

Health and Lifestyle Survey 2007

Hull Teaching Primary Care Trust

The questionnaire is in five parts:

- Part 1 is about your health and life style.
- Part 2 is general information about you.
- Part 3 is general information about your home and people living there.
- Part 4 is general information about the area in which you live.
- Part 5 is about future consultations we may wish to make with residents of Hull.

We are asking you about this range of subjects because of their link to health and the population which the Primary Care Trust is serving. Other questions are simply important background details, or for comparison.

The questionnaire includes the HUI[®] questionnaire consisting of the first 41 questions.

® HUI Registration # TMA 544,008 (CAN); # 2228611 (UK); 2,660,116 (USA)

® Health Utilities Index Registration # TMA 550,246 (CAN); # 2228610 (UK); 2,716,082 (USA)

Health and Lifestyle Survey 2007

Hull Teaching Primary Care Trust

PART 1: YOUR GENERAL HEALTH

The first 41 questions ask about various aspects of your health and form the Health Utilities Index. When answering these questions we would like you to think about your usual health and your ability to do things on a day-to-day basis. These questions are not concerned with the effects of illnesses such as colds or flu that affect people for short periods of time and from which you fully expect to recover. Please focus your answers on your usual abilities and disabilities, and how you usually feel.

You may feel that some of these questions do not apply to you, but it is important that we ask the same questions of everyone. Also, a few questions are similar; please excuse the apparent overlap and answer each question independently.

All information you provide is confidential. There are no right or wrong answers; what we want is your opinion about your abilities and feelings.

Section 1 – Everyday living

VISION

Q1. Are you usually able to see well enough to read ordinary newsprint *without* glasses or contact lenses?

Yes
₁

No
₂

Don't know
₃

If 'yes', go to Q4. Otherwise continue with Q2.

Q2. Are you usually able to see well enough to read ordinary newsprint *with* glasses or contact lenses?

Yes
₁

No
₂

Don't know or didn't wear glasses or contact lenses
₃

If 'yes', go to Q4. Otherwise continue with Q3.

Q3. Are you able to see at all?

Yes No Don't know
₁ ₂ ₃

If 'no', go to Q6 (HEARING). Otherwise continue with Q4.

Q4. Are you usually able to see well enough to recognise a friend on the other side of the street *without* glasses or contact lenses?

Yes No Don't know
₁ ₂ ₃

If 'yes', go to Q6 (HEARING). Otherwise continue with Q5.

Q5. Are you usually able to see well enough to recognise a friend on the other side of the street *with* glasses or contact lenses?

Yes No Don't know or didn't wear glasses or contact lenses
₁ ₂ ₃

HEARING

Q6. Are you usually able to hear what is said in a group conversation with at least three other people *without* a hearing aid?

Yes No Don't know
₁ ₂ ₃

If 'yes', go to Q11 (SPEECH). Otherwise continue with Q7.

Q7. Are you usually able to hear what is said in a group conversation with at least three other people *with* a hearing aid?

Yes No Don't know or didn't wear hearing aid
₁ ₂ ₃

If 'yes', go to Q9. Otherwise continue with Q8.

Q8. Are you able to hear at all?

Yes No Don't know
₁ ₂ ₃

If 'no', go to Q11 (SPEECH). Otherwise continue with Q9.

Q9. Are you usually able to hear what is said in a conversation with one other person in a quiet room *without* a hearing aid?

Yes No Don't know
₁ ₂ ₃

If 'yes', go to Q11 (SPEECH). Otherwise continue with Q10.

Q10. Are you usually able to hear what is said in a conversation with one other person in a quiet room *with* a hearing aid?

Yes No Don't know or didn't wear a hearing aid
₁ ₂ ₃

SPEECH

Q11. Are you usually able to be understood *completely* when speaking your own language with people who do not know you (but who speak your language)?

Yes No Don't know
₁ ₂ ₃

If 'yes', go to Q16 (GETTING AROUND). Otherwise continue with Q12.

Q12. Are you usually able to be understood *partially* when speaking with people who do not know you?

Yes No Don't know
₁ ₂ ₃

Q13. Are you usually able to be understood *completely* when speaking with people who know you well?

