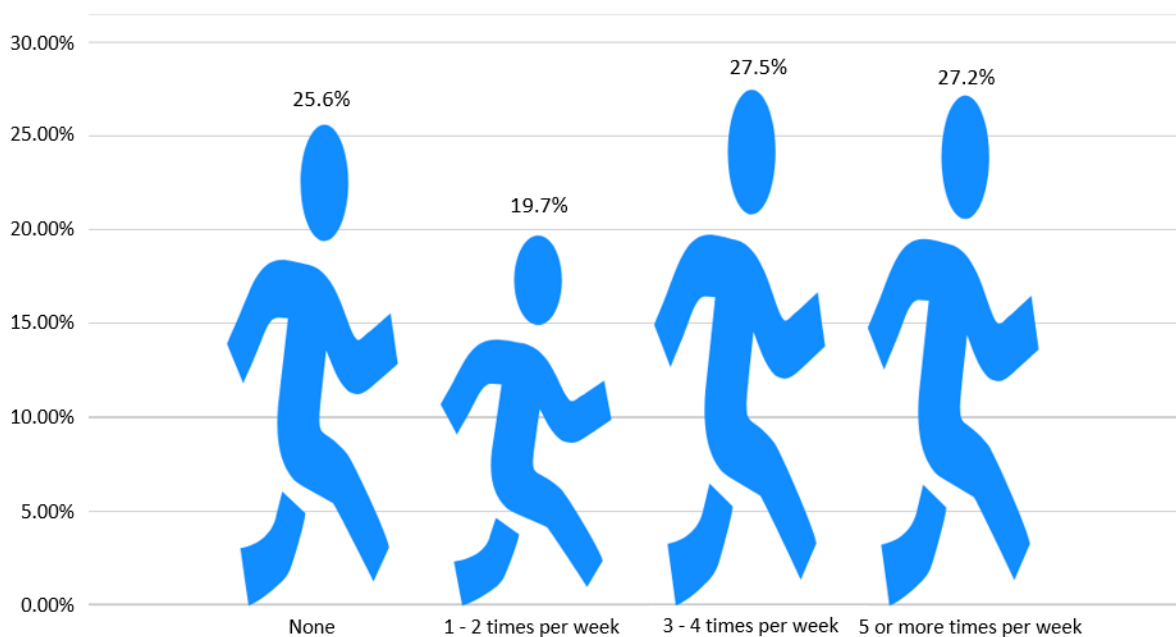
3.4 Lifestyle and health behaviours

Physical Activity

The survey results show that 47.1% of participants do little or no physical activity during their daily routine. 50.4% of respondents say that they walk to work and only 2.2% cycle. This is a concern given the known benefits particularly in disease prevention, life expectancy, mental health and quality of life associated with physical activity.¹⁶

The results also show that over 50% of participants exercise for 30 minutes or longer '3-4 times per week' (27.5%) and '5 or more times per week' (27.2%).

Figure 22: Weekly frequency of exercise of at least 30 minutes



As a result of the COVID-19 pandemic: 46.8% of participants said that the amount of time they spend watching tv or movies has increased during Covid with only 8.8% reporting a reduction. A further 21.5% of participants say that the amount of exercise they do has increased with 31.3% saying they do less exercise since Covid.

See table 21 - 24 for more results.

¹⁶ <https://pubmed.ncbi.nlm.nih.gov/24010994/>

Figure 23: Amount of exercise in daily routine (not including exercise outside of work)

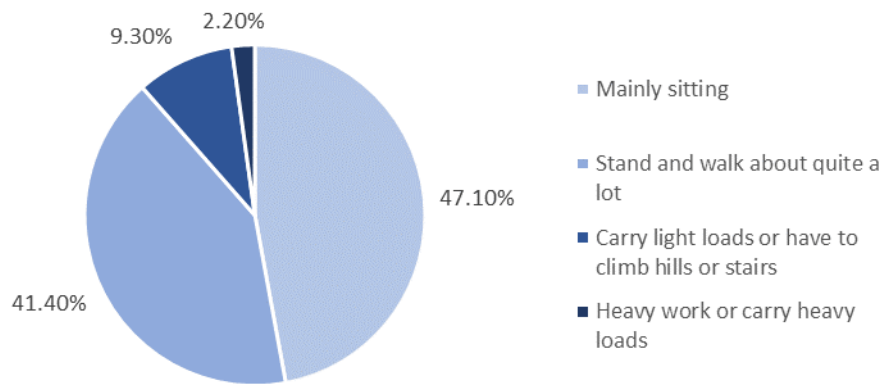


Figure 24: Hours sitting watching TV, movies, gaming or using the internet

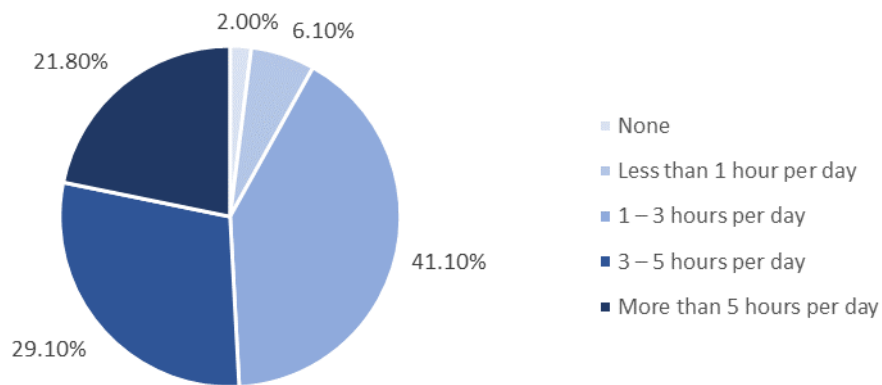


Figure 25: Mode of transport to work

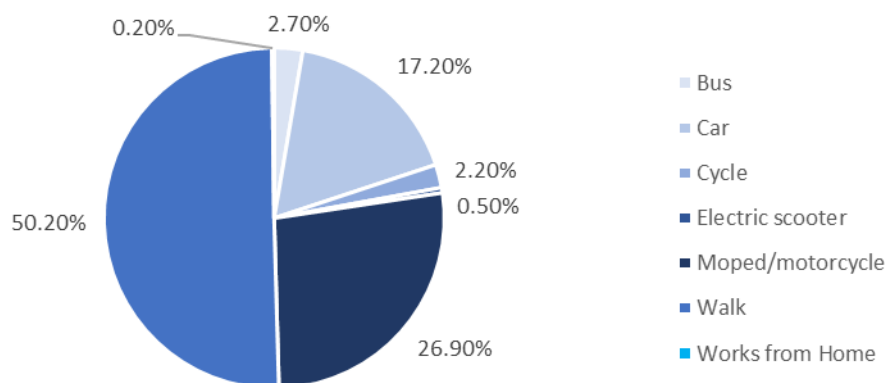
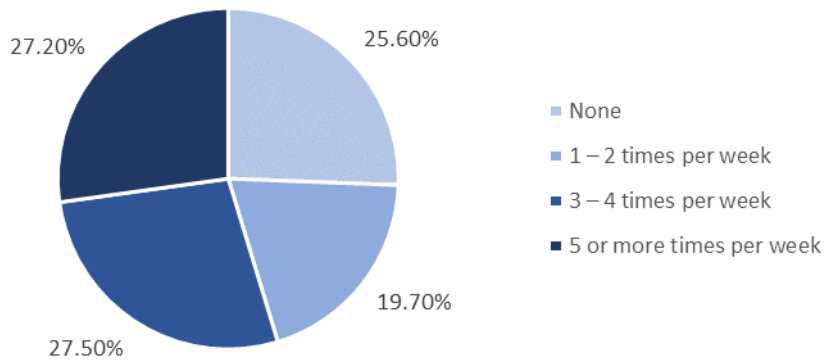


Figure 26: Exercise for 20 minutes or longer – times per week



Diet

The survey results show an average (median) rating of 7 out of 10 for participants current diet with 16.3% reporting a 9 or 10 and 5% reporting 4 or less. The results also show that majority of participants eat 3 or less portions of fruit and vegetables per day, significantly lower than the 5 recommended portions reported in 2015. The participants also report a median of 2 sweet and chocolates and no fizzy drink consumption per week. Overall, the results in this section did not reflect what is generally observed in the healthcare setting in Gibraltar.

Additionally, self-reported diet was not significantly related to BMI, although how healthy people thought their diet is was significantly associated with BMI, with healthier diets being associated with lower BMI.

