

Health Counts



A survey of people in Brighton & Hove, 2012

Instructions

Most of the questions in this questionnaire can be answered by placing circles around the answers as indicated.

Example Are you... <i>please circle one number only</i>	Male Female 1 2
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- When you have answered one question, always go on to the next question unless you are instructed otherwise.
- If you feel none of the options really represents the answer you want to give please write in your preferred answer.
- Please try to give the most accurate answer you can to each question.

If you prefer, you can complete it online by going to <https://survey.kent.ac.uk/healthcounts>

Please remember your answers will be treated in the strictest confidence – only the researchers involved will have access to your answers and nothing that you write will be communicated to anyone.

Questions

Answers

General Health

The following are general questions which ask for your views about your health, how you feel and how well you are able to do your usual activities. You need not spend too much time answering each question as your immediate response is likely to be the most accurate

<p>1 In general, would you say your health is...</p> <p><i>please circle one number only</i></p>	<table> <tbody> <tr><td>Excellent</td><td>1</td></tr> <tr><td>Very Good</td><td>2</td></tr> <tr><td>Good</td><td>3</td></tr> <tr><td>Fair</td><td>4</td></tr> <tr><td>Poor</td><td>5</td></tr> </tbody> </table>	Excellent	1	Very Good	2	Good	3	Fair	4	Poor	5
Excellent	1										
Very Good	2										
Good	3										
Fair	4										
Poor	5										
<p>2 Compared to one year ago, how would rate your health in general now?</p> <p><i>please circle one number only</i></p>	<table> <tbody> <tr><td>Much better than one year ago</td><td>1</td></tr> <tr><td>A bit better now than one year ago</td><td>2</td></tr> <tr><td>About the same</td><td>3</td></tr> <tr><td>A bit worse now than one year ago</td><td>4</td></tr> <tr><td>Much worse than one year ago</td><td>5</td></tr> </tbody> </table>	Much better than one year ago	1	A bit better now than one year ago	2	About the same	3	A bit worse now than one year ago	4	Much worse than one year ago	5
Much better than one year ago	1										
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Much worse than one year ago	5										
<p>3 Do you have any long-term illness, disability or health problem which limits your daily activities or the work you can do? Please include anything due to old age</p> <p><i>please circle one number only</i></p>	<table> <tbody> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>2</td></tr> </tbody> </table> <p><i>If yes, please say what it is:</i></p> <hr/>	Yes	1	No	2						
Yes	1										
No	2										

Health & Daily Activities

<p>4 The following is a list of activities you might do during a typical day. Does your health limit you in these activities? If so, how much?</p>	<i>please circle one number on each line</i>		
	Yes, limited a lot	Yes, limited a little	No, not limited at all
a Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
b Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1	2	3
c Lifting or carrying shopping	1	2	3
d Climbing several flights of stairs	1	2	3
e Climbing one flight of stairs	1	2	3
f Bending, kneeling or stooping	1	2	3
g Walking more than a mile	1	2	3
h Walking ½ mile	1	2	3
i Walking 100 yards	1	2	3
j Bathing and dressing yourself	1	2	3

