

# Lifestyle & Access to Health Services Survey

## Hull Primary Care Trusts



### YOUR GENERAL HEALTH

Q1: **Are you MALE or FEMALE :** Male ☐\_1 Female ☐\_2

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

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

Excellent ☐\_1

Very Good ☐\_2

Good ☐\_3

Fair ☐\_4

Poor ☐\_5

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

Much better than 12 months ago ☐\_1

Somewhat better than 12 months ago ☐\_2

About the same ☐\_3

Somewhat worse than 12 months ago ☐\_4

Much worse now than 12 months ago ☐\_5

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

Yes ☐\_1 No ☐\_2

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

Yes ☐\_1 No ☐\_2

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

Yes ☐\_1 No ☐\_2

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

During the last 12 months ☐\_1 Have not had blood pressure measured ☐\_4

Between 1 and 5 years ago ☐\_2 Don't know ☐\_5

More than 5 years ago ☐\_3

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

Yes ☐\_1 No ☐\_2 Do Not Know ☐\_3

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

Yes ☐<sub>1</sub> No ☐<sub>2</sub> Do Not Know ☐<sub>3</sub>



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

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

Stone	pounds	OR		kgs
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## YOUR DENTAL HEALTH

Q13: Adults can have up to 32 natural teeth but over time people lose some of them.

HOW MANY natural teeth have you got: (please tick one box)

I have no natural teeth ☐<sub>1</sub>

I have fewer than 10 natural teeth ☐<sub>2</sub>

I have between 10 and 19 natural teeth ☐<sub>3</sub>

I have 20 or more natural teeth ☐<sub>4</sub>

Q14: Are you registered with a DENTIST:

Yes ☐<sub>1</sub> No ☐<sub>2</sub>

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

NHS Dentist ☐<sub>1</sub> Private Dentist ☐<sub>2</sub> Both ☐<sub>3</sub>

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

During the past 12 months ☐<sub>1</sub> Between 5 and 10 years ago ☐<sub>5</sub>

Between 1 and 2 years ago ☐<sub>2</sub> More than 10 years ago ☐<sub>6</sub>

Between 2 and 3 years ago ☐<sub>3</sub> Never ☐<sub>7</sub>

Between 3 and 5 years ago ☐<sub>4</sub>

Q17: If you have NOT been to the dentist in the last 12 months, WHY have you not been:

(please tick as many circles as apply)

☐<sub>1</sub> I did not need to go

☐<sub>5</sub> It is a long way to go

☐<sub>2</sub> I can not find an NHS dentist

☐<sub>6</sub> I can not find a dentist who will register me

☐<sub>3</sub> I can not find a dentist I like

☐<sub>7</sub> I always feel worried about going to the dentist

☐<sub>4</sub> Treatment is expensive

☐<sub>8</sub> Another reason

Q18: The LAST TIME you visited the dentist, WHY did you go; was it because:

(please tick one box)

You went for a check up ☐<sub>1</sub> You can't remember ☐<sub>4</sub>

You were having trouble with your teeth or gums ☐<sub>2</sub> You have never been to the dentist ☐<sub>5</sub>

You had problems with your dentures ☐<sub>3</sub> Another reason ☐<sub>6</sub>

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

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

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

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

## WHAT DO YOU EAT & DRINK

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

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

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

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

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

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

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

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

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



Yes ☐\_1

No ☐\_2

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

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

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

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

## SMOKING

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

Yes ☐\_1

No ☐\_2

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

I smoke daily

☐\_1

I used to smoke but I do not smoke at all now

☐\_3

I now smoke but not every day

☐\_2

I have never smoked

☐\_4

Q30: **Do you use NO SMOKING AREAS when you can**

Yes ☐\_1

No ☐\_2

## CURRENT SMOKERS

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

Cigarettes

in a day

Cigars

in a day

Pipes of tobacco

in a day

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

I have smoked for

years

## EX SMOKERS

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

I gave up smoking  years ago

## EXERCISE

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

Very physically active ☐<sub>1</sub> Not very physically active ☐<sub>3</sub>

Fairly physically active ☐<sub>2</sub> Not at all physically active ☐<sub>4</sub>

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

(please tick one box for each line)

	Never	Occasionally (once or twice)	Regularly (three times or more)
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<b>Vigorous Exercise</b> (e.g. running, jogging, squash, swimming lengths, aerobics, fast cycling, football)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
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<b>Moderate Exercise</b> (e.g. fast walking, dancing, gentle swimming, golf, heavy housework, heavy gardening/digging)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
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<b>Light Exercise</b> (e.g. walking at average pace, table tennis, light housework, light gardening/weeding)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
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Q36: **Do you think you TAKE ENOUGH exercise:** (please tick one box)

Yes ☐<sub>1</sub> No ☐<sub>2</sub> Do Not Know ☐<sub>3</sub>

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

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

## GENERAL INFORMATION ABOUT YOU

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

Alone <input type="checkbox"/> <sub>1</sub>	With parents <input type="checkbox"/> <sub>5</sub>
With child(ren) (single parent) <input type="checkbox"/> <sub>2</sub>	With friend(s) <input type="checkbox"/> <sub>6</sub>
With partner <input type="checkbox"/> <sub>3</sub>	Other <input type="checkbox"/> <sub>7</sub>
With partner and child(ren) <input type="checkbox"/> <sub>4</sub>	

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

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

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

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

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

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

Yes	<input type="checkbox"/> <sub>1</sub>	No	<input type="checkbox"/> <sub>2</sub>
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Q42: **If YES How many children live in your household:**

Child(ren) under 5 years


*(please write in how many children in each box)*

Child(ren) aged 5-16

Child(ren) over 16

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

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

Q44: **Are you currently WORKING**

Yes ☐<sub>1</sub>

No ☐<sub>2</sub>

Q45: **If YES do you work**

Full time ☐<sub>1</sub>

Part time ☐<sub>2</sub>

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



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

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

Yes ☐<sub>1</sub> No ☐<sub>2</sub>

Q48: Which, if any, of the following QUALIFICATIONS do you have:

(please tick as many circles as apply)

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

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

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

## YOUR HEALTH SERVICES

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes	<input type="checkbox"/> <sub>1</sub>	No	<input type="checkbox"/> <sub>2</sub>
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**Q64: If YES where:** (please tick one box)

A Family Planning Clinic	<input type="checkbox"/> <sub>1</sub>
Your own GP	<input type="checkbox"/> <sub>2</sub>
Another local GP	<input type="checkbox"/> <sub>3</sub>
Somewhere else	<input type="checkbox"/> <sub>4</sub>

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

A Family Planning Clinic	<input type="checkbox"/> <sub>1</sub>
Your own GP	<input type="checkbox"/> <sub>2</sub>
Another local GP	<input type="checkbox"/> <sub>3</sub>
Somewhere else	<input type="checkbox"/> <sub>4</sub>

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

I completed it by myself	<input type="checkbox"/> <sub>1</sub>
Someone read the questions to me	<input type="checkbox"/> <sub>2</sub>
Someone wrote down the answers I gave	<input type="checkbox"/> <sub>3</sub>
Someone answered the questions for me	<input type="checkbox"/> <sub>4</sub>
Someone translated the questions into my own language	<input type="checkbox"/> <sub>5</sub>
Someone helped in some other way	<input type="checkbox"/> <sub>6</sub>

**THANK YOU FOR YOUR TIME AND YOUR HELP:**

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