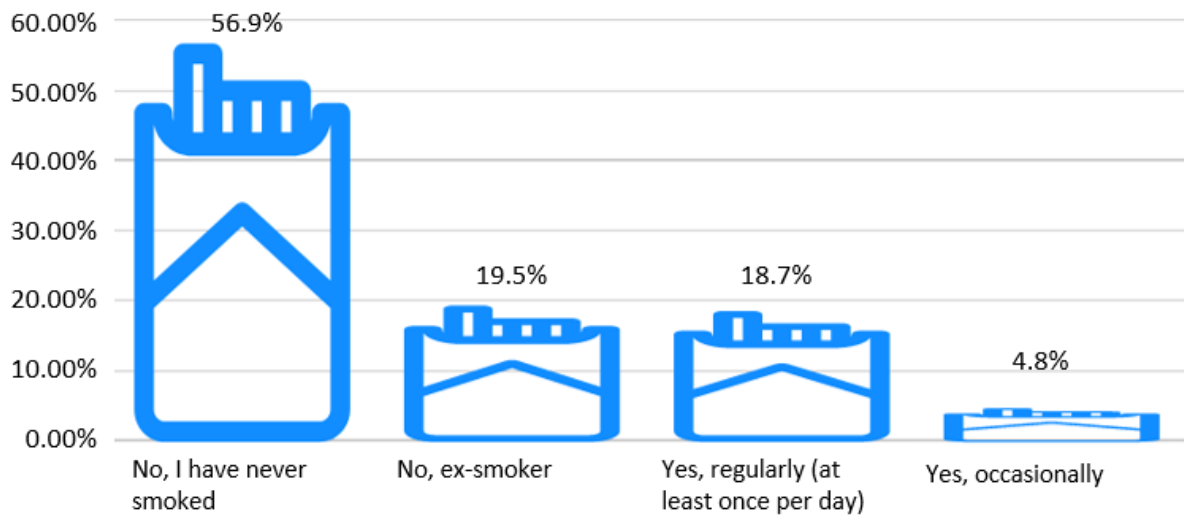


82% eat less than 5 portions of fruit and vegetables each day

Smoking

The results show that 23.6% currently smoke with 18.7% smoking regularly. This prevalence is significantly lower than expected, with the number of ex-smokers also being high at 19.5%. However, the figure is still significantly higher than in the UK. Nearly 57% (56.9%) of people say that they have never smoked. In comparison, the 2015 survey results showed a significantly higher percentage of 35% (40% of men and 29% of women) to be current smokers.

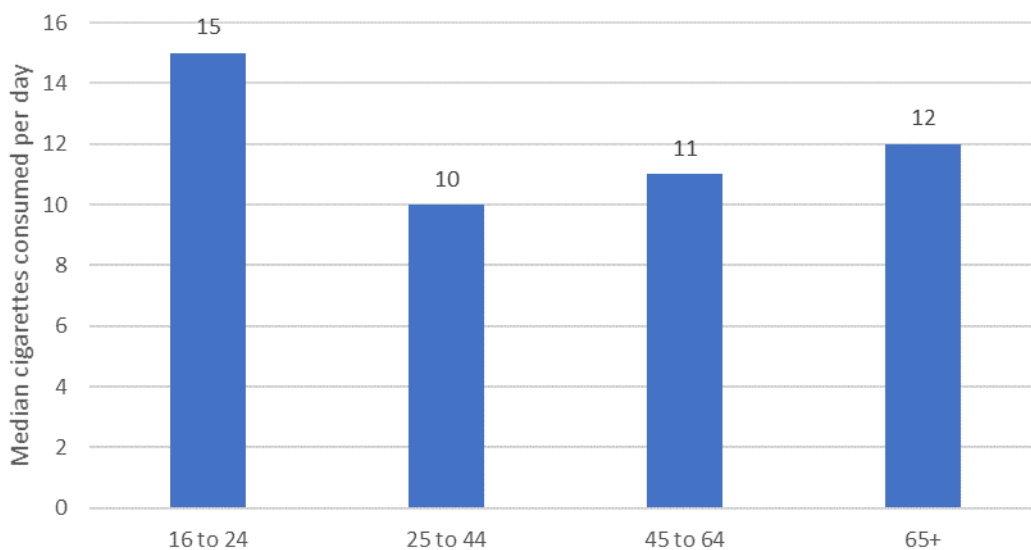
Figure 27: Smoking habits in Gibraltar



Smoking frequency

The survey results show smokers consume a median of 11 cigarettes or roll-ups per day (15 for men and 10 for women), a decrease from 2015, when the average number of cigarettes per day was 15 (17 for men and 12 for women). The highest median consumption in 2021 was in the 16 – 24 age group (15 cigarettes per day), with the highest consumption in 2015 being in the 45 – 64 age group (18 cigarettes per day on average). This may seem surprising, but looking at mean consumption shows mean consumption increasing over every age band with the highest mean being in the 65+ category. This suggests that there is a wider range of cigarettes being smoked in older age groups, with a maximum number of 20 being consumed in 16 to 24s, 30 in 25 to 44s and 40 in 45-64s and those aged over 65.

Figure 28: Median number of cigarettes or roll-ups consumed per day

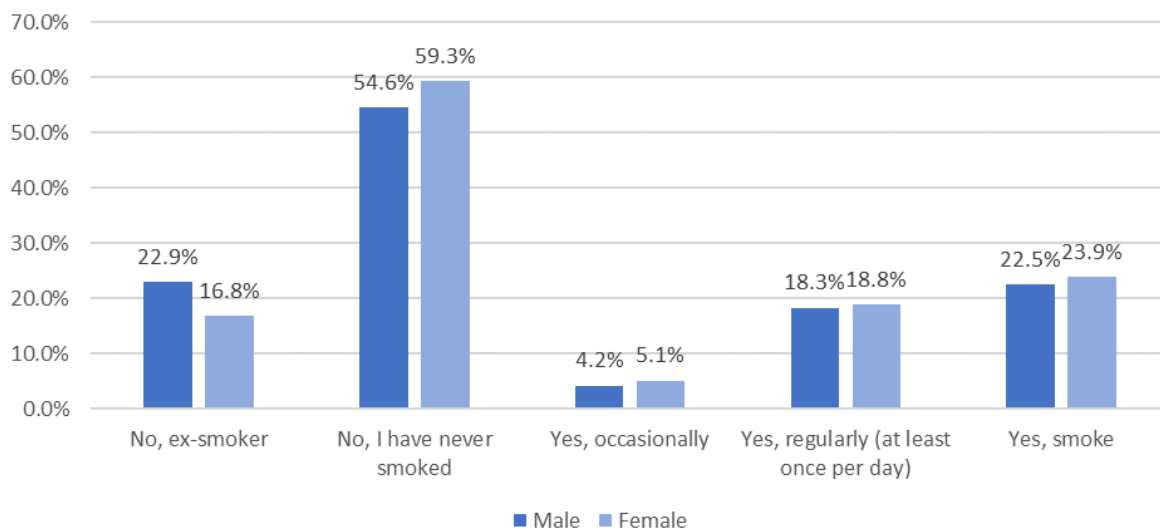


In the UK, in 2019 cigarette smoking among adults has been shown to decline down to 16%, the proportion of adults who have never regularly smoked increased to 60% and more men (18%) than women (15%) reported that they currently smoked. In addition, 6% of all adults were defined as current e-cigarette users. As with cigarette smoking, men were more likely to be current e-cigarette users (7% of men and 5% of women).

Smoking and gender

The survey results show that 22.5% of men and 23.5% of women are smokers. This is significantly different to global statistics which report more than one-third (35%) of men smoke, compared with just 6% of women.

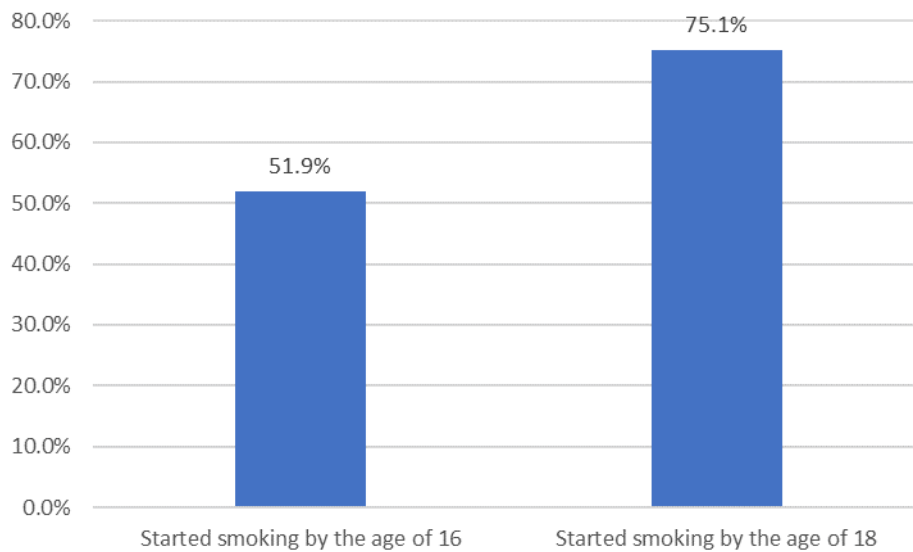
Figure 29: Smoking by gender



Smoking and starting age

The survey results show that 51.9% of current and ex-smokers started smoking younger than 17, and 75.1% younger than 19. In comparison, in 2015, amongst ex-smokers nearly two-thirds started smoking younger than 17, and 26% started smoking from age 18+. Women started smoking slightly younger; on average at 16 compared with 18 for men. This is similar to the age of 16 for both men and women found in the 2021 survey. In 2017, more than half of those who died prematurely due to smoking were aged above 70 years old, and 93% were older than 50.