Yes No Don't know
₁ ₂ ₃

If 'yes', go to Q16 (GETTING AROUND). Otherwise continue with Q14.

Q14. Are you usually able to be understood *partially* when speaking with people who know you well?

Yes No Don't know
₁ ₂ ₃

If 'yes', go to Q16 (GETTING AROUND). Otherwise continue with Q15.

Q15. Are you able to speak at all?

Yes No Don't know
₁ ₂ ₃

GETTING AROUND

Q16. Are you usually able to bend, lift, jump and run *without difficulty* and *without help or equipment* of any kind?

Yes No Don't know
₁ ₂ ₃

If 'yes', go to Q24 (USE OF HANDS AND FINGERS). Otherwise continue with Q17.

Q17. Are you usually able to walk around the neighbourhood *without difficulty* and *without help or equipment* of any kind?

Yes No Don't know
₁ ₂ ₃

If 'yes', go to Q24 (USE OF HANDS AND FINGERS). Otherwise continue with Q18.

Q18. Are you usually able to walk around the neighbourhood *with difficulty and without help or equipment* of any kind?

Yes No Don't know
₁ ₂ ₃

If 'yes', go to Q24 (USE OF HANDS AND FINGERS). Otherwise continue with Q19.

Q19. Are you able to walk at all?

Yes No Don't know
₁ ₂ ₃

If 'no', go to Q22. Otherwise continue with Q20.

Q20. Do you usually need mechanical support, such as braces or a cane or crutches, to be able to walk around the neighbourhood?

Yes No Don't know
₁ ₂ ₃

Q21. Do you usually need the help of another person to walk?

Yes No Don't know
₁ ₂ ₃

Q22. Do you usually need a wheelchair to get around the neighbourhood?

Yes No Don't know
₁ ₂ ₃

Q23. Do you usually need the help of another person to get around in a wheelchair?

Yes No Don't know
₁ ₂ ₃

USE OF HANDS AND FINGERS

Q24. Do you usually have the *full* use of both hands and ten fingers?

Yes No Don't know
₁ ₂ ₃

If 'yes', go to Q28 (SELF-CARE). Otherwise continue with Q25.

Q25. Do you need the help of another person because of limitations in the use of your hands or fingers?

Yes No Don't know
₁ ₂ ₃

If 'no', go to Q27. Otherwise continue with Q26.

Q26. Do you need the help of another person with some tasks, most tasks, or all tasks?

Some tasks Most tasks All tasks Don't know
₁ ₂ ₃ ₄

Q27. Do you need special equipment, for example special tools to help with dressing or eating, because of limitations in the use of your hands or fingers?

Yes No Don't know
₁ ₂ ₃

SELF-CARE

Q28. Are you usually able to eat, bathe, dress and use the toilet without difficulty?

Yes No Don't know
₁ ₂ ₃

If 'yes', go to Q31 (FEELINGS). Otherwise continue with Q29.

Q29. Do you need the help of another person to eat, bathe, dress and use the toilet?

Yes
₁

No
₂

Don't know
₃

Q30. Do you need special equipment or tools to eat, bathe, dress and use the toilet?

Yes
₁

No
₂

Don't know
₃

FEELINGS

Q31. Do you usually feel happy or unhappy?

Happy
₁

Unhappy
₂

Don't know
₃

If 'unhappy', go to Q33. Otherwise continue with Q32.

Q32. Would you describe yourself as usually: happy and interested in life, or somewhat happy?

Happy and interested in life
₁

Somewhat happy
₂

Don't know
₃

If 'happy and interested in life' or 'somewhat happy', go to Q34. Otherwise continue with Q33.

Q33. Would you describe yourself as usually: somewhat unhappy, very unhappy or so unhappy that life is not worthwhile?

INTERVIEWER TO USE SHOW CARD A

Somewhat unhappy
₁

Very unhappy
₂

So unhappy that life
is not worthwhile
₃

Don't know
₄

Q34. Do you ever feel fretful, angry, irritable, anxious or depressed?

Yes No Don't know
₁ ₂ ₃

If 'no', go to Q37 (MEMORY). Otherwise continue with Q35.

Q35. How often do you feel fretful, angry, irritable, anxious or depressed: rarely, occasionally, often or almost always?