Questions	Answers												
<p>5 During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</p> <p>a Cut down on the amount of time you spent on work or other activities</p> <p>b Accomplished less than you would like</p> <p>c Were limited in the kind of work or other activities</p> <p>d Had difficulty performing the work or other activities (for example, it took extra effort)</p>	<p><i>please circle one number on each line</i></p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	Yes	No	1	2	1	2	1	2	1	2		
Yes	No												
1	2												
1	2												
1	2												
1	2												
<p>6 During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?</p> <p>a Cut down on the amount of time you spent on work or other activities</p> <p>b Accomplished less than you would like</p> <p>c Didn't do work or other activities as carefully as usual</p>	<p><i>please circle one number on each line</i></p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	Yes	No	1	2	1	2	1	2				
Yes	No												
1	2												
1	2												
1	2												
<p>7 During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?</p> <p><i>please circle one number only</i></p>	<table style="width: 100%; border: none;"> <tr> <td>Not at all</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Slightly</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Moderately</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Quite a bit</td> <td style="text-align: right;">4</td> </tr> <tr> <td>A lot</td> <td style="text-align: right;">5</td> </tr> </table>	Not at all	1	Slightly	2	Moderately	3	Quite a bit	4	A lot	5		
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<p>8 How much bodily pain have you had during the past 4 weeks?</p> <p><i>please circle one number only</i></p>	<table style="width: 100%; border: none;"> <tr> <td>None</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Very mild</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Mild</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Moderate</td> <td style="text-align: right;">4</td> </tr> <tr> <td>Severe</td> <td style="text-align: right;">5</td> </tr> <tr> <td>Very severe</td> <td style="text-align: right;">6</td> </tr> </table>	None	1	Very mild	2	Mild	3	Moderate	4	Severe	5	Very severe	6
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Very mild	2												
Mild	3												
Moderate	4												
Severe	5												
Very severe	6												
<p>9 During the past 4 weeks how much did pain interfere with your normal work (including both work and outside the home and housework)?</p> <p><i>please circle one number only</i></p>	<table style="width: 100%; border: none;"> <tr> <td>Not at all</td> <td style="text-align: right;">1</td> </tr> <tr> <td>A little bit</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Moderately</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Quite a bit</td> <td style="text-align: right;">4</td> </tr> <tr> <td>A lot</td> <td style="text-align: right;">5</td> </tr> </table>	Not at all	1	A little bit	2	Moderately	3	Quite a bit	4	A lot	5		
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Questions	Answers																																																											
<p>10 These questions are about how you feel and how things have been with you during the past 4 weeks. (For each question please indicate the one answer that comes closest to the way you have been feeling).</p> <p>a Did you feel full of life?</p> <p>b Have you been a very nervous person?</p> <p>c Have you felt so down in the dumps that nothing could cheer you up?</p> <p>d Have you felt calm and peaceful?</p> <p>e Did you have a lot of energy?</p> <p>f Have you felt downhearted and low?</p> <p>g Did you feel worn out?</p> <p>h Have you been a happy person?</p> <p>i Did you feel tired?</p> <p>j How much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?</p>	<p><i>please circle one number on each line</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">All of the time</th> <th style="text-align: center;">Most of the time</th> <th style="text-align: center;">A good bit of the time</th> <th style="text-align: center;">Some of the time</th> <th style="text-align: center;">A little of the time</th> <th style="text-align: center;">None of the time</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> </tbody> </table>						All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
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Your Health & Wellbeing

<p>11 How true or false is each of the following statements for you?</p> <p>a I seem to get ill more easily than other people</p> <p>b I am as healthy as anybody else</p> <p>c I expect my health to get worse</p> <p>d My health is excellent</p>	<p><i>please circle one number on each line</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Definitely True</th> <th style="text-align: center;">Mostly true</th> <th style="text-align: center;">Not sure</th> <th style="text-align: center;">Mostly false</th> <th style="text-align: center;">Definitely false</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> </tbody> </table>					Definitely True	Mostly true	Not sure	Mostly false	Definitely false	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
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Questions	Answers
	<i>please circle one number on each line</i>
12a In the past year have you had 2 weeks or more during which you felt sad, unhappy or depressed, or when you lost interest or pleasure in things that you usually cared about or enjoyed?	Yes No 1 2
12b Have you felt depressed or sad much of the time in the past year ?	1 2
12c Have had 2 years or more in your life when you felt depressed or sad most days?	1 2
13 Have you fallen in the past six months ? By falling we mean any time that you have 'unintentionally come to rest on the ground or floor whether or not you were injured'. We do not mean when you 'unintentionally came to rest on your chair or bed'.	Yes 1 No 2
14 Overall, how satisfied are you with your life nowadays? Where nought is 'not at all satisfied' and 10 is 'completely satisfied'	<i>please write in number</i> _____
15 Overall, to what extent do you feel the things you do in your life are worthwhile? Where nought is 'not at all worthwhile' and 10 is 'completely worthwhile'	<i>please write in number</i> _____
16 Overall, how happy did you feel yesterday? Where nought is 'not at all happy' and 10 is 'completely happy'	<i>please write in number</i> _____
17 On a scale where nought is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?	<i>please write in number</i> _____