Figure 30: Smoking by starting age

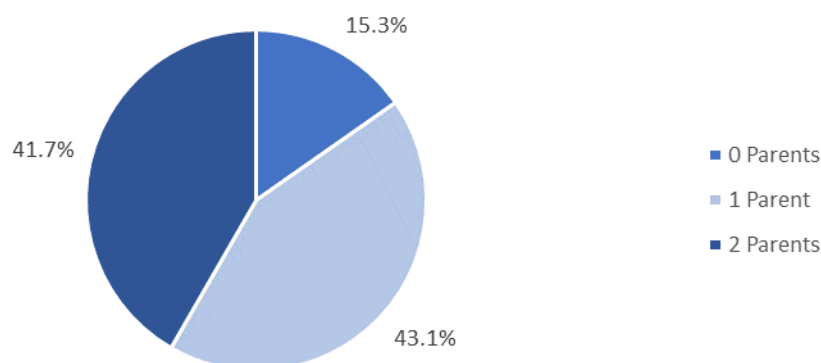


Smoking and inequality

The survey results show that 26.5% of the unemployed participants report that they smoke compared with 28.3% of employed people. It is reported that an increase in household income decreases the likelihood of being a current smoker which is reflected in the survey results showing a lower prevalence of smoking in the higher income brackets.

The latest survey shows that 80.7% of current smokers had at least one parent who smoked, and 41.1% responded that one parent smoked. This is similar to what was found in the 2015 survey where 80% of current smokers said one or both parents smoked (78% in 2008) and 42% had one parent who smoked. Since the last survey, a ban on smoking in cars with children has been implemented (in March 2016).

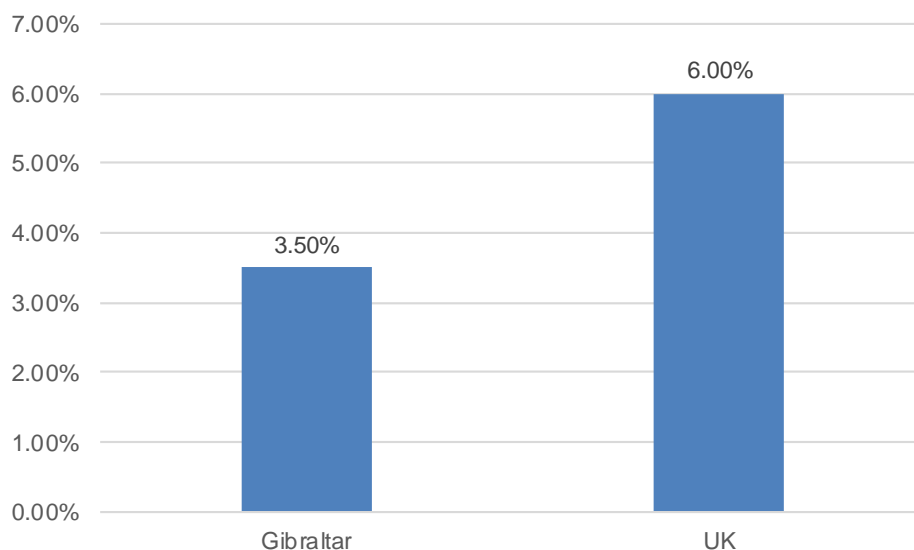
Figure 31: Parents who smoke



E-cigarettes

The results show that 3.5% of participants regularly use E-cigarette/vape. This is significantly lower than in the UK, where 6% of the population (7% of men and 5% of women) are regular users.

Figure 32: Percentage of people who regularly use E-cigarettes/vape



There is a general consensus that e-cigarettes are safer than using tobacco products, with some estimates suggesting that they are around 95% safer.¹⁷ However, the long-term effects are still unclear and there is emerging evidence that they can cause damage to the lungs, and irritate the eyes, throat and respiratory system.¹⁸

The survey also shows that less than 4% (3.8%) of smokers have changed from cigarettes to vaping devices.

Drinking

The survey results show that 3.7% of participants drink 6 standard alcoholic drinks, more than 3 times per week (equivalent to at least 18 units per week). 2% reported drinking 6 standard drinks at least 5 times per week (equivalent to at least 30 units per week). Alcohol guidelines in the UK recommend that both men and women should not regularly (defined as most weeks) drink more than 14 units a

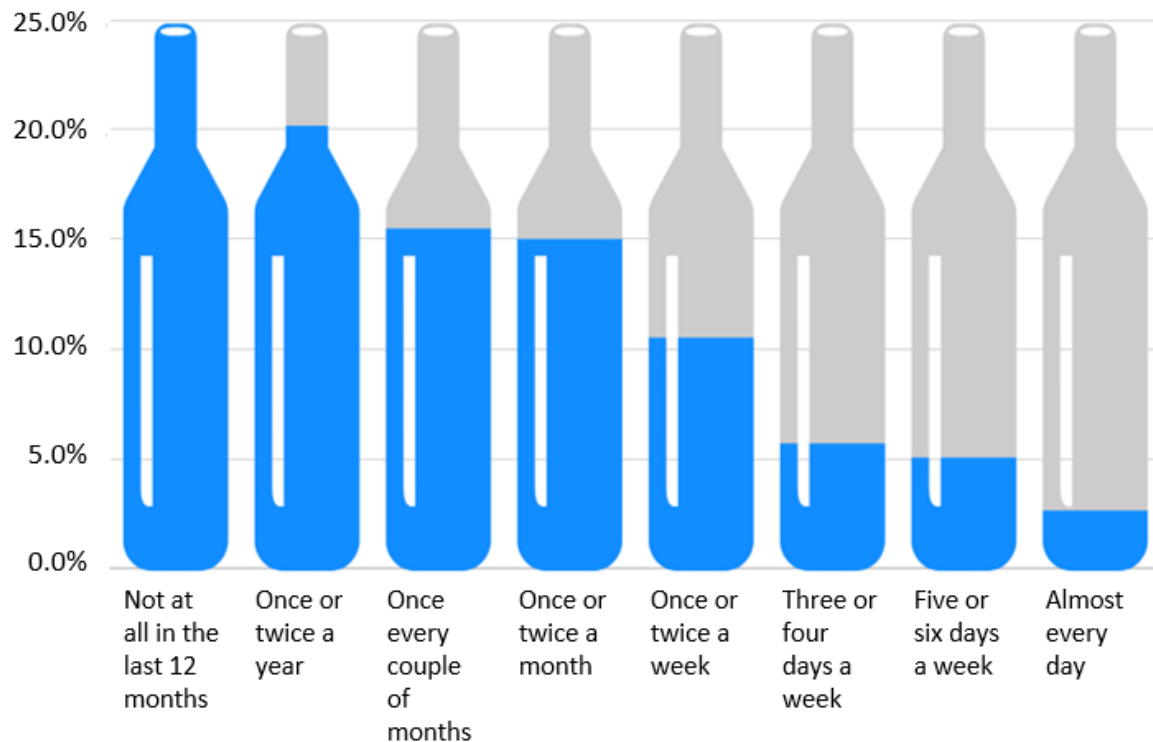
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www.gov.uk/government/uploads/system/uploads/attachment_data/file/457102/E-cigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England_FINAL.pdf

¹⁸ Vardavas CI, Anagnostopoulos N, Kougias M et al. *Short-term pulmonary effects of using an electronic cigarette: impact on respiratory flow resistance, impedance, and exhaled nitric oxide.* Chest 2012;**141**:1400-1406.

week, which is considered to be 'low risk' drinking. It is also advised that drinking is spread over three or more days.

Figure 33: Alcohol consumption in the last 12 months (6 alcoholic drinks or more)



The survey results also show that 75.1% reported drinking alcohol in the past year (82.2% men and 70% women) and 33.9% reported drinking at least once per week (44% men and 25.9% women, a significant difference).

In the UK, in 2019, 57% of adults drank at levels which put them at lower risk of alcohol-related harm, that is, 14 units or less in the last week. 53% of men and 62% of women drank at levels which put them at lower risk of alcohol-related harm. The proportion of participants who reported drinking on five or more days in the last week increased with age from 2% of 16 to 24 year olds to 18% of 55 to 74 years olds and 17% of adults aged 75 and over.

Covid and drinking



13.5% drink less alcohol than they did before Covid
10% drink more

The ongoing pandemic and lockdown has changed people's health behaviours in a variety of ways. 10.1% of participants report drinking more than usual due to Covid, and 13.3% reported drinking less;

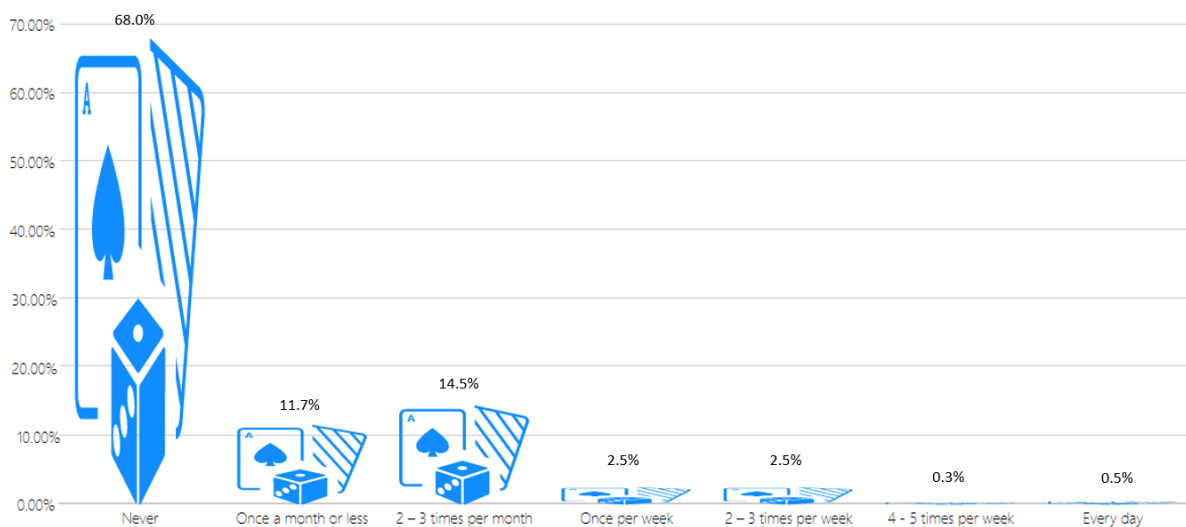
In contrast a study by Kings College London found that during the pandemic nearly a third of people (29%) reported drinking more alcohol than they normally would.¹⁹

Gambling

The 2021 H&L survey was the first that included a question about gambling. Results showed that the majority of participants do not regularly gamble, with 5.8% reporting gambling at least once per week. The results also show that 16.1% of occasional smokers gamble at least once per week. Regular smokers and ex-smokers reported much lower levels of regular gambling (5% and 6.5% respectively).

