

YOUR GENERAL HEALTH

Q1: **Are you MALE or FEMALE :** Male ₁ Female ₂

Q2: **How OLD are you:**
(please state your age in years)

Q3: **IN GENERAL would you say your health is:** (please tick one box)

Excellent ₁

Very Good ₂

Good ₃

Fair ₄

Poor ₅

Q4: **Compared with 12 MONTHS AGO, how would you rate your health in general NOW:**
(please tick one box)

Much better than 12 months ago ₁

Somewhat better than 12 months ago ₂

About the same ₃

Somewhat worse than 12 months ago ₄

Much worse now than 12 months ago ₅

Q5: **Are you or your partner EXPECTING a BABY:**

Yes ₁

No ₂

Q6: **Do you have any ILLNESS or DISABILITY which has lasted for longer than a MONTH**

Yes ₁

No ₂

Q7: **Does this illness or disability LIMIT your activities in any way:**

Yes ₁

No ₂

Q8: **When did you LAST have your BLOOD PRESSURE measured by a doctor or nurse:**
(please tick one box)

During the last 12 months ₁

Have not had blood pressure measured ₄

Between 1 and 5 years ago ₂

Don't know ₅

More than 5 years ago ₃

Q9: **Have you EVER been told that you have got HIGH/RAISED blood pressure:**

Yes ₁

No ₂

Do Not Know ₃

Q10: **If Yes, do you STILL have raised blood pressure:**

Yes ₁ No ₂ Do Not Know ₃

Q11: **How TALL are you:** *(please write in your approximate height)*

Feet	inches	OR	metres
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Q12: **How much do you WEIGH:** *(please write in your approximate weight)*

Stone	pounds	OR	kgs
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YOUR DENTAL HEALTH

Q13: **Adults can have up to 32 natural teeth but over time people lose some of them. HOW MANY natural teeth have you got:** *(please tick one box)*

- I have no natural teeth ₁
- I have fewer than 10 natural teeth ₂
- I have between 10 and 19 natural teeth ₃
- I have 20 or more natural teeth ₄

Q14: **Are you registered with a DENTIST:**

Yes ₁ No ₂

Q15: **If YES please tick whether NHS or Private:** *(please tick one box)*

NHS Dentist ₁ Private Dentist ₂ Both ₃

Q16: **When did you LAST visit the dentist:** *(please tick one box)*

- During the past 12 months ₁ Between 5 and 10 years ago ₅
- Between 1 and 2 years ago ₂ More than 10 years ago ₆
- Between 2 and 3 years ago ₃ Never ₇
- Between 3 and 5 years ago ₄

Q17: **If you have NOT been to the dentist in the last 12 months, WHY have you not been:** *(please tick as many circles as apply)*

- ₁ I did not need to go ₅ It is a long way to go
- ₂ I can not find an NHS dentist ₆ I can not find a dentist who will register me
- ₃ I can not find a dentist I like ₇ I always feel worried about going to the dentist
- ₄ Treatment is expensive ₈ Another reason

Q18: **The LAST TIME you visited the dentist, WHY did you go; was it because:** *(please tick one box)*

- You went for a check up ₁ You can't remember ₄
- You were having trouble with your teeth or gums ₂ You have never been to the dentist ₅
- You had problems with your dentures ₃ Another reason ₆

Q19: The LAST TIME you went to a NHS dentist HOW SOON were you able to get an appointment: *(please tick one box)*

Immediately	<input type="checkbox"/>	₁	Within 2 months	<input type="checkbox"/>	₅
Within 24 hours	<input type="checkbox"/>	₂	Over 2 months	<input type="checkbox"/>	₆
Within 1 week	<input type="checkbox"/>	₃	Unable to get an appointment for NHS dentistry	<input type="checkbox"/>	₇
Within 1 month	<input type="checkbox"/>	₄	Made appointment at last check up	<input type="checkbox"/>	₈

Q20: The LAST TIME you went to a NHS dentist HOW FAR did you have to travel: *(please tick one box)*

Under 1 mile	<input type="checkbox"/>	₁	7 to 12 miles	<input type="checkbox"/>	₄
1 to 3 miles	<input type="checkbox"/>	₂	13 to 25 miles	<input type="checkbox"/>	₅
4 to 6 miles	<input type="checkbox"/>	₃	Over 25 miles	<input type="checkbox"/>	₆

WHAT DO YOU EAT & DRINK

Q21: When you have FRIED FOOD, what kind of fat or oil is the food USUALLY COOKED in: *(Please tick one box - If you use more than one type, tick the one you use most often)*

