



HEALTH and LIFESTYLE in Hull 2011

We are asking people in the whole of Hull to give us a picture of their health and lifestyle. This will help us to plan local services which meet your needs.

Tell us about you!

- Everything you tell us will be treated in the **strictest confidence** – we definitely won't pass your details on to anyone else.
- Please **follow the instructions** for each question carefully. Some of them ask you to tick one box, and some more than one box.
- **Please return** your completed questionnaire to the person who called at your door. They are from a company called Information by Design and they are collecting the information for us.
- If you have **any questions** please telephone Dawn Downs, Operations Manager at Information by Design on (01482) 467467.

Return this and your name will be entered into a prize draw to win a top prize of a £300, with a second prize of £100 and two third prizes of £50 (high street store vouchers)..

NHS Hull

Health and Lifestyle Survey 2011

ABOUT YOU

Q1. Are you male or female? ₁ Male ₂ Female

Q2. How old are you? years

Q3. What is your postcode?

H	U		
---	---	--	--

--	--	--

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

YOUR GENERAL HEALTH

Q4. Overall, how would you rate your usual health: excellent, very good, good, fair, poor?

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

Q5. During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?

Not at all ₁ Very little ₂ Somewhat ₃ Quite a lot ₄ Could not do physical activities ₅

Q6. During the past 4 weeks, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?

None at all A little bit Some Quite a lot Could not do daily work
₁ ₂ ₃ ₄ ₅

Q7. How much bodily pain have you had during the past 4 weeks?

None Very mild Mild Moderate Severe Very severe
₁ ₂ ₃ ₄ ₅ ₆

Q8. During the past 4 weeks, how much energy did you have?

Very much Quite a lot Some A little None
₁ ₂ ₃ ₄ ₅

Q9. During the past 4 weeks, how much did your physical health or emotional problems limit your usual social activities with family or friends?

Not at all Very little Somewhat Quite a lot Could not do social activities
₁ ₂ ₃ ₄ ₅

Q10. During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?

Not at all Slightly Moderately Quite a lot Extremely
₁ ₂ ₃ ₄ ₅

Q11. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual work, school or daily activities?

Not at all Very little Somewhat Quite a lot Could not do daily activities
₁ ₂ ₃ ₄ ₅

Q12. Do you have any illness or disability which has lasted for longer than a month?

Yes ₁ No ₂

If 'no', go to Q13. Otherwise continue with Q12a.

Q12a. Does this illness or disability limit your activities in any way?

Yes ₁ No ₂

Q13. Are you registered as disabled as described under the Disability Discrimination Act?

Yes ₁ No ₂

Q14. Which of these sentences best describes the amount of stress or pressure you experienced in the past 12 months?

- 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

With the next 5 questions (15a-15e) it is important, if you feel one category does not describe the full situation, to choose the one which is nearest to your current state.

Q15a. Which of these describes your usual state

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

Q15b. Which of these describes your usual state

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

Q15c. Which of these describes your usual state (with regard to 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

Q15d. Which of these describes your usual state

I have no pain or discomfort
₁

I have some pain or discomfort
₂

I have extreme pain or discomfort
₃

Q15e. Which of these describes your usual state

I am not anxious or depressed
₁

I am moderately anxious or depressed
₂

I am extremely anxious or depressed
₃

Q16. To help you say how good or bad your health is, imagine a scale on which the best health you can imagine anyone can have is 100 and the worst health you can imagine anyone can have is 0. Please indicate on this scale how good or bad you feel YOUR health is today. *Enter the number in the boxes.*

Indicated number
0-100

--	--	--

Q17. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks... Tick one box in each row.

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Have you been nervous?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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
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
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

Q18. Do you have or has your doctor told you that you have any of the following medical conditions? If you have none of the conditions listed, tick the final ('none of the above') box.