Rarely Occasionally Often Almost always Don't know
₁ ₂ ₃ ₄ ₅

Q36. Do you ever feel *extremely* fretful, angry, irritable, anxious or depressed; to the point of needing professional help?

Yes No Don't know
₁ ₂ ₃

MEMORY

Q37. How would you describe your usual ability to remember things: able to remember most things, somewhat forgetful, very forgetful, unable to remember anything at all?

INTERVIEWER TO USE SHOW CARD B

Able to remember most things Somewhat forgetful Very forgetful Unable to remember anything at all Don't know
₁ ₂ ₃ ₄ ₅

THINKING

Q38. How would you describe your usual ability to think and solve day to day problems: able to think clearly and solve problems, had a little difficulty, had some difficulty, had a great deal of difficulty, unable to think or solve day to day problems?

INTERVIEWER TO USE SHOW CARD C

Able to think clearly and solve problems <input type="checkbox"/> ₁	Had a little difficulty <input type="checkbox"/> ₂	Had some difficulty <input type="checkbox"/> ₃	Had a great deal of difficulty <input type="checkbox"/> ₄	Unable to think or solve problems <input type="checkbox"/> ₅	Don't know <input type="checkbox"/> ₆
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PAIN AND DISCOMFORT

Q39. Do you have any trouble with pain or discomfort?

Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂	Don't know <input type="checkbox"/> ₃
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If 'no', go to Q41 (GENERAL HEALTH). Otherwise continue with Q40.

Q40. How many of your activities are limited by pain or discomfort: none, a few, some, most, all?

None <input type="checkbox"/> ₁	A few <input type="checkbox"/> ₂	Some <input type="checkbox"/> ₃	Most <input type="checkbox"/> ₄	All <input type="checkbox"/> ₅	Don't know <input type="checkbox"/> ₆
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Section 2 – Your current health

GENERAL HEALTH

Q41. Overall, how would you rate your usual health: excellent, very good, good, fair, poor?

Excellent <input type="checkbox"/> ₁	Very good <input type="checkbox"/> ₂	Good <input type="checkbox"/> ₃	Fair <input type="checkbox"/> ₄	Poor <input type="checkbox"/> ₅	Don't know <input type="checkbox"/> ₆
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ILLNESS AND DISABILITY

Q42. Do you have any illness or disability which has lasted for longer than a month?

Yes
₁

No
₂

If 'no', go to Q43. Otherwise continue with Q42a.

Q42a. Does this illness or disability limit your activities in any way?

Yes
₁

No
₂

Q43. Are you registered as disabled as described under the Disability Discrimination Act?

Yes
₁

No
₂

*The definition of disability according to the Disability Discrimination Act 1995 is, "A physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities."(Long-term in this definition is taken to mean more than 12 months). This definition would cover long-term illnesses such as cancer and HIV, or mental health)

HEALTH SCALE

Q44. To help you say how good or bad your health is, we have drawn a scale on which the best health you can imagine anyone can have is 100 and the worst health you can imagine anyone can have is 0. Please indicate on this scale how good or bad you feel YOUR health is today

Indicated number
0-100

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Q45. On this same line, what do you feel is the best health that you realistically would like to aspire to?

Indicated number
0-100

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FEELINGS OVER THE LAST 4 WEEKS

We have already asked a couple of questions about how you generally feel, but the next questions about how you have felt over the previous four weeks.

If completing this questionnaire in January, please ignore exceptional feelings specific with Christmas and the New Year.

Q46. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks... Tick one box in each row.

INTERVIEWER TO USE SHOW CARD D

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a: Have you been nervous?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b: Have you felt so down in the dumps that nothing could cheer you up?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c: Have you felt calm and peaceful?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d: Have you felt downhearted and low?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e: Have you been happy?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Section 3 – Your dental health

DENTAL HEALTH

Q47. Adults can have up to 32 natural teeth but over time people lose some of them. How many natural teeth have you got?

INTERVIEWER TO USE SHOW CARD E

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

Q48. The last time you went to a dentist, was it NHS or private?

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| NHS | Private | Don't know | Never been to a dentist |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

Q49. When was it?

