

# Social Capital Survey 2009

<b>Interviewer initials</b>  <input style="width: 100%; height: 20px;" type="text"/>	<b>Date of interview</b> Day                      Month                      Year <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> 2 <input style="width: 20px; height: 20px;" type="text"/> 0 <input style="width: 20px; height: 20px;" type="text"/> 0 <input style="width: 20px; height: 20px;" type="text"/> 9	<b>Reference</b>  <input style="width: 100%; height: 20px;" type="text"/>
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**Good morning/afternoon my name is .....from Information by Design and we are carrying out a survey on behalf of the NHS Hull. All your answers will be treated with the strictest confidence.**

<b>1. Are you male or female?</b> <i>(Please mark only one box)</i>	Male <input style="width: 20px; height: 20px;" type="checkbox"/>	Female <input style="width: 20px; height: 20px;" type="checkbox"/>
	1	2

<b>2. How old are you?</b> <i>(Please write number in years in box)</i>	<input style="width: 40px; height: 20px;" type="text"/> years
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<b>3. What is the postcode of your home?</b>	<input style="width: 20px; height: 20px;" type="text"/> H <input style="width: 20px; height: 20px;" type="text"/> U	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<i>(Please write it in the boxes)</i>		

<b>4. Now I would like to ask you some initial questions about your local area</b> <i>(By area I mean within a 15 – 20 minute walk or a 5 – 10 minute drive from your home)</i>		
a How many years have you lived in this area?	<input style="width: 40px; height: 20px;" type="text"/>	years
b How many years have you lived in this property?	<input style="width: 40px; height: 20px;" type="text"/>	years
c Would you say this is an area you enjoy living in?	No <input style="width: 20px; height: 20px;" type="checkbox"/>	Yes <input style="width: 20px; height: 20px;" type="checkbox"/> Don't know <input style="width: 20px; height: 20px;" type="checkbox"/>
	1	2                      3

<b>5. Please say whether you are satisfied or dissatisfied with these aspects of the local community.</b> <i>(Please mark one box for each line)</i>					
<b>Show card A</b>	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
a <b>Open space:</b> trees, grass, parks, play areas	<input style="width: 20px; height: 20px;" type="checkbox"/> 1	<input style="width: 20px; height: 20px;" type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="checkbox"/> 3	<input style="width: 20px; height: 20px;" type="checkbox"/> 4	<input style="width: 20px; height: 20px;" type="checkbox"/> 5
b <b>Street appearance:</b> pavements, front gardens, walls, fences, litter	<input style="width: 20px; height: 20px;" type="checkbox"/> 1	<input style="width: 20px; height: 20px;" type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="checkbox"/> 3	<input style="width: 20px; height: 20px;" type="checkbox"/> 4	<input style="width: 20px; height: 20px;" type="checkbox"/> 5
c <b>Traffic:</b> noise, pollution, safety	<input style="width: 20px; height: 20px;" type="checkbox"/> 1	<input style="width: 20px; height: 20px;" type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="checkbox"/> 3	<input style="width: 20px; height: 20px;" type="checkbox"/> 4	<input style="width: 20px; height: 20px;" type="checkbox"/> 5
d <b>Parking</b>	<input style="width: 20px; height: 20px;" type="checkbox"/> 1	<input style="width: 20px; height: 20px;" type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="checkbox"/> 3	<input style="width: 20px; height: 20px;" type="checkbox"/> 4	<input style="width: 20px; height: 20px;" type="checkbox"/> 5
e <b>Anti-social behaviour and crime</b>	<input style="width: 20px; height: 20px;" type="checkbox"/> 1	<input style="width: 20px; height: 20px;" type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="checkbox"/> 3	<input style="width: 20px; height: 20px;" type="checkbox"/> 4	<input style="width: 20px; height: 20px;" type="checkbox"/> 5

Now I am going to ask a number of questions about your health.

**6. Overall, how would you rate your usual health: excellent, very good, good, fair or poor?**  
(Please mark only one box)

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

**7. Do you suffer from any long standing illness, health problem or disability which limits your daily activities?**

(Please mark only one box)

Yes  1

No  2

*With these next questions it is important, if the respondent states that one category does not describe the full situation, they choose the one which is nearest to their current state.*

*Please ask each question in order to confirm the current state of health even if answered "no" to Question 7.*

**8a Which of these describes your usual state**      *Mobility* (Mark one box only)

I have no problems with walking about  1  
I have some problems with walking about  2  
I can't walk about  3