'Problem gambling' is associated with a range of physical and mental health conditions, as well as health-related behaviours such as smoking and drinking alcohol.

Figure 34: Gambling frequency



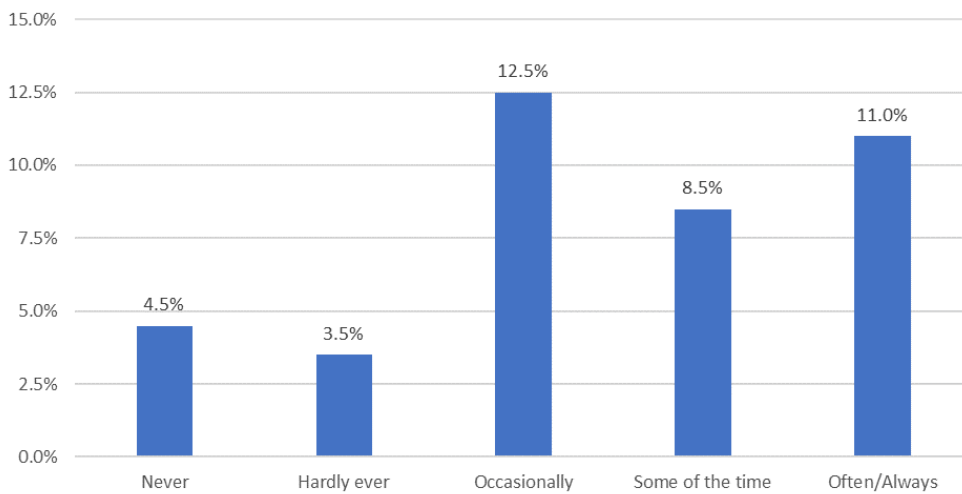
Gambling and Loneliness

The survey showed that 4.6% of respondents who are 'Never' lonely gamble at least once per week compared to 11.1% of respondents who are 'Often/Always' lonely. Interestingly, the highest proportion was for individuals who were 'Occasionally' lonely at 12.5%.

¹⁹ <https://www.kcl.ac.uk/news/nearly-a-third-of-uk-public-drinking-more-alcohol-than-usual-during-the-pandemic>

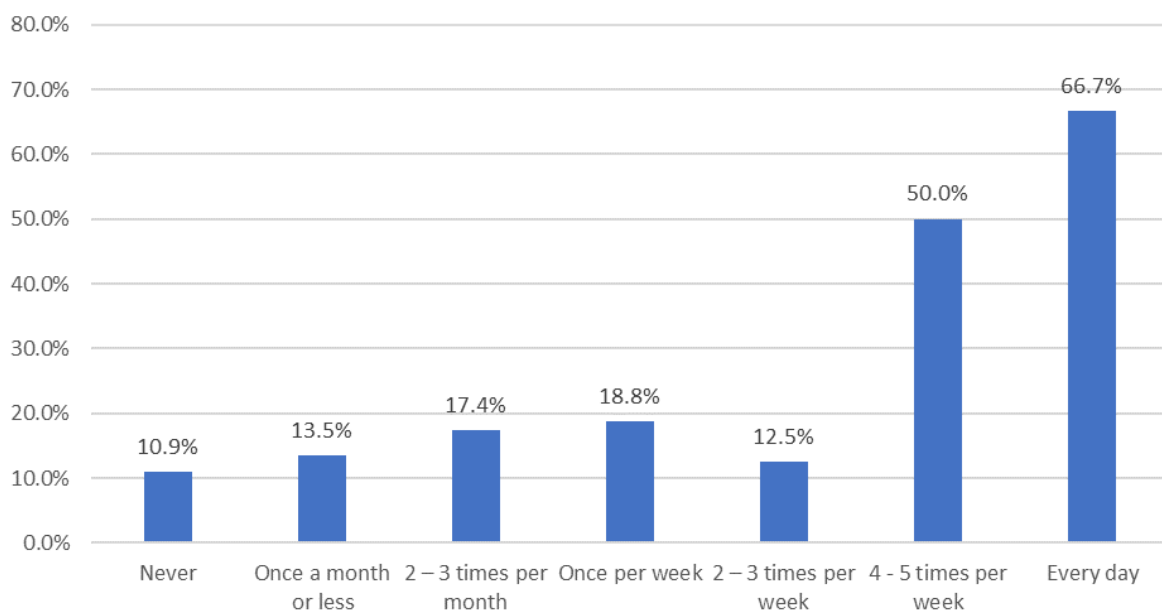
UK health survey 2019 (footnote 33 - <https://files.digital.nhs.uk/D4/93337C/HSE19-Adult-health-behaviours-rep.pdf>)

Figure 35: Prevalence of people who gamble once per week and feel lonely (gambling once per week)



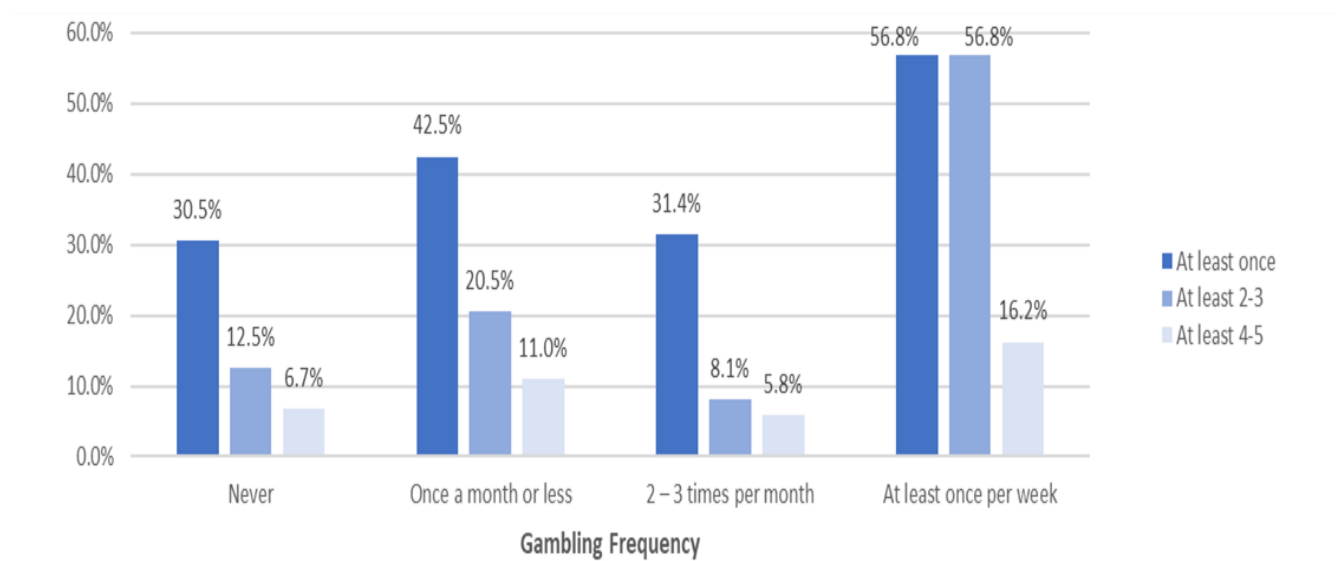
The survey results show that 10.9% of people who ‘Never’ gamble suffer from self-reported depression compared to a startling 66.7% who gamble ‘Every Day’ and 50% who gamble 4-5 times per week, a significant difference. Those who gamble once per week and those who gamble once per month or less, report similar results at 12.5% and 13.5% respectively.