- | | |
|---|--|
| <input type="checkbox"/> ₁ During the past 12 months | <input type="checkbox"/> ₅ Between 5 and 10 years ago |
| <input type="checkbox"/> ₂ Between 1 and 2 years ago | <input type="checkbox"/> ₆ More than 10 years ago |
| <input type="checkbox"/> ₃ Between 2 and 3 years ago | <input type="checkbox"/> ₇ Never |
| <input type="checkbox"/> ₄ Between 3 and 5 years ago | |

Section 4 – Your diet

DIET

Q50. Generally speaking, do you think that you have a healthy diet? (Mark one box only)

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Yes | No | Don't know what a healthy diet is | Don't know if I have a healthy diet |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

If answering 'yes' or 'no' continue with Q50a. Otherwise go to Q51.

Q50a. Have you tried to eat healthier in the last year?

Yes
₁

No
₂

Q51. In general, how many portions of fruit or vegetables do you eat each day (excluding potatoes)? *(for example, one portion is one medium sized apple, banana, pear, orange or tomato, 2-3 plums, a handful of grapes, three heaped teaspoons of peas, carrots or cabbage, half a larger fruit or vegetable such as a pepper or grapefruit, count pure fruit juice as one portion regardless of amount per day)*

- | | |
|---|---|
| <input type="checkbox"/> ₀ None | <input type="checkbox"/> ₄ Four |
| <input type="checkbox"/> ₁ One | <input type="checkbox"/> ₅ Five |
| <input type="checkbox"/> ₂ Two | <input type="checkbox"/> ₆ Six |
| <input type="checkbox"/> ₃ Three | <input type="checkbox"/> ₇ Seven or more |

Q52. In general, how many times per week do you eat the following?

	Never	Rarely (usually less than once)	Once or twice	Three or four times	Five or more times
Ready meals (microwave dinners).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Other convenience meals or take-away food such as pies, fish and chips, Indian food, Chinese food, pizza, etc....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Cooked meals using some fresh ingredients such as cooking chicken or vegetables and adding a jar of bought sauce.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Cooked meals which are made from scratch with fresh ingredients.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

ALCOHOL

Q53. How often do you drink alcohol?

INTERVIEWER TO USE SHOW CARD F

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

If 'never' go to Q58 (SMOKING). Otherwise continue with Q54.

Q54. Thinking back over the last 7 days did you drink any alcohol?

- | | |
|---------------------------------------|---------------------------------------|
| Yes | No |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

If 'no' go to Q56. Otherwise continue with Q55.

Q55. 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 number of drinks in each section, enter zero if none)*

Ordinary beer, lager or cider <i>(e.g. Riding Bitter, Heineken Lager)</i>	□	pints
Strong beer, lager or cider <i>(e.g. Stella Artois, Tenants Extra)</i>	□	pints
Wine <i>(count large glass as 1½ pub measure glasses)</i>	□	glasses (pub measures)
Sherry	□	glasses (pub measures)
Spirits - whisky, gin etc	□	measures (pub measures)
Alcopops <i>(e.g. Bacardi Breezers, Vodka Ice)</i>	□	bottles
Low alcohol beer/wine	□	pints

Q56. Was your drinking in the last 7 days, typical of your usual drinking (say in the last three months)?

Yes
₁

No, normally drink less
₂

No, normally drink more
₃

Men and women tolerate alcohol differently, so the next two questions are very similar to each other. Men should answer the first question (Q57a) and women should answer the second question (Q57b).

Q57a. FOR MEN ONLY: How often do you drink 8 or more units of alcohol on a single day? (where 8 units is 4 pints or 5 small glasses of wine (just under one bottle of wine) or 8 pub measures of whisky)

INTERVIEWER TO USE SHOW CARD F

₁ Everyday

₂ 4 – 6 days a week

₃ 1 – 3 days a week

₄ 1 – 3 days a month

₅ Less than once a month

₆ Never

Q57b. FOR WOMEN ONLY: How often do you drink 6 or more units of alcohol on a single day? (where 6 units is 4 small glasses of wine (two-thirds of a bottle of wine) or 3 pints or 6 pub measures of vodka)

INTERVIEWER TO USE SHOW CARD F

₁ Everyday

₂ 4 – 6 days a week

₃ 1 – 3 days a week

₄ 1 – 3 days a month

₅ Less than once a month

₆ Never

Section 5 – Smoking

SMOKING

Q58. Have you smoked any tobacco in the last 7 days?