**8b Which of these describes your usual state**      *Self Care* (Mark one box only)

I have no problems with self care  1  
I have some problems with washing or dressing myself  2  
I am unable to wash or dress myself  3

**8c Which of these describes your usual state**      *Usual activities* (Mark one box only)  
(i.e. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities  1  
I have some problems with performing my usual activities  2  
I am unable to perform my usual activities  3

**8d Which of these describes your usual state**      *Pain/Discomfort* (Mark one box only)

I have no pain or discomfort  1  
I have some pain or discomfort  2  
I have extreme pain or discomfort  3

**8e Which of these describes your usual state Anxiety/Depression (Mark one box only)**

- I am not anxious or depressed  1  
 I am moderately anxious or depressed  2  
 I am extremely anxious or depressed  3

**9. To help people say how good or bad a health state is, we have drawn a scale on which the best state you can imagine is 100 and the worst state you can imagine is marked 0. Please say how good or bad your health is today on this scale in your opinion.**

Indicated number

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*(Please write the number in the boxes)*

**10. These questions are about how you feel and how things have been with you during the past four weeks. For each question, please indicate the one answer that comes closest to the way you have been feeling.**

*(Please mark one box for each line)*

**Show card B**

	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

**11. Which of these sentences best describes the amount of stress or pressure you experienced in the past 12 months?**

*(Please mark one box only)*

**Show card C**

- I have been completely free of stress or pressure  1  
 I have experienced a small amount of stress or pressure  2  
 I have experienced a moderate amount of stress or pressure  3  
 I have experienced a large amount of stress or pressure  4  
 Don't know  5

**Next are a few questions about your lifestyle.**

**12. Which statement do you think best describes your smoking behaviour?**

*(Read out all responses and please mark one box only)*

- I have never smoked  1                      I now smoke occasionally  3  
 I used to smoke  2                      I now smoke daily  4

If smokes 'occasionally' or 'daily', continue with question 13. Otherwise go to question 14.

**13. 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

**14. In general, how many portions of fruit or vegetables do you eat each day (excluding potatoes)?** (One portion is one medium sized piece of fruit, 2-3 plums, a handful of grapes, three heaped tablespoons of vegetables, or half a larger fruit or vegetable such as a pepper or grapefruit, a glass of pure fruit juice counts as one portion regardless of amount per day)

Number of portions  (Please write the number in the box, enter 0 if none)

**15. How often do you drink alcohol?** (Please mark one box only)

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

If 'never' drinks alcohol, go to question 18. Otherwise continue with question 16.

**16. When you drink alcohol, is it usually in pubs or restaurants, at home or elsewhere?** (Please mark one box for each line)

	Almost always	Often	Sometimes	Rarely	Never
a Pubs, clubs, restaurants, etc	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b At home or homes of family/friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c Elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**17. 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"/>
Whisky, gin, sherry, 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"/>		
<b>None in last week (tick box)</b>	<input type="checkbox"/>		

**18. How many units of alcohol do you think you/a man/a women can safely drink in one week without damaging your health? And what about in one day?** (Please write in the number of units in both boxes. If person never drinks, please ask as 'a man'/'a women'.)

I can safely drink about  units of alcohol in one WEEK

**Enter 999 if don't know**

I can safely drink about  units of alcohol in one DAY

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

(Read out including examples, please write the number in the box, enter 0 if none/never)

Number of times  
per week

**...Vigorous Exercise lasting at least 30 minutes**

(e.g. running, jogging, squash, swimming lengths, aerobics, fast cycling, football)

**...Moderate Exercise lasting at least 30 minutes**

(e.g. fast walking, dancing, gentle swimming, golf, heavy housework, heavy gardening/digging)

**...Light Exercise lasting at least 30 minutes**

(e.g. walking at average pace, table tennis, light housework, light gardening/weeding)

**20. 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

**21. 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**  •  kilograms

**22. In general, how big an impact do you think the following would have on someone's health?** (Read out each statement, and please mark only one box per line)

**Show card D**

	Very big effect	Fairly big effect	Fairly small effect	Very small effect	No effect
Giving up smoking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Eating a healthier diet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reducing alcohol levels	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Doing more exercise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Achieving and maintaining a healthy weight	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reducing stress levels	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Now I'd like to ask you a few questions about the local area in which you live. This is as before, the area within a 15 – 20 minute walk or a 5 – 10 minute drive from your home.