Butter, lard or dripping	<input type="checkbox"/>	₁	Vegetable oil	<input type="checkbox"/>	₄
Polyunsaturated margarine <i>(e.g. Flora or Soya)</i>	<input type="checkbox"/>	₂	I do not know	<input type="checkbox"/>	₅
Any other type of margarine	<input type="checkbox"/>	₃	I do not eat fried food	<input type="checkbox"/>	₆

Q22: Which type of MILK (bottles or cartons, including UHT) do you use MOST OFTEN: *(please tick one box)*

Whole milk	<input type="checkbox"/>	₁	Soya	<input type="checkbox"/>	₅
Semi-skimmed <i>(Half fat)</i>	<input type="checkbox"/>	₂	Unpasturised <i>(Green Top)</i>	<input type="checkbox"/>	₆
Skimmed	<input type="checkbox"/>	₃	Other	<input type="checkbox"/>	₇
Sterilised <i>(Steri)</i>	<input type="checkbox"/>	₄	None	<input type="checkbox"/>	₈

Q23: Which do you usually spread on your bread: *(please tick one box)*

Butter	<input type="checkbox"/>	₁	Low fat spreads <i>(e.g. Gold or Outline)</i>	<input type="checkbox"/>	₅
Hard or block margarine <i>(e.g. Stork or Krona)</i>	<input type="checkbox"/>	₂	Some other kind of fat	<input type="checkbox"/>	₆
Polyunsaturated margarine <i>(e.g. Flora)</i>	<input type="checkbox"/>	₃	None	<input type="checkbox"/>	₇
Other soft margarine	<input type="checkbox"/>	₄			

Q24: How often do you drink ALCOHOL *(please tick one box)*

Everyday	<input type="checkbox"/>	₁	1 – 3 days a month	<input type="checkbox"/>	₄
4 – 6 days a week	<input type="checkbox"/>	₂	Less than once a month	<input type="checkbox"/>	₅
1 – 3 days a week	<input type="checkbox"/>	₃	Never	<input type="checkbox"/>	₆

Q25: Thinking back over the LAST 7 DAYS did you drink any alcohol



Yes ₁ No ₂

Q26: If you DID drink alcohol, please say how much you drank in the LAST 7 DAYS by filling in the table below: *(please write in the approximate amount you drank)*

Ordinary beer, lager or cider (e.g. Riding Bitter, Heineken Lager)		Pints
Strong beer, lager or cider (e.g. Stella Artois, Tennants Extra)		Pints
Wine		Glasses (pub size)
Sherry		Glasses (pub size)
Spirits - whisky, gin etc		Measures (pub size)
Low alcohol beer/wine		Pints

Q27: How many units would you drink in a typical weekend period: (including Friday evening through to Sunday evening) *(please write in the approximate amount you would drink)*

Ordinary beer, lager or cider (e.g. Riding Bitter, Heineken Lager)		Pints
Strong beer, lager or cider (e.g. Stella Artois, Tennants Extra)		Pints
Wine		Glasses (pub size)
Sherry		Glasses (pub size)
Spirits - whisky, gin etc		Measures (pub size)
Low alcohol beer/wine		Pints

SMOKING

Q28: Have you smoked ANY TOBACCO in the LAST 7 DAYS

Yes ₁ No ₂

Q29: Which statement suits YOU best: *(please tick one box)*

I smoke daily ₁ I used to smoke but I do not smoke at all now ₃
I now smoke but not every day ₂ I have never smoked ₄

Q30: Do you use NO SMOKING AREAS when you can

Yes ₁ No ₂

CURRENT SMOKERS

Q31: In a day I USUALLY smoke *(please state how many)*

Cigarettes in a day
Cigars in a day
Pipes of tobacco in a day

Q32: How many YEARS have you been a smoker: *(please write in approximately how many years)*

I have smoked for years

EX SMOKERS

Q33: **Approximately how many YEARS AGO did you give up smoking:**
(please write in how many)

I gave up smoking years ago

EXERCISE

Q34: **During a NORMAL DAY are you:** (please tick one box)

Very physically active ₁ Not very physically active ₃
 Fairly physically active ₂ Not at all physically active ₄

Q35: **During the LAST 7 DAYS, how many times did you exercise lasting at least 20 minutes:**

(please tick one box for each line)

	Never	Occasionally (once or twice)	Regularly (three times or more)
Vigorous Exercise (e.g. running, jogging, squash, swimming lengths, aerobics, fast cycling, football)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Moderate Exercise (e.g. fast walking, dancing, gentle swimming, golf, heavy housework, heavy gardening/digging)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Light Exercise (e.g. walking at average pace, table tennis, light housework, light gardening/weeding)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Q36: **Do you think you TAKE ENOUGH exercise:** (please tick one box)

