

Health and Lifestyle Prevalence Survey 2009

NHS Hull

We want to make sure that all people in Hull are helped to be as healthy and happy as possible and to achieve their full potential. To help with this we are doing a survey to find out about your health and lifestyles. We would like to ask you how you feel, what you think your health is like and how you live your lives. The information will be used to help us improve the health of people in Hull.

Your answers will be anonymous and we will not be able to identify you or know what answer you gave to each question. All answers will be treated with strict confidence.

Q1. Overall, how would you rate your usual health: excellent, very good, good, fair, poor?

Excellent Very good Good Fair Poor Don't know
₁ ₂ ₃ ₄ ₅ ₆

Q2. Do you have any illness or disability which has lasted for longer than a month?

Yes No
₁ ₂

If 'no', go to Q3. Otherwise continue with Q2a.

Q2a. Does this illness or disability limit your activities in any way?

Yes No
₁ ₂

Q3. 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.

	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

Q4. 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

Q5. 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 tablespoons 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)

Write in number of portions (enter zero if none)

Q6. How often do you drink alcohol?

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

If 'never' go to Q9. Otherwise continue with Q7.

Q7. How much alcohol did you drink in the last 7 days? (enter number; zero if none)

	Pints (586ml) or large bottle/cans (500ml)	Standard can (440ml)	Small cans/bottles (330ml)
Ordinary beer, lager or cider (e.g. <i>Riding Bitter, Heineken Lager</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Strong beer, lager or cider (e.g. <i>Stella Artois, Tenants Extra</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wine	Pub measure glass <input type="text"/>	Large glass <input type="text"/>	Bottles <input type="text"/>
Sherry, fortified wine, spirits (whisky, gin, vodka, etc), etc	Pub measure glass <input type="text"/>	Home glass <input type="text"/>	
Alcopops (e.g. <i>Bacardi Breezers, Vodka Ice</i>)	Standard bottles <input type="text"/>		
Other alcohol (specify type of alcohol and amount):	<input type="text"/>	type/amount: _____	
None in last week (tick box)	<input type="checkbox"/>		

Men and women tolerate alcohol differently, so the next two questions are very similar to each other. Men should answer Q8a and women should answer Q8b.

Q8a. 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)

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

Q8b. 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)

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

Q9. Have you smoked any tobacco in the last 7 days?

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

Q10. Which statement suits you best?

- | | | | |
|---------------------------------------|---------------------------------------|---|---------------------------------------|
| I smoke daily | I 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 |

If smokes 'occasionally' or 'daily', continue with Q11. Otherwise go to Q12.

Q11. Current smokers: In a day, how many cigarettes or ounces of tobacco do you usually smoke? (Please write in how many in each box; enter zero if none)

Cigarettes in a day **AND** Ounces of tobacco in a day

Q12. In a usual week, how many times do you do:

	Number of times per week
..... Vigorous Exercise lasting at least 30 minutes (e.g. running, jogging, squash, swimming lengths, aerobics, fast cycling, football)	<input type="text"/>
..... Moderate Exercise lasting at least 30 minutes (e.g. fast walking, dancing, gentle swimming, golf, heavy housework, heavy gardening/digging)	<input type="text"/>
..... Light Exercise lasting at least 30 minutes (e.g. walking at average pace, table tennis, light housework, light gardening/weeding)	<input type="text"/>

Q13. Are you male or female? ₁ Male ₂ Female

Q14. How old are you? years

Q15. What is your postcode?

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

Q16. How tall are you? (Please answer in feet and inches to the nearest inch or in metres to the nearest centimetre)

feet and

--	--

 inches **OR** •

--	--

 metres

Q17. How much do you weigh? (Please answer in stones and pounds to the nearest pound or in kilograms to the nearest 0.1kg)

--	--

 stones and

--	--

 pounds **OR**

--	--	--

 •

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 kilograms

Q18. Are you currently in paid employment, either working for someone or self-employed? If working, how many hours per week?

Not working ₁
Working for someone (employee) ₂
Self-employed ₃ } I usually work: hours per week

If you are currently working, go to Q20. Otherwise continue with Q19.

Q19. 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:

Q20. What is your ethnic group? (please tick a box to indicate your cultural background)

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	

THANK-YOU FOR YOUR TIME AND YOUR HELP