Physical Activity Next, some questions about physical activity

18 In the past week , on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate? <i>This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job</i>	0 1 2 3 4 5 6 7
19 Thinking about the last seven days, on how many days did you cycle?	<i>please write in number</i> _____
20 And for how long in total did you usually cycle on one of those days?	<i>please enter the time in minutes</i> _____
21 In a typical week, on how many days do you walk for at least 10 minutes continuously to get to and from places?	<i>please write in number</i> _____

Questions

Answers

Diet

Now some questions about the food you eat

<p>22 How many portions of fruit do you eat in a typical day?</p> <p><i>1 piece of fruit = a handful of grapes, an orange, a glass of fruit juice, a handful of dried fruits.</i></p> <p>23 How many portions of vegetables do you eat in a typical day?</p> <p><i>1 portion of vegetables = 3 heaped tablespoons of carrots, a side salad, 2 spears of broccoli</i></p>	<p><i>please enter the number</i> _____</p> <p><i>please enter the number</i> _____</p>										
<p>24 What is your height (without shoes)?</p> <p>25 What is your weight (lightly dressed)?</p>	<p>_____ feet _____ inches</p> <p>or _____ metres _____ centimetres</p> <p>_____ stones _____ pounds</p> <p>or _____ ▪ _____ kilograms</p>										
<p>26 Which of the following best describes you?</p> <p><i>please circle one number only</i></p>	<table> <tr><td>I am underweight</td><td>1</td></tr> <tr><td>I am about the right weight</td><td>2</td></tr> <tr><td>I am a little overweight</td><td>3</td></tr> <tr><td>I am very overweight</td><td>4</td></tr> <tr><td>I am not sure about my weight</td><td>5</td></tr> </table>	I am underweight	1	I am about the right weight	2	I am a little overweight	3	I am very overweight	4	I am not sure about my weight	5
I am underweight	1										
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Smoking

Now some questions on smoking cigarettes

<p>27 Which of the following best describes you?</p> <p><i>please circle one number only</i></p>	<table> <tr><td>I smoke daily</td><td>1</td></tr> <tr><td>I smoke occasionally</td><td>2</td></tr> <tr><td>I used to smoke daily but do not smoke at all now <i>go to Q29</i></td><td>3</td></tr> <tr><td>I used to smoke occasionally but do not smoke at all now <i>go to Q29</i></td><td>4</td></tr> <tr><td>I have never smoked <i>go to Q31</i></td><td>5</td></tr> </table>	I smoke daily	1	I smoke occasionally	2	I used to smoke daily but do not smoke at all now <i>go to Q29</i>	3	I used to smoke occasionally but do not smoke at all now <i>go to Q29</i>	4	I have never smoked <i>go to Q31</i>	5
I smoke daily	1										
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I have never smoked <i>go to Q31</i>	5										
<p>28 About how many cigarettes do you smoke a day now?</p>	<p><i>if none write 0</i></p> <p>Per day on weekdays: _____</p> <p>Per day at weekends: _____</p>										

Questions	Answers
<p>29 In the last 12 months have you ever seriously tried to give up smoking?</p> <p>a If yes, for how long did you give up smoking?</p> <p><i>please circle one number only</i></p>	<p>Yes 1 No 2</p> <p>Less than 4 wks 1 At least 4 wks 2 At least 1 year 3</p>
<p>30 Are you aware of the free local NHS stop smoking service?</p> <p><i>please circle one number only</i></p> <p>a If yes, have you tried to use them?</p> <p><i>please circle one number only</i></p> <p>b If yes, did you successfully quit?</p> <p><i>please circle one number only</i></p>	<p>Yes 1 No go to Q31 2</p> <p>Yes 1 No 2</p> <p>Yes 1 No 2</p>
<p>31 How many other people in your household smoke now?</p> <p><i>please circle one number only</i></p>	<p>0 people 1 1 person 2 2 people 3 3 or more people 4</p>