**23. How safe do you feel...**  
*(Please mark one box for each line)*

**Show card E**

	Very safe	Fairly safe	A bit unsafe	Very unsafe	Never goes out
a ...when you are alone in your home at night?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b ...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
c ...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

**24. Thinking of the same local area**  
*(Please mark one box for each line)*

a Would you say that you are well informed about things which affect your area?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2	Don't know <input type="checkbox"/> 3
b Do you feel you can influence decisions that affect your area?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2	Don't know <input type="checkbox"/> 3

**25. Have you been involved in any local organisation over the past 3 years?**  
*(Please mark only one box)*

Yes  1      No  2

**If yes, please say what organisation(s)**  
*(Please write in box)*

*The emphasis in this next question is taking action about a local issue. For example, 'contacted a local councillor or MP' would include writing to an MP about a local issue such as plans to close the accident and emergency unit of the local hospital, but excludes writing to an MP about a national issue.*

**26. In the past 3 years have you taken any of the following actions in an attempt to solve a local problem?** *(Please mark one box for each line)*

	Yes	No
a Written to a local newspaper	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b Contacted the appropriate organisation to deal with the problem, e.g. the council	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c Contacted a local councillor or MP	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d Attended a protest meeting or joined an action group	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e Thought about it, but did not do anything about it	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f Other action	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g There was no local problem that required a solution	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**27. Would you say that you trust....**

- Most of the people in your neighbourhood  1
- Many of the people in your neighbourhood  2
- A few of the people in your neighbourhood  3
- You do not trust people in your neighbourhood  4
- Don't know (do not read out)  5 (Please mark one box only)

**28. How much trust would you say you have in the following groups and organisations?**

(Please mark one box for each line)

<b>Show card F</b>		A great deal	A fair amount	Not very much	None at all	Don't know
a	Local police	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	Local health services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c	Local schools	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d	Local council	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e	Neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f	Friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g	Family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

(Please mark one box only) Yes  1 No  2 Don't know  3

**30. Taking everything into account to what extent are you satisfied or dissatisfied with your neighbourhood as a place to live? (Please mark one box only)**

**Show card A**

- Very satisfied  1
- Fairly satisfied  2
- Neither satisfied nor dissatisfied  3
- Fairly dissatisfied  4
- Very dissatisfied  5

**31. Is it possible to live healthily in your area? For example, access to fresh fruit and vegetables, gyms or exercise classes, and other beneficial influences on health. Do you agree or disagree that you can live healthily in your area? (Please mark one box only)**

- Strongly agree (can live healthily)  1
- Agree slightly  2
- Neither agree nor disagree  3
- Disagree slightly  4
- Strongly disagree (cannot live healthily)  5

The next three questions are about how often you see or speak on the telephone or mobile to your relatives and friends, and separate question about communication through texting and using the internet.

These questions are about relatives or friends living outside the respondent's household. Interviewers may need to probe to ensure that respondents are not counting the same people twice; someone may be a friend and a neighbour but should only be coded once.

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

*(Please mark one box only – use show card G if difficulties)*

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

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

*(Please mark one box only – use show card G if difficulties)*

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

**34. How often do you speak to neighbours who are not family members or friends?**

*(Please mark one box only – use show card G if difficulties)*

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

**35. How often do you communicate with family, friends or other people through texting, email, chat rooms, MSN, Facebook, Bebo, etc?**

*(Please mark one box only – use show card G if difficulties)*

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



**36. How many relatives or friends that you feel close to live within a 15 – 20 minute walk or 5 – 10 minute drive, if any? Don't include people who live in the same house.**  
*(Please mark one box only)*

- None  1  
 One or two  2  
 Three or four  3  
 Five or more  4

**37. You are ill in bed and need help at home. Could you ask anyone for help? Including those you live with.**  
*(Please mark one box only)*

Yes  1      No  2      Don't know/depends  3

*If 'yes', please continue with question 38. Otherwise go to question 39.*

**38. ...can you tell me who you would ask for help if ill in bed?**  
*(Please mark one box per row)*

	Yes	No
a Husband/wife/partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b Other household member	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2
c Relative (outside the house)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d Friend	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2
e Neighbour	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f Community, Voluntary or other organisation	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2
g Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h Would prefer not to ask for help	<input type="checkbox"/> 1	<input type="checkbox"/> 2

*This question needs to be dealt with sensitively, as it can be upsetting for people who are socially isolated. Examples included bereavement, or a partner leaving. If respondents have difficulty in giving a number for this, the interviewer should ask them to give an estimate.*

**39. 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

*(Please write the number in the box, enter 0 if none and 15 if 15 or more)*

**Now a few more final things about you and your household.**

*If asked: We are asking people about their ethnicity and employment status, as Hull now has a lot of residents from different backgrounds and we want to make sure that we include all types of people in our research. This information is also related to social capital and health.*