Yes
₁

No
₂

Q59. Which statement suits you best?

INTERVIEWER TO USE SHOW CARD G

- | | | | |
|---------------------------------------|---------------------------------------|---|---------------------------------------|
| I smoke daily | I now smoke but not every day | I used to smoke but I do not smoke at all now | I have never smoked |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

Q60. In general if a person gives up smoking how big an impact is it likely to have on their health?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very big effect | Fairly big effect | Fairly small effect | Very small effect | No Effect |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

If you have NEVER smoked, please go to Q64 (EXERCISE).

If you are an EX-SMOKER, please go to Q63.

Otherwise continue with Q61.

Q61. CURRENT SMOKERS: In a day, how many cigarettes, cigars and pipes of tobacco do you usually smoke? (please state how many and enter zero if none)

- | | | |
|------------------|----------------------|----------|
| Cigarettes | <input type="text"/> | in a day |
| Cigars | <input type="text"/> | in a day |
| Pipes of tobacco | <input type="text"/> | in a day |

Q62. CURRENT SMOKERS: How many years have you been a smoker? (approximately)

I have smoked for years

Q63. EX-SMOKERS: Approximately how many years ago did you give up smoking?

I gave up smoking years ago

Section 6 – Exercise

EXERCISE

Q64. In a usual week, how many times do you exercise lasting at least 30 minutes?

	Never	Once or twice a week	Three or four times a week	Five or more times a week
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	<input type="checkbox"/> ₄
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	<input type="checkbox"/> ₄
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	<input type="checkbox"/> ₄

PART 2: GENERAL INFORMATION ABOUT YOU

Section 1 – Personal details

Q65. Are you male or female? ₁ Male ₂ Female

Q66. How old are you? years

Q67. What is your postcode? H U

If you don't know, what is your house number and street?

Q68. How tall are you?

feet and inches OR metres

Q69. How much do you weigh?

stones and pounds OR kilograms

Q70. Which, if any, of the following qualifications do you have?

- | | |
|--|--|
| <input type="checkbox"/> ₁ GCSE/CSE/O levels | <input type="checkbox"/> ₄ Degree (or equivalent) |
| <input type="checkbox"/> ₂ 'AS' or 'A' levels | <input type="checkbox"/> ₅ Higher degree or postgraduate qualifications |
| <input type="checkbox"/> ₃ HNC/Technical qualifications | <input type="checkbox"/> ₆ Other qualifications |
| <input type="checkbox"/> ₇ None of the above | |

If 'other', please specify:

Section 2 – Your culture and language spoken

Q71. What is your ethnic group? *(please tick a box to indicate your cultural background)*

INTERVIEWER TO USE SHOW CARD H

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

Q72. What is your nationality?

British

Other

Rather not say

If 'other', please specify:

If 'British' to go Q73. Otherwise continue with Q72a and Q72b.

The only reason we are asking this next question is that people from different backgrounds have different health needs and we need to know about the health of ALL groups of individuals in Hull in order to fulfil our health responsibilities. Your responses are strictly confidential and will not be given to any other organisation.

Q72a. If you are NOT British, would you be prepared to tell us your current status in the UK? Please tick one response only.

- ₁ Student
- ₂ Asylum seeker
- ₃ Failed asylum seeker
- ₄ Refugee (granted asylum in last ten years)
- ₅ Refugee (granted asylum more than ten years ago)
- ₆ European and working temporarily in UK (less than two years)
- ₇ European and working long-term in UK (more than two years)
- ₈ Non-European and working temporarily in UK (less than two years)
- ₉ Non-European and working long-term in UK (more than two years)
- ₁₀ Other

If 'other', please specify:

Q72b. If you are NOT British, on a scale of one to ten, how would you rate the fluency of your spoken English? One if you are fluent and ten if you do not speak English at all.

- ₁ Fluent
- ₂
- ₃
- ₄
- ₅
- ₆
- ₇
- ₈
- ₉
- ₁₀ Do not speak English at all

Q73. What is your country of birth?