Figure 36: Prevalence of people who feel depressed and their gambling frequency



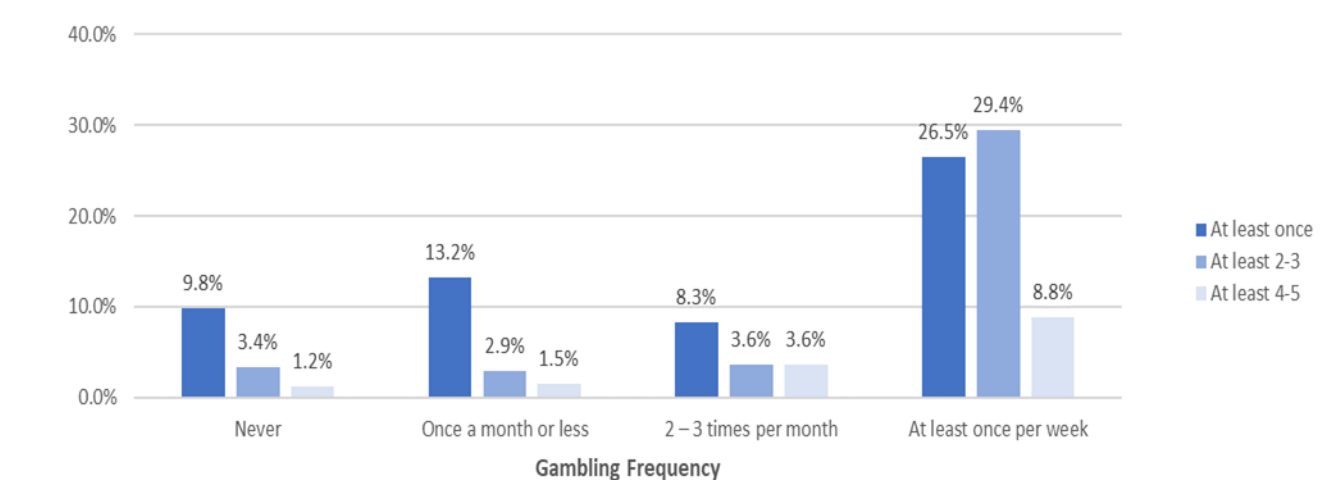
The survey showed that 30.5% of people who ‘Never’ gamble drink at least once per week, with 12.5% ‘At least 3-4 times per week’ and 6.7% ‘Five or more days per week’. A higher number of 56.8% is recorded for participants who gamble ‘At least once per week’, 24.3% who reported to drink at least 3-4 times’ per week, and 16.2% ‘five or more’.

Figure 37: Gambling and drinking (per week)



The survey results show that 9.8% of people who 'Never' gamble drink 6 standard drinks 'At least once per week', 3.4% 'At least 2-3 times per week' and 1.2% 'At least 4-5 times per week'. 26.5% of participants who gamble regularly, 'At least once per week', were shown to drink 'At least once per week', with a higher number of participants 29.4% drinking 6 standard drinks 'At least 3 – 4 times per week'.

Figure 38: Gambling and drinking (6 alcoholic drinks per week)

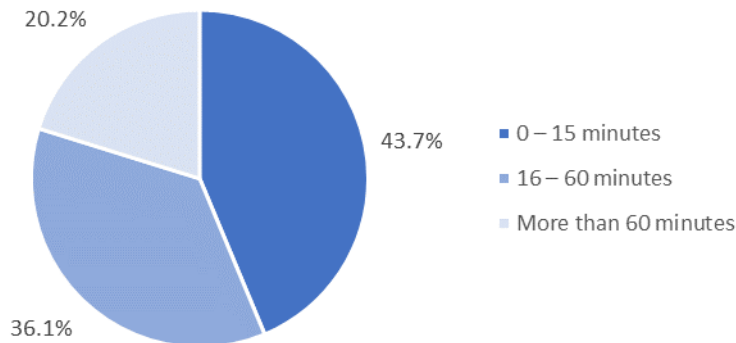


Sleep

The National Sleep Foundation suggests 7–9 hours of sleep per night for adults (18–64) and 7–8 h for older adults (65+). A good sleeping routine is linked with good brain function and structure, and related to good well-being, mental, and physical health.

The survey reports that 20.2% of participants took more than 60 minutes to fall asleep, with the majority of participants 43.7% reporting falling asleep only after 15 minutes or less. However, 31.8% of participants said that their sleep had worsened over the last year due to Covid. In contrast, only 5.1% said their sleep had improved.

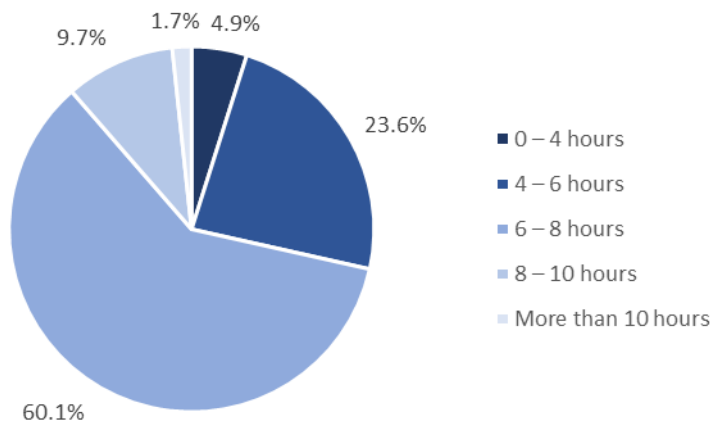
Figure 39: Length of time to fall asleep



Sleep loss is associated with cognitive impairment and poor physical health, with regular poor sleep putting you at risk of serious medical conditions such as obesity, heart disease and diabetes. Poor sleep is also linked to a weakened immune system and mental health problems such as anxiety and depression. Evidence shows that poor sleep over a long period can shorten your life expectancy.

In March 2020, the Mental Health Foundation nearly half (48%) of adults and two-thirds of teenagers (66%) agreed that sleeping badly has a negative effect on their mental health. They report that parents (particularly mothers) of young children experience significant changes to the quality and quantity of their sleep which can affect parental mental health and contribute to stress in families. The survey reports, 37% of working adults reported that their work (for example, workload, problems with colleagues and worries about job security) reduces the amount of control they feel they have over their sleep. The survey also reports, a quarter (25%) of UK adults reported that worrying about money matters, including bills, negatively affected their sleep in the past month. Of those who were unemployed, more than a quarter (27%) reported experiencing suicidal thoughts and feelings due to a lack of sleep.

Figure 40: Average hours slept each night



It is estimated that over 300 million people worldwide have depression, and round 75% of depressed people show symptoms of insomnia, and some from excessive daytime sleepiness and hypersomnia (or sleeping too much).

A survey by Anxiety UK, has shown that 62.7% of adults experience poor sleep, with 34.4% having experienced poor sleep in the past and 2.9% had never experienced poor sleep. The survey reports 44% report their sleep had worsened due to Covid-19 while a significant proportion, 91.4%, report feeling nervous, on edge or anxious for several days or longer over the last two weeks of when the survey was taken. The survey also showed that 29.6% had less than the recommended minimum hours sleep per night with some reporting long-term poor sleep for more than a decade.

The survey from Anxiety UK reports that 81.8% report their poor sleep is due to general anxiety, 62% due to worry about the future 52.1% due to stress at work. Other results show that 81.5% felt drained, 69.7% felt irritable and 55.7% felt emotional due to lack of sleep. Physical activity was reported to improve sleep as reported by 60.9% participants. The survey also reports 31% of participants had tried a form of sleep medication and 82% reporting they would try a non-medication solution.

4. Discussion & Conclusions

General Health perception

Overall perception of general health in Gibraltar is positive where the majority view themselves and others in the community as healthy. Almost 80% of participants perceive themselves as healthy in the H&L 2021 survey. An upward trend from 2015 (77%) and 2008 (74%).

Perception of general health was higher in males (83%) compared to females (77.7%), however lower than perception in 2015 where males were 85% and females 79%. This may be due to the pressures of the ongoing pandemic and lockdown where job security was threatened, less contact with family and friends, reduced physical activity and reduced health services including community mental health and screening.

The survey reports that more participants (43.7%) reporting falling asleep only after 15 minutes or less. Given the associated problems with sleep loss/deprivation with physical and mental health, the above result is encouraging.

Sleep loss is associated with cognitive impairment and poor physical health, with regular poor sleep putting you at risk of serious medical conditions such as obesity, heart disease and diabetes. Poor sleep is also linked to a weakened immune system and mental health problems such as anxiety and depression. Evidence shows that poor sleep over a long period can shorten your life expectancy.

Health Service perception

The health service was rated high with a median average score out of 10 were 8 for primary care and 8 for secondary care services and 9 for private healthcare in Gibraltar. During the pandemic, the health service and healthcare workers have gained more adoration and respect from the public and this may have contributed to the high scores. The public health messaging of protect the GHA and frontline workers and save lives is likely to have both viewed more favourably by the public. Particularly since overall there has been less contact with healthcare professionals, less health check-ups and a fall in health screening.

Physical health

A concerning 65.5% of participants were overweight with almost 30% obese. This is likely to be an underestimate due to the self-reporting nature of the survey known to introduce bias. More participants saw themselves as overweight (45%) compared to 2015 (37%) which indicates a more realistic perception given the results.

A high number of participants report that they 'do little or no physical activity' during their daily routine and almost 50% of participants do not walk as part of their daily routine i.e. do not walk to work. This is likely linked to the increased number of overweight adults in Gibraltar.

The results also show that over 50% of participants exercise for 20 minutes or longer '2-3 times per week' (27.5%) and '5 or more times per week' (27.2%). Participants also report to over 50% of participants walk to work, compared to 17% by car and 2.7% by bus.

Self-reporting on diet scored high in the survey, with participants on average rating 7 out of 10 for consuming a healthy diet. However, the results also show that majority of participants eat less than the recommended portions of fruit and vegetables per day, showing a downward trend from 2015.

Social habits

The results show that 85% of current smokers have one or both of their parents who smoke and those who are unemployed smoking more than those in employment. The results show uptake on E-cigarettes/vaping indicating that people are taking steps to reduce their smoking. Some evidence in the UK that some non-smokers, including children and young adults, take up E-cigarettes/vaping as a result of advertising and its claims about safety. There is currently no substantial data to verify the safety claim of E-cigarettes/vaping, what is currently known it is a safer alternative to smoking cigarettes.