Yes ₁ No ₂ Do Not Know ₃

Q37: **If NO, what PREVENTS you taking enough:** (please tick as many circles as apply)

- | | |
|---|---|
| <input type="radio"/> ₁ You do not have enough time | <input type="radio"/> ₆ Illness or disability |
| <input type="radio"/> ₂ Lack of transport to exercise/sport facilities | <input type="radio"/> ₇ It costs too much |
| <input type="radio"/> ₃ Lack of exercise/sport facilities near home | <input type="radio"/> ₈ You don't like exercising in front of others |
| <input type="radio"/> ₄ Lack of exercise/sport facilities at work | <input type="radio"/> ₉ You don't like exercise |
| <input type="radio"/> ₅ Lack of willpower | <input type="radio"/> ₁₀ Another reason |

GENERAL INFORMATION ABOUT YOU

Q38: **Do you live:** (please tick one box)

Alone ₁ With parents ₅
 With child(ren) (single parent) ₂ With friend(s) ₆
 With partner ₃ Other ₇
 With partner and child(ren) ₄

Q39: **Are you responsible for the LONG TERM CARE of:** *(please tick one box for each line)*

	Yes	No
Sick or disabled partner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Sick or disabled children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other sick or disabled relatives	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Elderly relatives (not sick)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Sick or disabled friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Parents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Someone else	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q40: **If YES (you are responsible for the LONG TERM CARE of another persons) How many HOURS per WEEK do you spend in caring for that person(s)**

(Please tick one box - include any time you spend travelling so that you can do these activities)

Less than 1 hour per week	<input type="checkbox"/> ₁	35 to 49 hours per week	<input type="checkbox"/> ₅
1 to 4 hours per week	<input type="checkbox"/> ₂	50 to 99 hours per week	<input type="checkbox"/> ₆
5 to 9 hours per week	<input type="checkbox"/> ₃	100 hours or more per week	<input type="checkbox"/> ₇
10 to 19 hours per week	<input type="checkbox"/> ₄	varies - under 20 hours a week	<input type="checkbox"/> ₈
20 to 34 hours per week	<input type="checkbox"/> ₄	varies - 20 or more hours a week	<input type="checkbox"/> ₉

Q41: **Are there any children living in your household:**

Yes ₁ No ₂

Q42: **If YES How many children live in your household:**

Child(ren) under 5 years		<i>(please write in how many children in each box)</i>
Child(ren) aged 5-16		
Child(ren) over 16		

Q43: **Is your HOME:** *(please tick one box)*

Owner occupied <i>(including mortgaged)</i>	<input type="checkbox"/> ₁	Rented - from Housing Association	<input type="checkbox"/> ₄
Rented – from private landlord	<input type="checkbox"/> ₂	Provided with your job	<input type="checkbox"/> ₅
Rented – from council	<input type="checkbox"/> ₃	Other	<input type="checkbox"/> ₆

Q44: **Are you currently WORKING** Yes ₁ No ₂

Q45: **If YES do you work** Full time ₁ Part time ₂

Q46: **If you are NOT WORKING are you:** (please tick one box)

- | | | | |
|--|---------------------------------------|---------------------------|---------------------------------------|
| Looking for work | <input type="checkbox"/> ₁ | Caring for home or family | <input type="checkbox"/> ₄ |
| Retired | <input type="checkbox"/> ₂ | In full-time education | <input type="checkbox"/> ₅ |
| Unable to work due to long term illness/disability | <input type="checkbox"/> ₃ | | |

Q47: **Do you (or does someone in your household) USUALLY have the use of a CAR or VAN:**

- Yes ₁ No ₂

Q48: **Which, if any, of the following QUALIFICATIONS do you have:**
(please tick as many circles as apply)

- | | |
|---|---|
| <input type="radio"/> ₁ GCSE/CSE/O Levels | <input type="radio"/> ₄ Degree (or equivalent) |
| <input type="radio"/> ₂ 'AS' or 'A' Levels | <input type="radio"/> ₅ Higher degree or postgraduate qualifications |
| <input type="radio"/> ₃ HNC/Technical qualifications | <input type="radio"/> ₆ None of the above |

Q49: **What is your ethnic group** (please tick one box to indicate your cultural background)