- | | | | |
|---------------------------------------|----------|---------------------------------------|----------------|
| <input type="checkbox"/> ₁ | England | <input type="checkbox"/> ₄ | Ireland |
| <input type="checkbox"/> ₂ | Wales | <input type="checkbox"/> ₅ | Other |
| <input type="checkbox"/> ₃ | Scotland | <input type="checkbox"/> ₆ | Rather not say |

If 'other', please specify:

Q74. What language do you generally speak at home?

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| English | Other | Rather not say |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

If 'other', please specify:

Section 3 – Your current employment situation

Q75. Are you currently in paid employment, either working for someone or self-employed? If working, how many hours per week?

- | | | | | | |
|--------------------------------|---------------------------------------|---|-----------------|----------------------|----------------|
| Not working | <input type="checkbox"/> ₁ | } | I usually work: | <input type="text"/> | hours per week |
| Working for someone (employee) | <input type="checkbox"/> ₂ | | | | |
| Self-employed | <input type="checkbox"/> ₃ | | | | |

If you are currently working, go to Q77 (as some people who work are also studying). Otherwise continue with Q76.

Q76. If you are not working, how would you describe your employment situation?

- ₁ At school or in other full time education (and not working)
- ₂ On a government training scheme
- ₃ Unemployed and looking for a job
- ₄ Unable to work because of long term sickness or disability
- ₅ Retired
- ₆ Looking after the home or family
- ₇ Other

If 'other', please specify:

Q77. Are you doing any studying at all? *You may have answered this question already (Q76) if you are a full-time student; if so, please tick 'yes' and continue with Q77a.*

- | | |
|---------------------------------------|---------------------------------------|
| Yes | No |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

If you are not doing any studying, go to Q78. Otherwise continue with Q77a.

Q77a. Where are you studying? *(please write in full name of educational establishment)*

Q77b. How many hours per week are you studying?

- ₉₉ Full time **OR** Number of hours per week _____

Q77c. What qualification, if any, do you hope to obtain after finishing your studies?

- | | |
|--|--|
| <input type="checkbox"/> ₁ GCSE/CSE | <input type="checkbox"/> ₄ Degree (or equivalent) |
| <input type="checkbox"/> ₂ 'AS' or 'A' levels | <input type="checkbox"/> ₅ Higher degree or postgraduate qualifications |
| <input type="checkbox"/> ₃ HNC/Technical qualifications | <input type="checkbox"/> ₆ Other qualifications |
| <input type="checkbox"/> ₇ None of the above | |

If 'other', please specify:

PART 3: GENERAL INFORMATION ABOUT YOUR HOME/HOUSEHOLD

The next section asks about your household, the area in which you live and your relationships with family and friends. These things have been shown to influence health and this is the reason we are asking you these questions.

Section 1 – Other persons living in your home

Q78. How many children aged under 18 years live in your household? (*enter zero if none*)

Number of child(ren) aged under 18 years

If there are no children in your household go to Q79. Otherwise continue with Q78a.

Q78a. If there are children in the household, what are their ages?

Child 1	<input type="text"/>	years	Child 6	<input type="text"/>	years
Child 2	<input type="text"/>	years	Child 7	<input type="text"/>	years
Child 3	<input type="text"/>	years	Child 8	<input type="text"/>	years
Child 4	<input type="text"/>	years	Child 9	<input type="text"/>	years
Child 5	<input type="text"/>	years	Child 10	<input type="text"/>	years

Q79. How many adults (aged 18+) live in your household including yourself?

There are a total of adults in my household (including myself)

If there is just you in your household go to Q80. Otherwise continue with Q79a.

Q79a. If there is at least another adult in your household, how are they related to you? (specify the number in each category – enter zero if ‘none’)

Husband/Wife/Partner	<input type="text"/>	Aunt/uncle	<input type="text"/>
Parent (or step-parent)	<input type="text"/>	Cousin	<input type="text"/>
Son/daughter (or in-law)	<input type="text"/>	Friend	<input type="text"/>
Brother/sister (or in-law or step-brother/sister)	<input type="text"/>	Lodger	<input type="text"/>
Grandparent	<input type="text"/>	Other	<input type="text"/>

If ‘other’, please specify:

Section 2 – The type of house in which you live

Q80. Is the house/flat in which you live:

- ₁ Rented from Housing Association
- ₂ Rented from Council
- ₃ Rented from private landlord
- ₄ Owned (including mortgaged)
- ₅ Other
- ₆ Don't know

If ‘other’, please specify:

Section 3 – Your household income

We'd like to ask you about the total income for your household now. Household income is also related to health, and we'd like to look at the link more closely.