Overall, the survey results indicate that the majority of the participants drink safely. However, 34% of people report to drinking 'At least once per week' and men almost twice as much as women. The results also show a link in drinking and gambling where 56.8% of participants who gamble 'At least once per week' drink either 'At least once' or 'At least 2-3 times' per week. The survey results also show that 26.5% of participants who gamble regularly, 'At least once per week', were shown to drink 'At least once per week, with a higher number of participants 29.4% drinking 6 standard drinks 'At least 2-3 times per week'.

Self-reporting on gambling habits show that the majority of participants do not regularly gamble. This is the first time such data has been collected due to risks associated with gambling and health, including mental health. A small number of participants (6%) reported to gambling 'More than once per week'. There was some association between gambling and smoking, with current occasional smokers gambling more than ex-smokers. Of concern, results showed that a link to mental health where those who are 'Often/Always' lonely gambled more than those who were not. More concerning is almost 67% of those who gambled 'Everyday' and 50% '4-5 time per week' reported to feeling depressed. As mentioned above, there is a link between regular gambling and drinking up to 3 times per week

Mental health

Generally, adults in Gibraltar self-reported their mental health status to be good, with the majority of the adult population 'Never' feeling lonely or depressed. They were those who reported to 'Often' or 'Always' feeling lonely, feel they lack companionship and often felt isolated from others. Those aged 65+ were the loneliest group. Anxiety was the highest self-reported mental health issues followed by depression... Surprisingly, Covid did not significantly affect people's mental health however almost 40% of adults reported Covid affecting their romantic relationships.

The survey found some links between physical activity and mental health, with participants who do less than 20 minutes of daily exercise reporting feeling lonely. The survey also found those who drink '5 or more days' per week and those who drink '6 standard alcoholic drinks' per week are lonely.

The survey showed that there is a strong link between regular gambling and mental health, in particular those who gamble everyday showed a marked increase in feeling depressed 67% compared to those who 'Never' gamble 10.9%.

Covid Effects

Overall, the COVID-19 pandemic has not significantly changed the health and well-being of participants as seen by the results. However, the ongoing nature of the pandemic and restrictions imposed has changed people's health behaviours. This includes 47% of participants reporting an increase in screen time, 32.5% saying they do less exercise since Covid, 32% experiencing sleep disruption i.e. sleep had worsened over the last year due to Covid and 10.5% drinking more than usual due to Covid. Other effects include increased length of time of work, with an average of nearly 13 days off.

5. Appendices

Appendix I: The Questionnaire

1. General Health			
Q no.	Question	Response	
G1	How would you describe your general health? <i>This question is about people's general health at the moment, even if they feel that their general health is worse at the moment due to Covid or some other reason.</i>	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad <input type="checkbox"/> Very bad	
G2	How would you describe the general health of the wider community/country? <i>As above, this is about people's perception of the health of the population at the moment.</i>	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad <input type="checkbox"/> Very bad	
G3	Have you attended any of the following in: <i>Read through response options one by one and leave a slight pause for participants to respond "yes" or "no" to each option. Both lists (three years and last year) should be read in full. If YES – tick box If NO – leave blank</i>	The last three years	<input type="checkbox"/> Blood pressure check-up <input type="checkbox"/> Dental check-up <input type="checkbox"/> Eye check-up <input type="checkbox"/> Cervical cancer screening <input type="checkbox"/> Breast mammography <input type="checkbox"/> Prostate cancer screening <input type="checkbox"/> Bowel cancer screening <input type="checkbox"/> Primary care centre (e.g. GP appointment) <input type="checkbox"/> Inpatient hospital care (e.g. surgery or other treatment requiring overnight stay) <input type="checkbox"/> Outpatient hospital care (e.g. day surgery, maternity appointments) <input type="checkbox"/> Private health care (e.g. college clinic)
		The last year	<input type="checkbox"/> Blood pressure check-up <input type="checkbox"/> Dental check-up <input type="checkbox"/> Eye check-up <input type="checkbox"/> Cervical cancer screening, <input type="checkbox"/> Breast mammography <input type="checkbox"/> Prostate cancer screening <input type="checkbox"/> Primary care centre (e.g. GP appointment) <input type="checkbox"/> Inpatient hospital care (e.g. surgery or other treatment on another ward) <input type="checkbox"/> Outpatient hospital care (e.g. day surgery, maternity appointments) <input type="checkbox"/> Private health care (e.g. college clinic)
	On a scale of 1 to 10 (where 1 is very bad and 10 is very good), how would you rate the care that you received:	From the GP/primary care?	_____ <input type="checkbox"/> Not applicable
		From the hospital (not including primary care centre/GP)?	_____ <input type="checkbox"/> Not applicable
		From private healthcare organisations?	_____ <input type="checkbox"/> Not applicable

G4	How long did it usually take for you to fall asleep during the past 4 weeks?	Tick one: <input type="checkbox"/> 0 – 15 minutes <input type="checkbox"/> 16 – 60 minutes <input type="checkbox"/> More than 60 minutes
	On average, how many hours did you sleep each night over the past 4 weeks?	<input type="checkbox"/> 0 – 4 hours <input type="checkbox"/> 4 – 6 hours <input type="checkbox"/> 6 – 8 hours <input type="checkbox"/> 8 – 10 hours <input type="checkbox"/> More than 10 hours
G6	Have your sleeping habits changed over the last year due to Covid?	<input type="checkbox"/> Yes, improved <input type="checkbox"/> Yes, worsened <input type="checkbox"/> No, no change <input type="checkbox"/> Not sure
G7	If you are employed, how many days of work did you miss over the past 3 months due to poor physical or mental health (including stress)? <i>[If answer 0 days, skip to G9]</i>	_____ days <input type="checkbox"/> Not employed
G8 [skip if answered 0 to G7]	If you were off sick from work for any number of days, how many of these were due to COVID-19? <i>Only include sick days due to being unwell with the Covid virus. Do not include days off due to isolating as a close contact or feeling unwell after the vaccine.</i>	_____ days <input type="checkbox"/> Not employed
G9	Do you currently have any of the following physical or mental health illnesses? <i>Read through response options one by one and leave a slight pause for participants to respond “yes” or “no” to each option. If YES – tick box If NO – leave blank</i>	<input type="checkbox"/> Anxiety <input type="checkbox"/> Arthritis/joint pain <input type="checkbox"/> Autoimmune disorder (e.g. multiple sclerosis, celiac, lupus) <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Chronic back pain <input type="checkbox"/> Chronic obstructive pulmonary disease <input type="checkbox"/> COVID-19 <input type="checkbox"/> Deafness <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease <input type="checkbox"/> Hypertension (high blood pressure) <input type="checkbox"/> Insomnia <input type="checkbox"/> Visual impairment <input type="checkbox"/> Other – specify: _____

G10	<p>The next five questions are about how you feel carrying out day-to-day activities. For each one, choose the one option that best describes your health TODAY:</p> <p><i>It is really important that you read this questions exactly as it is written, and to get responses to all 5 parts of the question. It is a validated question used in international surveys therefore it must be read the same to enable us to carry out comparisons with other countries.</i></p>	<p>Regarding your MOBILITY</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no problems in walking about <input type="checkbox"/> I have some problems in walking about <input type="checkbox"/> I am confined to bed <p>Regarding SELF-CARE</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no problems with self-care <input type="checkbox"/> I have some problems with washing or dressing myself <input type="checkbox"/> I am unable to wash or dress myself <p>Regarding USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no problems with performing my usual activities <input type="checkbox"/> I have some problems with performing my usual activities <input type="checkbox"/> I am unable to perform my usual activities <p>Regarding PAIN/DISCOMFORT</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no pain or discomfort <input type="checkbox"/> I have moderate pain or discomfort <input type="checkbox"/> I have extreme pain or discomfort <p>Regarding ANXIETY/DEPRESSION</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am not anxious or depressed <input type="checkbox"/> I am moderately anxious or depressed <input type="checkbox"/> I am extremely anxious or depressed
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Section 2 intro: “The next set of questions are about your physical health and health related behaviours”

2. Physical health		
Q no.	Question	Response
P1	<p>Which of the following best describes the amount of exercise you get in your daily routine, not including exercise you do outside of work?</p> <p><i>This question is about activity in normal day-to-day activities and does not include dedicated exercise time outside of work e.g. going to the gym.</i></p>	<p>Tick one only:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mainly sitting with little walking about e.g. office worker <input type="checkbox"/> Stand and walk about quite a lot but don't carry or lift often e.g. messenger, stay at home parent <input type="checkbox"/> Carry light loads or have to climb hills or stairs e.g. post-worker, packer <input type="checkbox"/> Heavy work or carry heavy loads e.g. construction worker.
P2	<p>On a usual day, how much time do you spend sitting watching television or movies, using a gaming device or using the internet?</p> <p><i>Watching television or movies can include downloaded or streamed content to a TV or computer; using the internet can include browsing, playing games, watching TV programmes and movies, listening to music, social media and online chat/instant messaging/Skype. This</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Less than 1 hour per day <input type="checkbox"/> 1 – 3 hours per day <input type="checkbox"/> 3 – 5 hours per day <input type="checkbox"/> More than 5 hours per day <input type="checkbox"/> Not sure