<b>40. What is your ethnic group?</b>		
<i>(Please mark one box only and write in details if <u>any</u> of the 'other' categories apply)</i>		
<b>Show card H</b>		
<b>White</b>	British	<input type="checkbox"/> 1
	Irish	<input type="checkbox"/> 2
	Any other White background	<input type="checkbox"/> 3
		If other White, specify:
<b>Mixed</b>	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
		If other Mixed, specify:
<b>Asian or Asian British</b>	Indian	<input type="checkbox"/> 8
	Bangladeshi	<input type="checkbox"/> 9
	Pakistani	<input type="checkbox"/> 10
	Any other Asian background	<input type="checkbox"/> 11
		If other Asian, specify:
<b>Black or Black British</b>	Caribbean	<input type="checkbox"/> 12
	African	<input type="checkbox"/> 13
	Any other Black background	<input type="checkbox"/> 14
		If other Black, specify:
<b>Chinese or other ethnic group</b>	Chinese	<input type="checkbox"/> 15
	Other ethnic group	<input type="checkbox"/> 16
		If other ethnic group, specify:
<b>Don't know</b>	Don't know	<input type="checkbox"/> 17

<b>41. What is your highest qualification or skill? (or equivalent; if difficulties use show card J)</b>	
<i>(Please mark one box only)</i>	
NVQ1 – GCSE/CSE (grades D-G)	<input type="checkbox"/> 1
NVQ2 – GCSE/CSE/'O' levels (grades A-C)	<input type="checkbox"/> 2
NVQ3 – 'A' levels, BTEC national, ONS, OND, GNVQ advanced level, etc	<input type="checkbox"/> 3
NVQ4 – first degree, HNC, HND, higher BTEC, etc	<input type="checkbox"/> 4
NVQ5 – higher degree, etc	<input type="checkbox"/> 5
Skills but no formal qualifications (e.g. childcare, gardening, cooking, knitting, DIY, typing, car maintenance, using a computer, etc)	<input type="checkbox"/> 6
Other qualifications not mentioned above (specify below)	<input type="checkbox"/> 7
None of the above	<input type="checkbox"/> 8
<b>If 'other' please specify:</b>	
_____	

**42. 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 'working', go to question 44. If 'not working' continue with question 43.

**43. If you are not working, how would you describe your employment situation?**  
(Read out all responses and please mark one box only)

At school or in other full time education (and not working)	<input type="checkbox"/>	1	Unable to work because of long term sickness or disability	<input type="checkbox"/>	5
On a government training scheme	<input type="checkbox"/>	2	Retired	<input type="checkbox"/>	6
Unemployed and looking for a job	<input type="checkbox"/>	3	Looking after the home or family	<input type="checkbox"/>	7
Other	<input type="checkbox"/>	4	<b>If 'other', please specify:</b>		

**44. Is the house/flat in which you live?**  
(Please mark one box only)

Rented from Housing Association	<input type="checkbox"/>	1	Owned outright (no mortgage)	<input type="checkbox"/>	5
Rented from Council	<input type="checkbox"/>	2	Owned with mortgage	<input type="checkbox"/>	6
Rented from private landlord	<input type="checkbox"/>	3	Don't know	<input type="checkbox"/>	7
Other	<input type="checkbox"/>	4	<b>If 'other', please specify:</b>		

**45. Do you live with a partner?**

(Please mark only one box)

Yes   
1

No   
2

**46a. How many people live in your household?**

(Write in number and 00 if none)

Adults (18+)

Children

Total

**46b. If any children live in the household, how many are there in each of the following age groups?**

(Write in number and 00 if none)

0 – 4 years

5 – 14 years

15 – 17 years

**47. Do you have access to the internet at home, at work, college or school, or somewhere else?** (Please mark one box per row)

	Yes	No
a At home	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b At work, college, school, etc	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c Somewhere else	<input type="checkbox"/> 1	<input type="checkbox"/> 2

*This is a sensitive question and some people may not wish to answer. Therefore, please fully explain why we'd like the information before asking the survey responder the question with the intention of improving the number of survey responders who provide an estimate income figure.*

**We'd like to ask you about the total income for your household now. The reason we'd like to know this information is that household income is related to health, and we'd like to look at the link more closely. Remember any information you give us is totally anonymous and confidential. If you do not know exactly, we'd be grateful if you could provide your best guess. You can just tell us the letter on the showcard if you prefer.**

**48. What is the total income for your household?**

(Please mark only one box)

**Show card K**

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

**49. 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)?** (Please mark one box only)

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

**Thank you very much for helping us by taking part in this survey.**

## Show Cards

Please indicate the number which corresponds to your answer.