	Yes
Heart problems or heart disease....	<input type="checkbox"/> ₁
Breathing problems.....	<input type="checkbox"/> ₁
Previous stroke.....	<input type="checkbox"/> ₁
Diabetes.....	<input type="checkbox"/> ₁
Cancer (previous five years).....	<input type="checkbox"/> ₁ If yes, specify type: _____
None of the above.....	<input type="checkbox"/> ₁

Q19. The last time you went to a dentist, was it NHS or private?

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

Q20. When did you last go to the dentist?

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

Q21. 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"/> ₁	<input type="checkbox"/> ₂
Sick or disabled children.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other sick or disabled relatives.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Elderly relatives (not sick).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Sick or disabled friends.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Parents.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Someone else.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

If 'yes' to any of these, continue with Q21a. Otherwise go to Q22.

Q21a. In the last year, have you performed any of these activities for anyone that you care for? *Answer the question for all people you might have said above that you care for. Tick one box in each row.*

	Daily	Weekly	Monthly	Rarely	Never
Helping the person wash, dress or feed themselves, etc.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Giving them medication.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Doing housework (cleaning and clothes washing, etc) or gardening for them.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Helping with finances (pay bills, etc).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Preparing meals for them.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Going shopping for them (food, medication)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Giving them lifts (to doctor's or hospital appointments, etc).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Other caring activity, please specify	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q21b. If you are responsible for the long term care of another person (Q21), how many hours per week do you spend in caring for that person(s). Tick one box – include any time you spend travelling so that you can do these activities.

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

YOUR DOCTOR

Q22. Are you registered with a GP/doctor?

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| NHS | Private | Not registered | Don't know |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

If you are registered with an NHS doctor, continue with Q22a. Otherwise go to Q23.

Q22a. Who is your GP/doctor? (please enter all the information you can remember)

Name of GP/doctor: _____

Practice name: _____

Street: _____

City/Town/Village: _____

GP practice (office use only)

--	--	--	--	--	--

LIFESTYLE AND BEHAVIOUR

Q23. Generally speaking, do you think that you have a healthy diet? (Mark one box only)

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

Q24. In general, how many portions of fruit or vegetables do you eat each day (excluding potatoes)? (for example, one portion is one medium sized apple, banana, pear, orange or tomato, 2-3 plums, a handful of grapes, three heaped tablespoons of peas, carrots or cabbage, half a larger fruit or vegetable such as a pepper or grapefruit, count pure fruit juice as one portion regardless of amount per day)

*Write in **number** of portions (enter zero if none)*

Q25. How often do you drink alcohol?

- | | |
|---|--|
| <input type="checkbox"/> ₁ Everyday | <input type="checkbox"/> ₄ 1 – 3 days a month |
| <input type="checkbox"/> ₂ 4 – 6 days a week | <input type="checkbox"/> ₅ Less than once a month |
| <input type="checkbox"/> ₃ 1 – 3 days a week | <input type="checkbox"/> ₆ Never (go to Q29) |

If you 'never' drink alcohol, go to Q29. Otherwise continue with Q26.

Q26. Thinking back over the last 7 days, did you drink any alcohol?

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

If 'no' go to Q28a (for men) or Q28b (for women). Otherwise continue with Q27.

Q27. If you did drink alcohol, please say how much you drank in the last 7 days by filling in the table below: (please write in the approximate **number** of drinks in each section, enter zero if none)

	Pints (586ml) or large bottle/cans (500ml)	Standard can (440ml)	Small cans/bottles (330ml)
Ordinary beer, lager or cider (e.g. Carling, Stella, Carlsberg, Guinness, John Smith's, Tetley's, Strongbow, Magners)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Strong beer, lager or cider (e.g. Tenants Extra, Special Brew, white cider)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Small glass	Large glass	Bottles
Wine	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Pub measure glass	Home glass	
Spirits, shorts, shots (whisky, gin, vodka, etc), sherry, fortified wine, etc	<input type="text"/>	<input type="text"/>	
	Standard bottles		
Alcopops (e.g. Bacardi Breezers, Vodka Ice)	<input type="text"/>		
Other alcohol (specify type of alcohol and amount):	<input type="text"/>	type/amount:	

Men and women tolerate alcohol differently, so the next two questions are very similar to each other. Men should answer the first question (Q28a) and women should answer the second question (Q28b). Then all men and women should continue with Q29.