- | | | | | |
|--------------------------------------|-------------------------|--|----------------------------|--|
| White | British | <input type="checkbox"/> ₁ | Any Other White background | <input type="checkbox"/> ₁₁ |
| | Irish | <input type="checkbox"/> ₂ | | |
| Mixed | White & Black Caribbean | <input type="checkbox"/> ₃ | White & Asian | <input type="checkbox"/> ₁₂ |
| | White & Black African | <input type="checkbox"/> ₄ | Any Other Mixed background | <input type="checkbox"/> ₁₃ |
| Asian or Asian British | Indian | <input type="checkbox"/> ₅ | Pakistani | <input type="checkbox"/> ₁₄ |
| | Bangladeshi | <input type="checkbox"/> ₆ | Any other Asian background | <input type="checkbox"/> ₁₅ |
| Black or Black British | Caribbean | <input type="checkbox"/> ₇ | Any other Black background | <input type="checkbox"/> ₁₆ |
| | African | <input type="checkbox"/> ₈ | | |
| Chinese or Other ethnic group | Chinese | <input type="checkbox"/> ₉ | Other ethnic group | <input type="checkbox"/> ₁₇ |
| Do not know | | <input type="checkbox"/> ₁₀ | | |

YOUR HEALTH SERVICES

Q50: **During the past 12 MONTHS have you used or attended any of the following as PATIENT or CLIENT** (please tick as many circles as apply)

- | | |
|---|---|
| <input type="radio"/> ₁ Casualty/accident and emergency department | <input type="radio"/> ₈ Ante-natal clinic |
| <input type="radio"/> ₂ Minor injuries unit | <input type="radio"/> ₉ Other NHS therapist |
| <input type="radio"/> ₃ Hospital clinic (out patient department) | <input type="radio"/> ₁₀ NHS Direct |
| <input type="radio"/> ₄ Counsellor | <input type="radio"/> ₁₁ Genito-urinary Clinic (Sexually Transmitted Diseases) |
| <input type="radio"/> ₅ Physiotherapist | <input type="radio"/> ₁₂ Family Planning Clinic |
| <input type="radio"/> ₆ Hospital as an in-patient (where you stayed in hospital for one or more nights) | |
| <input type="radio"/> ₇ Hospital as a 'day' patient (where you had an operation/procedure but did not stay overnight) | |

Q51: During the past 12 MONTHS which, if any of these services have you PERSONALLY used at YOUR GP SURGERY: *(please tick as many circles as apply)*

<input type="radio"/> 1 Ordinary consultation with GP	<input type="radio"/> 6 Chiropodist
<input type="radio"/> 2 Child health / mother & baby clinic	<input type="radio"/> 7 Dietician
<input type="radio"/> 3 Midwife / antenatal clinic	<input type="radio"/> 8 Practice nurse
<input type="radio"/> 4 Physiotherapist	<input type="radio"/> 9 Other
<input type="radio"/> 5 Counsellor	<input type="radio"/> 10 No services

Q52: During the past 12 MONTHS have you PERSONALLY used any of these services INSTEAD OF USING similar services which might be available at YOUR GP SURGERY: *(please tick as many circles as apply)*

<input type="radio"/> 1 Going to Accident & Emergency at a hospital <i>(instead of visiting a GP)</i>	<input type="radio"/> 6 Family Planning Clinic
<input type="radio"/> 2 Private Doctor <i>(that is a doctor not through the NHS)</i>	<input type="radio"/> 7 Chiropractor
<input type="radio"/> 3 Private Physiotherapist	<input type="radio"/> 8 Osteopath
<input type="radio"/> 4 NHS Direct	<input type="radio"/> 9 Other
<input type="radio"/> 5 Counsellor	<input type="radio"/> 10 No services

Q53: Why did you use these services instead of using similar services which might be provided by your local GP: *(please tick as many circles as apply)*

<input type="radio"/> 1 The opening hours were more convenient for me	<input type="radio"/> 5 The location was more convenient for me
<input type="radio"/> 2 I could get the service through private health insurance	<input type="radio"/> 6 I did not think that the GP would be able to help
<input type="radio"/> 3 I thought I would get better care or treatment	<input type="radio"/> 7 Other
<input type="radio"/> 4 Too long to wait at my GP surgery	

Q54: The LAST TIME you went to see your GP HOW SOON were you able to get an appointment: *(please tick one box)*

Immediately	<input type="checkbox"/> 1	3 Days	<input type="checkbox"/> 5
Same Day	<input type="checkbox"/> 2	4-7 Days	<input type="checkbox"/> 6
Next Day	<input type="checkbox"/> 3	8 Days or Longer	<input type="checkbox"/> 7
2 Days	<input type="checkbox"/> 4	Do not know	<input type="checkbox"/> 8