<b>Show Card A</b> <ol style="list-style-type: none"><li>1. Very satisfied</li><li>2. Fairly satisfied</li><li>3. Neither satisfied nor dissatisfied</li><li>4. Fairly dissatisfied</li><li>5. Very dissatisfied</li></ol>	<b>Show Card B</b> <ol style="list-style-type: none"><li>1. All of the time</li><li>2. Most of the time</li><li>3. Some of the time</li><li>4. A little of the time</li><li>5. None of the time</li></ol>
<b>Show Card C</b> <ol style="list-style-type: none"><li>1. I have been completely free of stress or pressure</li><li>2. I have experienced a small amount of stress or pressure</li><li>3. I have experienced a moderate amount of stress or pressure</li><li>4. I have experienced a large amount of stress or pressure</li></ol>	
<b>Show Card D</b> <ol style="list-style-type: none"><li>1. Very big effect</li><li>2. Fairly big effect</li><li>3. Fairly small effect</li><li>4. Very small effect</li><li>5. No effect</li></ol>	<b>Show Card E</b> <ol style="list-style-type: none"><li>1. Very safe</li><li>2. Fairly safe</li><li>3. A bit unsafe</li><li>4. Very unsafe</li><li>5. Never goes out</li></ol>
<b>Show Card F</b> <ol style="list-style-type: none"><li>1. A great deal</li><li>2. A fair amount</li><li>3. Not very much</li><li>4. None at all</li></ol>	<b>Show Card G</b> <ol style="list-style-type: none"><li>1. Everyday</li><li>2. 5 or 6 days a week</li><li>3. 3 or 4 days a week</li><li>4. Once or twice a week</li><li>5. Once or twice a month</li><li>6. Once every couple of months</li><li>7. Once or twice a year</li><li>8. Not in the last 12 months</li></ol>

## Show Card H

Please indicate the number which corresponds to your answer.

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

## Show Card J

Please indicate the number which corresponds to your answer.

1.	<b>NVQ1</b>	CSE Ungraded GSCE D – G
2.	<b>NVQ2</b>	City and Guilds GSCE, CSE or ‘O’ levels at A-C level BTEC General Diploma RSA Diploma Basic Apprenticeship Qualification GNVQ – Intermediate level
3.	<b>NVQ3</b>	‘A’ levels Advanced Apprenticeship Qualification BTEC National, ONC, OND, etc GNVQ – Advanced level
4.	<b>NVQ4</b>	First degree HNC, HND, higher BTEC Teaching qualification Nursing qualification Other equivalent level professional qualification
5.	<b>NVQ5</b>	Higher degree Postgraduate qualification
6.	<b>Skills</b>	No formal qualifications but skills such as childcare, gardening, cooking, knitting, DIY, typing, car maintenance, using a computer, etc
7.	<b>Other</b>	Other qualifications not mentioned above
8.	<b>None</b>	None of the above

## Show Card K

Please indicate the letter which corresponds to your household income. Provide your best guess if you do not know exactly. All information provided is strictly confidential and anonymous.

	<b>Weekly</b>	<b>Monthly</b>	<b>Yearly</b>	
<b>A</b>	£0 to £96	£0 to £417	£0 to £4,999	<b>A</b>
<b>B</b>	£97 to £192	£418 to £833	£5,000 to £9,999	<b>B</b>
<b>C</b>	£193 to £288	£834 to £1,250	£10,000 to £14,999	<b>C</b>
<b>D</b>	£289 to £385	£1,251 to £1,667	£15,000 to £19,999	<b>D</b>
<b>E</b>	£386 to £577	£1,668 to £2,500	£20,000 to £29,999	<b>E</b>
<b>F</b>	£578 to £769	£2,501 to £3,333	£30,000 to £39,999	<b>F</b>
<b>G</b>	£770 to £962	£3,334 to £4,167	£40,000 to £49,999	<b>G</b>
<b>H</b>	£963 to £1,346	£4,168 to £5,833	£50,000 to £69,999	<b>H</b>
<b>I</b>	£1,347 to £1,923	£5,834 to £8,333	£70,000 to £99,999	<b>I</b>
<b>J</b>	More than £1,923	More than £8,333	More than £100,000	<b>J</b>
<b>K</b>	Don't know	Don't know	Don't know	<b>K</b>
<b>L</b>	Rather not say	Rather not say	Rather not say	<b>L</b>