Alcohol Now some questions on alcohol

<p>32 How often on average do you drink alcohol?</p> <p><i>please circle one number only</i></p>	<p>Every day 1 5-6 days a week 2 3-4 days a week 3 Once or twice a week 4 Less than once a week 5 I never drink alcohol, even on special occasions 6</p> <p>if never go to Q36</p>
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PLEASE USE THE FOLLOWING TABLE TO ANSWER THE NEXT QUESTION



- Normal strength beer, lager, cider, ½ pint = 1 unit, small can/bottle = 1½ units, large can/bottle = 2 units
- Strong beer, lager, cider (ABV=6%), ½ pint = 2 units, small can/bottle = 2 units, large can/bottle = 3 units
- Table wine, 125ml glass = 1½ unit, 175ml glass = 2 units, 250ml glass/small can = 3 units, unspecified size glass = 2 units • Fortified wine small glass = 1 unit • Spirit single measure = 1 unit • Alcopop bottle = 1½ units

<p>33 On a day when you drink alcohol, on average how many units do you have throughout the whole day?</p> <p>a Per day on a weekday?</p> <p><i>please circle one number only</i></p>	<p>1-2 units 1 3-4 units 2 5-8 units 3 9-12 units 4 13-20 units 5 More than 20 units 6 None 7</p>
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Questions	Answers
b Per day on a weekend ? <i>please circle one number only</i>	1-2 units 1 3-4 units 2 5-8 units 3 9-12 units 4 13-20 units 5 More than 20 units 6 None 7
34 In the last 12 months have you seriously tried to cut down the amount of alcohol you drink? <i>please circle one number only</i>	Yes 1 No 2
35 When was the last time you drank: 6 or more units if you are female 8 or more units if you are male in a day? <i>please circle one number only</i>	Never 1 Last week 2 Last month 3 Last 6 months 4 Over 6 months 5

THE NEXT 3 SECTIONS MAY BE SENSITIVE FOR SOME AND ARE VOLUNTARY:

These sections include questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.

We would like to stress the confidentiality of your answers. Your answers will not be linked with your name and address and will not be identifiable.

<h2 style="color: #4a69bd;">Drugs</h2> 36 Have you ever taken drugs that were not prescribed for you or available at a chemist? <i>please circle one number only</i>	Yes, in the last 4 weeks 1 Yes, in the last year 2 Yes, over a year ago 3 Never 4						
<h2 style="color: #4a69bd;">Self harm</h2> 37 Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself? <i>please circle one number only</i>	Yes 1 No 2						
<h2 style="color: #4a69bd;">Sexual health</h2> 38 Altogether, with how many partners have you had sexual intercourse? a In the last year b In your life so far	<p style="text-align: center;"><i>please give number</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Male partners</td> <td style="width: 50%; text-align: center;">Female partners</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	Male partners	Female partners	_____	_____	_____	_____
Male partners	Female partners						
_____	_____						
_____	_____						

Questions	Answers												
<p>39 Here is a list of possible ways of preventing pregnancy and sexually transmitted infections. Which, if any, do you (or your sexual partner(s)) usually use at present?</p> <p><i>please circle all numbers that apply</i></p>	<p>None, I am not in a relationship 1</p> <p>None, I am / my partner is sterilised 2</p> <p>None, other reason 3</p> <p>Withdrawal 4</p> <p>Condom 5</p> <p>Safe period / rhythm / Persona 6</p> <p>Cap / diaphragm 7</p> <p>Hormonal IUS / Mirena 8</p> <p>Foam / gels / sprays / pessaries 9</p> <p>The Pill 10</p> <p>IUD / Coil 11</p> <p>Going without sex 12</p> <p>Female condom 13</p> <p>Injections / implants 14</p> <p>Emergency contraception 15</p> <p>Dental dam 16</p> <p>Other, please specify 17</p> <hr/>												
<p>40 Have you ever had a test for</p> <p>a HIV</p> <p>b Chlamydia</p>	<p><i>please circle one number on each line</i></p> <table border="0"> <thead> <tr> <th></th> <th>Yes, in last 12 months</th> <th>Yes, more than 12 months ago</th> <th>Never</th> </tr> </thead> <tbody> <tr> <td>a HIV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>b Chlamydia</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		Yes, in last 12 months	Yes, more than 12 months ago	Never	a HIV	1	2	3	b Chlamydia	1	2	3
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a HIV	1	2	3										
b Chlamydia	1	2	3										
<p>41 Have you ever been told by a health professional that you had any of the following?</p> <p><i>please circle all numbers that apply</i></p>	<p>Genital warts / Human papilloma virus / HPV 1</p> <p>Syphilis 2</p> <p>Herpes / Herpes simplex virus 2 / HSV-2 3</p> <p>Chlamydia 4</p> <p>Non Specific Urethritis / Non Gonococcal Urethritis 5</p> <p>Gonorrhoea 6</p> <p>Pelvic Inflammatory disease (PID) 7</p> <p>Vaginal thrush 8</p> <p>Trichomonas / Trich / TV 9</p> <p>HIV or AIDS 10</p> <p>Yes, but can't remember which 11</p>												