Q81. What is the total income for your household?

INTERVIEWER TO USE SHOW CARD I

	Yearly	Monthly	Weekly
<input type="checkbox"/> ₁	£0 to £4,999	£0 to £417	£0 to £96
<input type="checkbox"/> ₂	£5,000 to £9,999	£418 to £833	£97 to £192
<input type="checkbox"/> ₃	£10,000 to £14,999	£834 to £1,250	£193 to £288
<input type="checkbox"/> ₄	£15,000 to £19,999	£1,251 to £1,667	£289 to £385
<input type="checkbox"/> ₅	£20,000 to £29,999	£1,668 to £2,500	£386 to £577
<input type="checkbox"/> ₆	£30,000 to £39,999	£2,501 to £3,333	£578 to £769
<input type="checkbox"/> ₇	£40,000 to £49,999	£3,334 to £4,167	£770 to £962
<input type="checkbox"/> ₈	£50,000 to £69,999	£4,168 to £5,833	£963 to £1,346
<input type="checkbox"/> ₉	£70,000 to £99,999	£5,834 to £8,333	£1,347 to £1,923
<input type="checkbox"/> ₁₀	More than £100,000	More than £8,333	More than £1,923
<input type="checkbox"/> ₁₁	Don't know	Don't know	Don't know
<input type="checkbox"/> ₁₂	Rather not say	Rather not say	Rather not say

Q82. Is this your income before taxes (the amount that might be written on your payslip) or is it after taxes (the amount of money you have to spend)?

After tax	Before tax	Don't know	Rather not say
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

PART 4: INFORMATION ABOUT THE AREA IN WHICH YOU LIVE

This section is about the area in which you live and your relationship with family, friends and neighbours. By area, I mean the area within a 15-20 minute walk or a 5-10 minute drive from your home.

Section 1 – Your area

Q83. How long have you lived in this area?

Lived in area a total of years and months

Q84. Thinking generally about what you expect of your local health services how would you rate them?

Very good ₁ Good ₂ Average ₃ Poor ₄ Very poor ₅ Don't know ₆

Q85. Safety in your local area

	Very safe	Fairly safe	A bit unsafe	Very unsafe	Never goes out
How safe do you feel walking alone in this area during daytime?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

How safe do you feel walking alone in this area after dark?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
--	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------

Q86. Would you say that you are well informed about things which affect your area?

Yes ₁ No ₂ Don't know ₃

Q87. Do you feel you can influence decisions that affect your area?

Yes
_1

No
_2

Don't know
_3

Q88. Have you been involved in any local organisations over the past 3 years?

Yes
_1

No
_2

If 'yes', what organisation(s):

Q89. Still thinking about the same area, how much of a problem these things are?

	Very big problem	Fairly big problem	Minor problem	Not a problem	Don't know
Graffiti or vandalism.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Verbal or physical threat or aggression.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Crime.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

Q90. In the past 3 years have you taken any of the following actions in an attempt to solve a local problem?

	Yes	No
Written to a local newspaper.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Contacted the appropriate organisation to deal with the problem, e.g. the council.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Contacted a local councillor or MP.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Attended a protest meeting or joined an action group.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Thought about it, but did not do anything about it.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
None of these.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other action.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
There was no local problem that required a solution.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Section 2 – People around you

Q91. Would you say that you trust...

- ₁ Most of the people in your neighbourhood
- ₂ Many of the people in your neighbourhood
- ₃ A few of the people in your neighbourhood
- ₄ You do not trust people in your neighbourhood
- ₅ Don't know

Q92. Would you say this neighbourhood is a place where neighbours look out for each other?

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| Yes | No | Don't know |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

Q93. Not counting the people you live with, how often do you speak to family members?