Q55: Which of these APPOINTMENT METHODS comes CLOSEST to what happens at the surgery/ health centre you use: *(please tick one box)*

Appointment only	<input type="checkbox"/> 1
Mostly appointments with some time at the end of surgery for urgent cases	<input type="checkbox"/> 2
Just turn up and wait, no appointments	<input type="checkbox"/> 3
Separate surgeries for people with and without appointments	<input type="checkbox"/> 4
Other	<input type="checkbox"/> 5

Q56: The last time you went to a health center or surgery HOW LONG did you have to WAIT before you saw the doctor: *(please tick one box)*

Immediately	<input type="checkbox"/>	1	45 to 59 minutes	<input type="checkbox"/>	6
Less than 5 minutes	<input type="checkbox"/>	2	Between 1 and 2 hours	<input type="checkbox"/>	7
5 to 14 minutes	<input type="checkbox"/>	3	2 hours or longer	<input type="checkbox"/>	8
15 to 29 minutes	<input type="checkbox"/>	4	Can not remember	<input type="checkbox"/>	9
30 to 44 minutes	<input type="checkbox"/>	5			

Q57: Would you say the AMOUNT OF TIME you had to wait was: *(please tick one box)*

About right	<input type="checkbox"/>	1	A little too long	<input type="checkbox"/>	2	Much too long	<input type="checkbox"/>	3
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Q58: How EASY or DIFFICULT is it for you to GET TO your doctor's/GP's surgery: *(please tick one box)*

Very Easy	<input type="checkbox"/>	1
Easy	<input type="checkbox"/>	2
Neither Easy nor Difficult	<input type="checkbox"/>	3
Difficult	<input type="checkbox"/>	4
Very Difficult	<input type="checkbox"/>	5

Q59: How do you NORMALLY TRAVEL to your doctor's/GP's surgery: *(please tick one box)*

By Train	<input type="checkbox"/>	1	By your own car/van	<input type="checkbox"/>	5
I walk	<input type="checkbox"/>	2	Brought by relative or friend in their vehicle	<input type="checkbox"/>	6
By Bus	<input type="checkbox"/>	3	I cycle	<input type="checkbox"/>	7
Taxi	<input type="checkbox"/>	4			

Q60: The LAST TIME you went to see your GP HOW FAR did you have to travel: *(please tick one box)*

Under 1 mile	<input type="checkbox"/>	1	7 to 12 miles	<input type="checkbox"/>	4
1 to 3 miles	<input type="checkbox"/>	2	13 to 25 miles	<input type="checkbox"/>	5
4 to 6 miles	<input type="checkbox"/>	3	Over 25 miles	<input type="checkbox"/>	6

Q61: Which of the following do YOU feel would help in getting to your GP surgery: *(please tick as many circles as apply)*

- | | |
|--|---|
| <input type="checkbox"/> 1 Better Bus Service | <input type="checkbox"/> 2 Subsidised taxi service |
| <input type="checkbox"/> 3 Better Car Parking facilities at GP surgery | <input type="checkbox"/> 4 Different GP opening hours |
| <input type="checkbox"/> 5 Cheaper Public Transport | <input type="checkbox"/> 6 None of these things |
| <input type="checkbox"/> 7 Other <i>(Please specify)</i> | |

Q62: The LAST TIME you went to get a prescription how far did you have to travel:
(please tick one box)

Under 1 mile	<input type="checkbox"/>	1	7 to 12 miles	<input type="checkbox"/>	4
1 to 3 miles	<input type="checkbox"/>	2	13 to 25 miles	<input type="checkbox"/>	5
4 to 6 miles	<input type="checkbox"/>	3	Over 25 miles	<input type="checkbox"/>	6

Q63: Have you received Family Planning advice within the last 12 MONTHS:

Yes 1 No 2

Q64: If YES where: (please tick one box)

A Family Planning Clinic 1

Your own GP 2

Another local GP 3

Somewhere else 4

Q65: If you could choose, which would you prefer to GO TO for Family Planning purposes: (please tick one box)

A Family Planning Clinic 1

Your own GP 2

Another local GP 3

Somewhere else 4

Q66: Did you fill in this form by YOURSELF or did someone HELP you with any of it:
(please tick one box)

I completed it by myself 1

Someone read the questions to me 2

Someone wrote down the answers I gave 3

Someone answered the questions for me 4

Someone translated the questions into my own language 5

Someone helped in some other way 6

THANK YOU FOR YOUR TIME AND YOUR HELP:

Please return the completed questionnaire in the FREEPOST ENVELOPE provided (there is NO stamp required)