About your local area

<p>42 Overall, how satisfied or dissatisfied are you with your local area as a place to live?</p> <p><i>please circle one number only</i></p>	<p>Very satisfied 1</p> <p>Fairly satisfied 2</p> <p>Neither satisfied or dissatisfied 3</p> <p>Fairly dissatisfied 4</p> <p>Very dissatisfied 5</p>
<p>43 How strongly do you feel you belong to your immediate neighbourhood?</p> <p><i>please circle one number only</i></p>	<p>Very strongly 1</p> <p>Fairly strongly 2</p> <p>Not very strongly 3</p> <p>Not at all strongly 4</p> <p>Don't know 5</p>

Questions	Answers																																																						
<p>44 How frequently have you used parks and open spaces in or around Brighton and Hove?</p> <p><i>please circle one number only</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Almost every day</td><td style="text-align: right;">1</td></tr> <tr><td>At least once a week</td><td style="text-align: right;">2</td></tr> <tr><td>About once a month</td><td style="text-align: right;">3</td></tr> <tr><td>Within the last 6 months</td><td style="text-align: right;">4</td></tr> <tr><td>Within the last year</td><td style="text-align: right;">5</td></tr> <tr><td>Longer ago</td><td style="text-align: right;">6</td></tr> <tr><td>Never used</td><td style="text-align: right;">7</td></tr> <tr><td>It does not apply</td><td style="text-align: right;">8</td></tr> <tr><td>Don't know</td><td style="text-align: right;">9</td></tr> </table>			Almost every day	1	At least once a week	2	About once a month	3	Within the last 6 months	4	Within the last year	5	Longer ago	6	Never used	7	It does not apply	8	Don't know	9																																		
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Don't know	9																																																						
<p>45 How often do you see or speak to your neighbours?</p> <p><i>please circle one number only</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Every day</td><td style="text-align: right;">1</td></tr> <tr><td>5 or 6 days a week</td><td style="text-align: right;">2</td></tr> <tr><td>3 or 4 days a week</td><td style="text-align: right;">3</td></tr> <tr><td>Once or twice a week</td><td style="text-align: right;">4</td></tr> <tr><td>Once or twice a month</td><td style="text-align: right;">5</td></tr> <tr><td>Once every couple of months</td><td style="text-align: right;">6</td></tr> <tr><td>Once or twice a year</td><td style="text-align: right;">7</td></tr> <tr><td>Not at all in last 12 months</td><td style="text-align: right;">8</td></tr> </table>			Every day	1	5 or 6 days a week	2	3 or 4 days a week	3	Once or twice a week	4	Once or twice a month	5	Once every couple of months	6	Once or twice a year	7	Not at all in last 12 months	8																																				
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<p>46 Supposing you are ill in bed and need help at home. Could you ask anyone for help? ('Help at home' means help with domestic tasks such as cooking, cleaning, making a cup of tea)</p> <p><i>please circle one number only</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Yes</td><td style="text-align: right;">1</td></tr> <tr><td>No</td><td style="text-align: right;">2</td></tr> <tr><td>Don't know/it depends</td><td style="text-align: right;">3</td></tr> </table>			Yes	1	No	2	Don't know/it depends	3																																														
Yes	1																																																						
No	2																																																						
Don't know/it depends	3																																																						
<p>47 During the past 3 months, have you felt anxious or stressed by any of the following?</p> <p><i>please circle a number for each row</i></p> <p>Your Housing:</p> <p>a conditions e.g, damp/cold etc</p> <p>b neighbourhood</p> <p>Pollution:</p> <p>c air quality</p> <p>d waste/litter</p> <p>e noise</p> <p>f traffic</p> <p>Crime in your area:</p> <p>g burglary</p> <p>h theft from, or of, cars</p> <p>Fear of Violence:</p> <p>i against you</p> <p>j against your family or friends</p> <p>Finance:</p> <p>k fear of losing job</p> <p>l fear of losing home</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">All or most of the time</th> <th style="text-align: center;">Some of the time</th> <th style="text-align: center;">Little or none of the time</th> </tr> </thead> <tbody> <tr><td>a</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr><td>b</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr><td>c</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr><td>d</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr><td>e</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr><td>f</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr><td>g</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr><td>h</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr><td>i</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr><td>j</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr><td>k</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> <tr><td>l</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td></tr> </tbody> </table>				All or most of the time	Some of the time	Little or none of the time	a	1	2	3	b	1	2	3	c	1	2	3	d	1	2	3	e	1	2	3	f	1	2	3	g	1	2	3	h	1	2	3	i	1	2	3	j	1	2	3	k	1	2	3	l	1	2	3
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l	1	2	3																																																				