INTERVIEWER TO USE SHOW CARD J

- | | |
|--|--|
| <input type="checkbox"/> ₁ Every day | <input type="checkbox"/> ₅ Once or twice a month |
| <input type="checkbox"/> ₂ 5 or 6 days a week | <input type="checkbox"/> ₆ Once every couple of months |
| <input type="checkbox"/> ₃ 3 or 4 days a week | <input type="checkbox"/> ₇ Once or twice a year |
| <input type="checkbox"/> ₄ Once or twice a week | <input type="checkbox"/> ₈ Not at all in last 12 months |

Q94. Not counting the people you live with, how often do you speak to friends (who are not family or neighbours)?

INTERVIEWER TO USE SHOW CARD J

- | | |
|--|--|
| <input type="checkbox"/> ₁ Every day | <input type="checkbox"/> ₅ Once or twice a month |
| <input type="checkbox"/> ₂ 5 or 6 days a week | <input type="checkbox"/> ₆ Once every couple of months |
| <input type="checkbox"/> ₃ 3 or 4 days a week | <input type="checkbox"/> ₇ Once or twice a year |
| <input type="checkbox"/> ₄ Once or twice a week | <input type="checkbox"/> ₈ Not at all in last 12 months |

INTERVIEWER TO USE SHOW CARD J

Q95. How often do you speak to neighbours (who are not family members or friends)?

- | | |
|--|--|
| <input type="checkbox"/> ₁ Every day | <input type="checkbox"/> ₅ Once or twice a month |
| <input type="checkbox"/> ₂ 5 or 6 days a week | <input type="checkbox"/> ₆ Once every couple of months |
| <input type="checkbox"/> ₃ 3 or 4 days a week | <input type="checkbox"/> ₇ Once or twice a year |
| <input type="checkbox"/> ₄ Once or twice a week | <input type="checkbox"/> ₈ Not at all in last 12 months |

Q96. Thinking of your relatives and friends that you feel close to, how many live within a 15-20 minute walk or a 5-10 minute drive? *Don't include people who live with you.*

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| None | One or two | Three or four | Five or more |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

Q97. If you were ill in bed and need help at home. Could you ask anyone for help (including those who live with you)?

Yes No Don't know/depends
₁ ₂ ₃

Q98.and tell me who you would ask for help if ill in bed? Please tick one response for each row.

INTERVIEWER TO USE SHOW CARD K

	Yes	No
Husband/wife/partner.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other household member.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other family or relative (outside the house)...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Friend.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Neighbour.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Community, voluntary or other organisation...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Would prefer not to ask for help.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q99. In general, if you had a serious crisis, how many people, if any, do you feel you could turn to for comfort and support?

Number of people (record number 0 to 15
and if more than 15 record number as 15)

PART 5: FUTURE RESEARCH

Finally, Hull Teaching Primary Care Trust (the PCT) wants the local people to have a real influence on Hull's health services and the way they develop in the future. To help us do this we are recruiting a group of members of the general public such as you to become part of a group that will be called the 'Hull Health Consultation Panel'. The panel will be made up of about 1,000 Hull residents with whom the PCT will consult with up to three times a year – usually by post or telephone. It to be used by Hull PCT to help make decisions to that will lead to making the City and its residents healthier.

It is completely voluntary and all views expressed will be strictly anonymous.

Q100. Would you be willing to help Hull PCT by becoming a panel member?

Yes ₁ No ₂

Q101. Would you like your name to be entered into the prize draw (£250)?

Yes ₁ No ₂

If 'yes' to Q100 or Q101, please supply name, address, and at least one telephone number, and your email address if this method of contact is preferred.

Mr / Mrs / Miss / Dr

Forename _____ Surname _____

Address _____ Postcode _____

Telephone number _____(work)

Telephone number _____(home)

Telephone number _____(mobile)

Email _____

Can you confirm that you are willing to be a volunteer panel member and your details to be kept securely by Hull PCT so that you can be contacted in the future? No other organisation will be given your address.

Signature _____ Date _____

May we remind you that all answers will be completely confidential.

INTERVIEW

Q102. Did you complete this questionnaire yourself or was it completed by interview?

Self-completed ₁ Interview ₂

Q103. If interviewed, was this interview conducted in English?

Yes ₁ No ₂

If 'no', please specify language:

THANK-YOU FOR YOUR TIME AND YOUR HELP