	<i>includes taking part in these activities on a mobile phone or smart device. This is outside of work only but can include time spent on work-related apps such as LinkedIn.</i>	
P3	Has the time you spend on the activities listed in the previous question changed over the past year due to Covid?	<input type="checkbox"/> Yes, increased <input type="checkbox"/> Yes, decreased <input type="checkbox"/> No, stayed the same <input type="checkbox"/> Not sure
P4	How do you normally get to your place of work? <i>If participant uses more than one mode of transport, ask them to select the one they most often use or use for a longer amount of time.</i>	Tick one only: <input type="checkbox"/> Walk <input type="checkbox"/> Cycle <input type="checkbox"/> Electric scooter <input type="checkbox"/> Moped/motorcycle <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Other – specify: _____ <input type="checkbox"/> Don't work
P5	How many times per week do you usually exercise for 20 minutes or longer (enough to make you out of breath and/or sweaty)?	<input type="checkbox"/> None <input type="checkbox"/> 1 – 2 times per week <input type="checkbox"/> 3 – 4 times per week <input type="checkbox"/> 5 or more times per week
P6	Has the time you spend exercising changed over the past year due to Covid?	<input type="checkbox"/> Yes, increased <input type="checkbox"/> Yes, decreased <input type="checkbox"/> No, stayed the same <input type="checkbox"/> Not sure
P7	If you would like to exercise more, which of the following do you feel prevent you from doing so? <i>Read through response options one by one and leave a slight pause for participants to respond “yes” or “no” to each option. If YES – tick box If NO – leave blank</i> <i>If they query the meaning of “availability of activities” it is that they would like to take part in certain exercises but do not have access to facilities/equipment e.g. they would like to play tennis but they do not have access to a tennis court.</i>	<input type="checkbox"/> Time <input type="checkbox"/> Money <input type="checkbox"/> Childcare facilities <input type="checkbox"/> Transport <input type="checkbox"/> Work facilities <input type="checkbox"/> Availability of activities <input type="checkbox"/> Illness, injury or disability <input type="checkbox"/> Do not enjoy exercise <input type="checkbox"/> Embarrassment or self-consciousness <input type="checkbox"/> COVID-19 restrictions <input type="checkbox"/> Other – specify: _____
P8	On a scale of 1 to 10 (where 1 is very unhealthy and 10 is very healthy), how would you rate your current diet?	_____ (number from 1 – 10)
P9	How many portions* of different fruit and vegetables do you normally eat each day? <i>*1 portion = 80g of fresh, dried or tinned fruit or vegetables (approx. the amount you can fit in the palm of your hand). Juices and smoothies: 1 glass = 1 portion (maximum 1 portion per day regardless of volume consumed).</i> <i>Must be different fruit and vegetables each day e.g. 3 apples in one day = 1 portion.</i>	_____
P10	Over the past week, how many times did you eat the following:	Sweets & chocolates _____ times per week

		Sugary fizzy drinks	_____ times per week
		Fried food	_____ times per week
		Oily fish	_____ times per week
		Processed Meats (e.g. salami, sausages, canned meat, dried meat etc.)	_____ times per week
		Red meat	_____ times per week
		White/lean meat (e.g. chicken, turkey.)	_____ times per week
P11	<p>If you would like to change your diet, which of the following do you feel could help you?</p> <p><i>Read through response options one by one and leave a slight pause for participants to respond "yes" or "no" to each option.</i></p> <p><i>If YES – tick box</i></p> <p><i>If NO – leave blank</i></p>		<input type="checkbox"/> More time to cook <input type="checkbox"/> Information about healthy eating <input type="checkbox"/> Advice from a health professional <input type="checkbox"/> Cooking skills <input type="checkbox"/> Better self-motivation <input type="checkbox"/> More healthy options in restaurants and shops <input type="checkbox"/> None of the above (happy with diet) <input type="checkbox"/> Other – specify: _____
P12	Do you think that you are:		<input type="checkbox"/> About the right weight for your height <input type="checkbox"/> Overweight <input type="checkbox"/> Underweight <input type="checkbox"/> Not sure
P13	<p>Do you smoke? (not including vapes/e-cigarettes)</p> <p><i>Smoker includes anyone who uses tobacco products including: cigarettes, roll-ups, pipes, cigars, cigarillos, shisha etc. Vapes/e-cigarettes, nicotine gum, nicotine patches not included.</i></p> <p><i>[If answered "NO", skip to P15]</i></p>		<input type="checkbox"/> Yes, regularly (at least once per day) <input type="checkbox"/> Yes, occasionally <input type="checkbox"/> No, ex-smoker <input type="checkbox"/> No, I have never smoked
P14 [skip if answered "NO" to P13]	If you currently smoke, would you like to give up?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
P15	If you use a vaping machine or smoke e-cigarettes were you previously a regular smoker?		<input type="checkbox"/> Yes, I used to smoke but now only use vape/e-cig <input type="checkbox"/> Yes, I use a vape/e-cig and still smoke <input type="checkbox"/> No, I use a vape/e-cig and did not previously smoke <input type="checkbox"/> Not applicable, I do not use vapes/e-cigarettes.
P16	Current and ex-smokers (not including vapers): at what age did you start smoking regularly (at least once per day)?		<p>_____ years old</p> <input type="checkbox"/> Not applicable

P17 [skip if answered "Not applicable" to P15]	If you use a vape/e-cigarettes, at what age did you start regularly doing so (at least once per day)?	_____ years old <input type="checkbox"/> Not applicable
P18 [skip if answered "NO" to P13]	If you currently smoke, how many cigarettes/roll-ups do you usually smoke per day?	_____ per day <input type="checkbox"/> Not applicable
P19 [skip if answered "NO" to P13]	Do you think that the amount that you smoke changed over the past year due to covid?	<input type="checkbox"/> Yes, increased <input type="checkbox"/> Yes, decreased <input type="checkbox"/> No, no change
P20	Did your parents smoke when you were a child?	Tick if yes: <input type="checkbox"/> Father <input type="checkbox"/> Mother
P21	How many people living with you at home now, including yourself, smoke?	<input type="checkbox"/> <input type="checkbox"/> _____ people
P22	If you are an ex-smoker , what do you think helped you to quit? <i>Only include participants who used to smoke and currently do not smoke. If they have previously quit and then restarted smoking then they are not classified as an ex-smoker, therefore this question should be skipped.</i>	<input type="checkbox"/> Advice from GP/health professional <input type="checkbox"/> Stop smoking clinic <input type="checkbox"/> Nicotine replacement therapy (not including e-cigarettes) <input type="checkbox"/> E-cigarettes/vape <input type="checkbox"/> Increased prices of tobacco <input type="checkbox"/> Less stress <input type="checkbox"/> Self-motivation/will power <input type="checkbox"/> Smoking ban in public places <input type="checkbox"/> Worry about future health problems <input type="checkbox"/> Worry about effect on children/family <input type="checkbox"/> Meditation/hypnosis <input type="checkbox"/> Phone app <input type="checkbox"/> Other
P24	How often have you had an alcoholic drink of any kind during the last 12 months? <i>[If answered "Not at all in the last 12 months", skip to P27]</i>	<input type="checkbox"/> Not at all in the last 12 months <input type="checkbox"/> Once or twice a year <input type="checkbox"/> Once every couple of months <input type="checkbox"/> Once or twice a month <input type="checkbox"/> Once or twice a week <input type="checkbox"/> Three or four days a week <input type="checkbox"/> Five or six days a week <input type="checkbox"/> Almost every day
P25 [Skip if answered "Not at all in the last 12 months" to P24]	How often have you drunk more than six standard drinks* on one occasion (e.g. in one evening) over the past 12 months? <i>*One standard drink is: ½ pint ordinary strength beer or cider, 1 small glass of wine, 1 single measure of spirits.</i>	<input type="checkbox"/> Not at all in the last 12 months <input type="checkbox"/> Once or twice a year <input type="checkbox"/> Once every couple of months <input type="checkbox"/> Once or twice a month <input type="checkbox"/> Once or twice a week <input type="checkbox"/> Three or four days a week <input type="checkbox"/> Five or six days a week <input type="checkbox"/> Almost every day
P26 [Skip if answered "Not at all	Do you think your current level of alcohol consumption is harmful to your health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

<i>in the last 12 months" to P24]</i>		
P27	Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	<input type="checkbox"/> Yes, during the last year <input type="checkbox"/> Yes, but not in the last year <input type="checkbox"/> No
P28	Has your drinking changed over the past year due to Covid?	<input type="checkbox"/> Yes, increased <input type="checkbox"/> Yes, decreased <input type="checkbox"/> No, no change <input type="checkbox"/> Not sure
P29	<p>Do you think that your overall physical health has changed over the past year due to the COVID-19 pandemic?</p> <p><i>This can include direct impacts of Covid (i.e. being unwell with the virus), and also indirect effects such as doing less exercise, eating less healthily etc.</i></p>	<input type="checkbox"/> Yes, improved <input type="checkbox"/> Yes, worsened <input type="checkbox"/> No, no change

Section 3 intro: "The next section is about your emotional and mental wellbeing. Remember that you are free to skip any questions you do not wish to answer"

3. Mental and emotional health		
Q no.	Question	Response
M1	Please indicate for each of the following five statements which is closest to how you have been feeling over the last two weeks .	I have felt cheerful and in good spirits <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> More than half of the time <input type="checkbox"/> Less than half of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> At no time
		I have felt calm and relaxed <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> More than half of the time <input type="checkbox"/> Less than half of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> At no time
		I have felt active and vigorous <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> More than half of the time <input type="checkbox"/> Less than half of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> At no time
		I woke up feeling fresh and rested <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> More than half of the time <input type="checkbox"/> Less than half of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> At no time
		My daily life has been filled with things that interest me <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> More than half of the time