Questions	Answers
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Questions About You

This information will be used to help look at the health of different groups of people and the types of services they need

<p>48 Are you....</p> <p><i>please circle one number only</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px 2px 10px;">Male</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">1</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">Female</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">2</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">Other</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">3</td> </tr> </table>	Male	1	Female	2	Other	3								
Male	1														
Female	2														
Other	3														
<p>49 Do you identify as the gender you were assigned at birth?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px 2px 10px;">Yes</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">1</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">No</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">2</td> </tr> </table>	Yes	1	No	2										
Yes	1														
No	2														
<p>50 How old were you last birthday?</p>	<p style="text-align: right;">Years _____</p>														
<p>51 Please give your post code</p>	<p style="text-align: right;"><i>enter postcode</i> _____</p>														
<p>52 How long have you lived in Brighton and Hove?</p>	<p style="text-align: right;">Years _____</p>														
<p>53 How many children live in your household?</p> <p><i>please give number in each age group</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px 2px 10px;">0-4 years</td> <td style="padding: 2px 10px 2px 10px;">5-15 years</td> <td style="padding: 2px 10px 2px 10px;">16-17 years</td> </tr> <tr> <td style="text-align: center; padding: 2px 10px 2px 10px;">_____</td> <td style="text-align: center; padding: 2px 10px 2px 10px;">_____</td> <td style="text-align: center; padding: 2px 10px 2px 10px;">_____</td> </tr> </table>	0-4 years	5-15 years	16-17 years	_____	_____	_____								
0-4 years	5-15 years	16-17 years													
_____	_____	_____													
<p>54 How many adults (including yourself) live in your household</p>	<p style="text-align: right;"><i>please give number</i> _____</p>														
<p>55 How would you describe your sexuality/sexual orientation?</p> <p><i>please circle one number only</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px 2px 10px;">Straight/heterosexual</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">1</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">Gay man</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">2</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">Lesbian / gay woman</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">3</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">Bisexual</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">4</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">Unsure</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">5</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">Other, please specify</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">6</td> </tr> <tr> <td colspan="2" style="padding: 2px 10px 2px 10px;">_____</td> </tr> </table>	Straight/heterosexual	1	Gay man	2	Lesbian / gay woman	3	Bisexual	4	Unsure	5	Other, please specify	6	_____	
Straight/heterosexual	1														
Gay man	2														
Lesbian / gay woman	3														
Bisexual	4														
Unsure	5														
Other, please specify	6														

<p>56 Are you currently...</p> <p><i>please circle one number only</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px 2px 10px;">Single</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">1</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">Divorced or separated</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">2</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">Widowed</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">3</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">Married, in civil partnership, or living as a couple</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">4</td> </tr> </table>	Single	1	Divorced or separated	2	Widowed	3	Married, in civil partnership, or living as a couple	4						
Single	1														
Divorced or separated	2														
Widowed	3														
Married, in civil partnership, or living as a couple	4														
<p>57 Which best describes your ethnic origin?</p> <p><i>please circle one number only</i></p>	<p>White</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px 2px 10px;">English/Welsh/Scottish/Northern Irish/British</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">1</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">Irish</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">2</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">Gypsy or Irish Traveller</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">3</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">Any other White background, please write in</td> <td style="text-align: right; padding: 2px 10px 2px 10px;">4</td> </tr> <tr> <td colspan="2" style="padding: 2px 10px 2px 10px;">_____</td> </tr> </table>	English/Welsh/Scottish/Northern Irish/British	1	Irish	2	Gypsy or Irish Traveller	3	Any other White background, please write in	4	_____					
English/Welsh/Scottish/Northern Irish/British	1														
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Any other White background, please write in	4														

Questions	Answers
	<p>Mixed/multiple ethnic groups</p> <p>White and Black Caribbean 5</p> <p>White and Black African 6</p> <p>White and Asian 7</p> <p>Any other Mixed/multiple ethnic background please write in 8</p> <hr/> <p>Asian/Asian British</p> <p>Indian 9</p> <p>Pakistani 10</p> <p>Bangladeshi 11</p> <p>Chinese 12</p> <p>Any other Asian background, please write in 13</p> <hr/> <p>Black/African/Caribbean/Black British</p> <p>African 14</p> <p>Caribbean 15</p> <p>Any other Black/African/Caribbean background please write in 16</p> <hr/> <p>Other ethnic group</p> <p>Arab 17</p> <p>Any other ethnic group, please write in 18</p> <hr/>
<p>58 What is your religion?</p>	<p>No religion 1</p> <p>Christian (including Church of England, Catholic, Protestant and all other denominations) 2</p> <p>Buddhist 3</p> <p>Hindu 4</p> <p>Jewish 5</p> <p>Muslim 6</p> <p>Sikh 7</p> <p>Any other religion, please write in 8</p> <hr/>
<p>59 What is your housing tenure? Are you...</p> <p><i>please circle one number only</i></p>	<p>An owner occupier (with a mortgage) 1</p> <p>An owner occupier (without a mortgage) 2</p> <p>Renting your home furnished from a private landlord 3</p> <p>Renting your home unfurnished from a private landlord 4</p> <p>Renting from a Housing Association 5</p> <p>Renting from a Local Authority or Council 6</p> <p>Living rent-free with job, shop or other business 7</p> <p>Living with parents/family 8</p> <p>Living in bed and breakfast accommodation 9</p> <p>Other, please specify 10</p> <hr/>

Questions	Answers																		
<p>60 Is the accommodation in which you live:</p> <p><i>please circle one number only</i></p>	<table> <tr><td>A house</td><td>1</td></tr> <tr><td>A bungalow</td><td>2</td></tr> <tr><td>A ground floor flat</td><td>3</td></tr> <tr><td>An upstairs flat</td><td>4</td></tr> <tr><td>A basement flat</td><td>5</td></tr> <tr><td>A mobile home</td><td>6</td></tr> <tr><td>A bed sit</td><td>7</td></tr> <tr><td>Other, please specify</td><td>8</td></tr> <tr><td>_____</td><td></td></tr> </table>	A house	1	A bungalow	2	A ground floor flat	3	An upstairs flat	4	A basement flat	5	A mobile home	6	A bed sit	7	Other, please specify	8	_____	
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A bed sit	7																		
Other, please specify	8																		