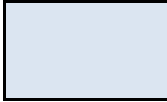
			<input type="checkbox"/> Less than half of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> At no time
M2	How often do you feel:	That you lack companionship?	<input type="checkbox"/> Hardly ever <input type="checkbox"/> Some of the time <input type="checkbox"/> Often
		Left out?	<input type="checkbox"/> Hardly ever <input type="checkbox"/> Some of the time <input type="checkbox"/> Often
		Isolated from others?	<input type="checkbox"/> Hardly ever <input type="checkbox"/> Some of the time <input type="checkbox"/> Often
		Lonely?	<input type="checkbox"/> Never <input type="checkbox"/> Hardly ever <input type="checkbox"/> Occasionally <input type="checkbox"/> Some of the time <input type="checkbox"/> Often/always
M3	<p>Approximately how many people do you interact with socially in a typical week (either virtually or in person)?</p> <p><i>Including household members, family, and friends that the participant is in contact with either virtually (e.g. over the phone, Facetime), or in person. Do not include shopkeepers or other people that they may have brief social interactions with.</i></p>	_____ people per week	
M4	Do you feel that your social and/or romantic relationships have changed over the past year due to Covid?		<input type="checkbox"/> Yes, improved overall <input type="checkbox"/> Yes, worsened overall <input type="checkbox"/> No, no change
M5	<p>How often do you gamble?</p> <p><i>Include any type of gambling including lottery/scratch cards.</i></p>		<input type="checkbox"/> Never <input type="checkbox"/> Once a month or less <input type="checkbox"/> 2 – 3 times per month <input type="checkbox"/> Once per week <input type="checkbox"/> 2 – 3 times per week <input type="checkbox"/> 4 - 5 times per week <input type="checkbox"/> Every day
M6	<p>Have you ever had issues with either drug or alcohol addiction?</p> <p><i>This includes recreational drugs, prescription drugs that are misused or overused and alcohol. Do not include cigarettes.</i></p> <p><i>[If answered “No”, skip to M8]</i></p>		<input type="checkbox"/> Yes, currently <input type="checkbox"/> Yes, in the past <input type="checkbox"/> No
M7 [Skip if answered “No” to M6]	<p>If you have had issues with either drug or alcohol addiction, has this changed over the past year due to Covid?</p> <p><i>This includes recreational drugs, prescription drugs that are misused or overused and alcohol. Do not include cigarettes.</i></p>		<input type="checkbox"/> Yes, improved <input type="checkbox"/> Yes, worsened <input type="checkbox"/> No, no change
M8	Do you think that your overall mental health has changed over the past year due to the COVID-19 pandemic?		<input type="checkbox"/> Yes, improved <input type="checkbox"/> Yes, worsened <input type="checkbox"/> No change <input type="checkbox"/> Not sure

Section 4 intro: “The next section includes some more personal questions about you. We are collecting this information because these aspects of people’s lives can have big impacts on their health. I want to remind you that your responses are completely confidential and any personally identifying information such as your name and date of birth are **not** recorded so your responses cannot be linked back to you. All surveys are stored anonymously and not shared outside of public health. You can opt out of any questions you do not wish to answer.”

4. About you (demographic information)		
Q no.	Question	Response
D1	What gender are you?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other (e.g. gender non-binary)
D2	How old are you (age at your last birthday)?	_____ years old
D3	How tall are you (approximately)? <i>If participant gives their height in centimetres, convert to metres and centimetres. For example, someone who is 175 centimetres tall can be written as 1metre and 75 centimetres.</i>	_____ feet and _____ inches OR _____ meters and _____ centimetres
D4	How much do you currently weigh (approximately)?	_____ stones and _____ pounds OR _____ kilograms
D5	Where were you born?	<input type="checkbox"/> Gibraltar <input type="checkbox"/> Spanish <input type="checkbox"/> The United Kingdom <input type="checkbox"/> Morocco <input type="checkbox"/> Other - specify: _____
	Where were your parents born?	Mother: <input type="checkbox"/> Gibraltar <input type="checkbox"/> Spanish <input type="checkbox"/> The United Kingdom <input type="checkbox"/> Morocco <input type="checkbox"/> Other - specify: _____ Father: <input type="checkbox"/> Gibraltar <input type="checkbox"/> Spanish <input type="checkbox"/> The United Kingdom <input type="checkbox"/> Morocco <input type="checkbox"/> Other - specify: _____
D6	What is your ethnic group? Choose the option that best describes your ethnic group or background	White <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/> Irish

	<p><i>If participant asks why this question is being asked – “We want to understand the demographics of the Gibraltarian population so that we can examine any health inequalities and ensure equity of services for all”.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background, please describe: _____ <p>Mixed/Multiple ethnic groups</p> <ul style="list-style-type: none"> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed/Multiple ethnic background, please describe: _____ <p>Asian/Asian British</p> <ul style="list-style-type: none"> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background, please describe: _____ <p>Black/ African/Caribbean/Black British</p> <ul style="list-style-type: none"> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean background, please describe: _____ <p>Other ethnic group</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group, please describe: _____
D7	What is your religion?	<ul style="list-style-type: none"> <input type="checkbox"/> No religion <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Any other religion, please describe: _____ <input type="checkbox"/> Not sure
D8	What is the highest level of educational qualification you have completed?	<ul style="list-style-type: none"> <input type="checkbox"/> No formal qualifications <input type="checkbox"/> GCSE/O-level (grade A*-C), vocational level 2, or equivalent <input type="checkbox"/> A-level, vocational level 3, or equivalent <input type="checkbox"/> University degree or equivalent <input type="checkbox"/> Postgraduate degree <input type="checkbox"/> Other – specify: _____ <input type="checkbox"/> Not sure
D9	<p>How would you describe your current employment status?</p> <p><i>[If did not answer “Employed” or “Self-employed”, skip to D11]</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Tick the option that best describes your status: <input type="checkbox"/> Employed (full-time or part-time) <input type="checkbox"/> Self-employed (full time or part time) <input type="checkbox"/> Unemployed, looking for work <input type="checkbox"/> Unemployed, not looking for work <input type="checkbox"/> Unemployed, unable to work due to illness/disability

		<input type="checkbox"/> Not in paid work as looking after home/family <input type="checkbox"/> Retired <input type="checkbox"/> In full-time education <input type="checkbox"/> Doing full-time voluntary/unpaid work <input type="checkbox"/> Other – specify: _____
D10 <i>[Skip if did not answer “Employed” or “Self employed” to D9]</i>	If you are in paid work, how many hours do you usually work per week?	<input type="checkbox"/> 0 – 26 hours (part-time) <input type="checkbox"/> 27 – 40 hours (full-time) <input type="checkbox"/> 40 – 60 hours <input type="checkbox"/> More than 60 hours
D11	<p>The next question is about your household income. We are collecting this information because research shows that income is closely linked to health. Which one of the following brackets best describes your approximate yearly household income (before tax)?</p> <p><i>This includes all people living in the household’s incomes added together.</i></p> <p><i>If participant knows their monthly income then confirm that this is before tax, and times by 12 to find yearly income. If they do not know monthly or annual income before tax then leave blank.</i></p>	<input type="checkbox"/> £0 - £20,000 <input type="checkbox"/> £20,000 - £40,000 <input type="checkbox"/> £40,000 - £60,000 <input type="checkbox"/> £60,000 - £80,000 <input type="checkbox"/> £80,000 - £120,000 <input type="checkbox"/> More than £120,000
D13	Including yourself, how many people live in your household?	_____ people
D14	How many bedrooms are there in your household?	_____ bedrooms
D15	<p>What is your current marital status?</p> <p><i>If participant is in a relationship but does not live with their partner then mark them as “single, never married”.</i></p>	<input type="checkbox"/> Single, never married <input type="checkbox"/> Married/civil partnership <input type="checkbox"/> Cohabiting (living with partner) <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
D16	<p>Have you been offered the COVID-19 vaccination?</p> <p><i>[If answered “No” leave D17 and D18 blank]</i></p> <p><i>If answered “No” and think that they should have been offered the vaccine, they can contact the vaccination centre on 66966.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
D17	<p>If you have been offered the vaccine, did you take it?</p> <p><i>[If answered “Yes” leave D18 blank]</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
D18	If you were offered the vaccine and decided NOT to take it, what was the reasons(s) for this?	<input type="checkbox"/> I was COVID positive within 28 days <input type="checkbox"/> I was isolating as a close contact of a positive <input type="checkbox"/> I wanted to discuss with a healthcare professional before deciding <input type="checkbox"/> I was housebound <input type="checkbox"/> I am not eligible (e.g. previous anaphylactic response)



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- I do not want to take the vaccine
- Other – specify: _____

Appendix II: Acknowledgments

The Questionnaire for the Survey used to inform this Report was compiled by;

Dr Sohail Bhatti

Director of Public Health

Kyle Gomez

Public Health Information Analyst

Allegra Chaterjee

Public Health Information Analyst

John Varlow

Statistical Consultant

The Analysis and Interpretation of the data was carried out by **Kyle Gomez, John Varlow** and **Allegra Chaterjee**.

The writing of the report was carried out by **Kyle Gomez, John Varlow, Allegra Chaterjee** and **Fatma Mansab**.

The Fieldwork, including the phone calls and interviews, and Data Capture were carried out by the **Public Health Team**.

We would lastly like to thank every individual who made this report possible by responding to the questions on this survey.