<p>61 Are there times in the winter when you cannot keep your home warm enough?</p> <p><i>please circle one number only</i></p>	<table> <tr><td>Most of the time</td><td>1</td></tr> <tr><td>Quite often</td><td>2</td></tr> <tr><td>Only occasionally</td><td>3</td></tr> <tr><td>Never</td><td>4</td></tr> </table>	Most of the time	1	Quite often	2	Only occasionally	3	Never	4										
Most of the time	1																		
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Only occasionally	3																		
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<p>62 Do you look after, or give help or support to family members, friends, neighbours or others because of long-term physical or mental, ill-health or disability, or problems related to old age?</p> <p>Do not count anything you do as a part of your paid employment</p> <p><i>please circle one number only</i></p>	<table> <tr><td>No</td><td>1</td></tr> <tr><td>Yes, 1-19 hours a week</td><td>2</td></tr> <tr><td>Yes, 20-49 hours a week</td><td>3</td></tr> <tr><td>Yes, 50 or more hours a week</td><td>4</td></tr> </table>	No	1	Yes, 1-19 hours a week	2	Yes, 20-49 hours a week	3	Yes, 50 or more hours a week	4										
No	1																		
Yes, 1-19 hours a week	2																		
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Yes, 50 or more hours a week	4																		
<p>63 Which of the following best describes your current situation?</p> <p><i>please circle one number only</i></p>	<table> <tr><td>I am self employed</td><td>1</td></tr> <tr><td>I am employed full-time (more than 30 hrs a week)</td><td>2</td></tr> <tr><td>I am employed part-time (less than 30 hrs a week)</td><td>3</td></tr> <tr><td>I am retired</td><td>4</td></tr> <tr><td>I am unemployed and looking for work</td><td>5</td></tr> <tr><td>I am unable to work due to disability or ill health</td><td>6</td></tr> <tr><td>I am caring for my home and family/dependents</td><td>7</td></tr> <tr><td>I am a full-time student</td><td>8</td></tr> <tr><td>I am a part-time student</td><td>9</td></tr> </table>	I am self employed	1	I am employed full-time (more than 30 hrs a week)	2	I am employed part-time (less than 30 hrs a week)	3	I am retired	4	I am unemployed and looking for work	5	I am unable to work due to disability or ill health	6	I am caring for my home and family/dependents	7	I am a full-time student	8	I am a part-time student	9
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I am a part-time student	9																		
<p>64 Which of these qualifications do you have?</p> <p>If your qualification is not listed, circle the number of its nearest equivalent</p> <p><i>please circle all numbers that apply</i></p>	<table> <tr><td>1+ O levels/CSEs/GCSEs (any grades), Basic Skills</td><td>1</td></tr> <tr><td>NVQ Level 1, Foundation GNVQ</td><td>2</td></tr> <tr><td>5+ O levels (any grades), CSEs (grade 1), GCSEs (grades A* - C), School Certificate, 1+ A levels/ AS levels / VCEs</td><td>3</td></tr> <tr><td>NVQ Level 2, Intermediate GNVQ City and Guilds Craft, BTEC First / General Diploma, RSA Diploma</td><td>4</td></tr> <tr><td>Apprenticeship</td><td>5</td></tr> <tr><td>2+ A levels, 4+ AS levels, Higher School Certificate</td><td>6</td></tr> </table>	1+ O levels/CSEs/GCSEs (any grades), Basic Skills	1	NVQ Level 1, Foundation GNVQ	2	5+ O levels (any grades), CSEs (grade 1), GCSEs (grades A* - C), School Certificate, 1+ A levels/ AS levels / VCEs	3	NVQ Level 2, Intermediate GNVQ City and Guilds Craft, BTEC First / General Diploma, RSA Diploma	4	Apprenticeship	5	2+ A levels, 4+ AS levels, Higher School Certificate	6						
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Apprenticeship	5																		
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Questions	Answers
	NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma 7
	First degree (e.g. BA, BSc), Higher degree (e.g. MA, PhD, PGCE) 8
	NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher level 9
	Professional Qualifications (e.g. nursing, teaching, accountancy) 10
	Other vocational / work related qualifications 11
	Foreign qualifications 12
	No qualifications 13

If there are any comments you would like to make please record them here.

Now please check that you have answered all the questions that apply to you. Please return the completed questionnaire in the PREPAID envelope provided (no stamp is required).

Thank you very much for your help, we are grateful for the trouble you have taken. To show our appreciation we are running a draw with a star prize of £500, plus 2 prizes of £100, and 25 prizes of £25.

Please tick the box if you would like to enter the prize draw