Q28a. FOR MEN ONLY: How often do you drink 8 or more units of alcohol on a single day? (where 8 units is 4 pints or 5 small glasses of wine (just under one bottle of wine) or 8 pub measures of whisky)

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

Q28b. FOR WOMEN ONLY: How often do you drink 6 or more units of alcohol on a single day? (where 6 units is 4 small glasses of wine (two-thirds of a bottle of wine) or 3 pints or 6 pub measures of vodka)

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

Q29. Have you smoked any tobacco in the last 7 days?

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

Q30. Which statement suits you best?

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

If you have NEVER smoked, please go to Q34.

If you are an EX-SMOKER, please go to Q33.

Otherwise continue with Q31.

Q31. CURRENT SMOKERS: In a day, how many cigarettes, cigars and ounces of tobacco do you usually smoke? (please state how many and enter zero if none)

Cigarettes.....	<input style="width: 50px; height: 20px;" type="text"/>	in a day
Cigars.....	<input style="width: 50px; height: 20px;" type="text"/>	in a day
Ounces of tobacco	<input style="width: 50px; height: 20px;" type="text"/>	in a day

Q32. CURRENT SMOKERS: How many years have you been a smoker? (approximately)

I have smoked for years

Q33. EX-SMOKERS: Approximately how many years ago did you give up smoking?

I gave up smoking years ago

Q34. In a usual week, how many times do you exercise for at least 30 minutes?

	Never	Once or twice a week	Three or four times a week	Five or more times a week
Vigorous Exercise (e.g. running, jogging, squash, swimming lengths, aerobics, fast cycling, football)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Moderate Exercise (e.g. fast walking, dancing, gentle swimming, golf, heavy housework, heavy gardening/digging)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Light Exercise (e.g. walking at average pace, table tennis, light housework, light gardening/weeding)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q35. Now looking at this in a bit more detail, can you tell us how many minutes in total you undertook moderate or vigorous exercise or physical activity during the last 7 days? Please write in the boxes the number of *minutes* of exercise each day OR tick the final ('none in the last week') box if you did not undertake any moderate or vigorous exercise in the last week.

	NUMBER OF MINUTES OF EXERCISE LAST WEEK							None in last week (tick box)
	Last Mon	Last Tue	Last Wed	Last Thu	Last Fri	Last Sat	Last Sun	
Vigorous/moderate exercise (see Q34 for examples)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Q36. 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

Q37. 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
--	--	------------	--	--	--------	-----------	--	--	--	-----------

HOW YOU FEEL ABOUT YOUR HEALTH AND LIFESTYLE

Q38. Here are some statements that other people have made. Please tick one box for each row to show how much you agree or disagree with each of them.

	Disagree strongly	Disagree	Disagree slightly	Neither agree nor disagree	Agree slightly	Agree	Agree strongly
I feel good about myself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
I get a lot of pleasure from taking risks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
I generally focus on the here and now rather than worry about the future	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
I learn from my mistakes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

Q39. Here are some things that other people have said they would like to have over the course of their lives. Could you tell me how important each of them is to you personally? *Please tick one box on the scale from 1-7, where 1 is not at all important and 7 is very important.*

	Not at all important						Very important
To have money, wealth and possessions.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
To have an image that others find appealing.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

Q40. Here are some more statements that we would like you to look at. Please tick one box for each row to show how much you agree or disagree with each of them.

	Disagree strongly	Disagree	Disagree slightly	Neither agree nor disagree	Agree slightly	Agree	Agree strongly
Following a healthy lifestyle is an effective way to reduce my chances of becoming ill	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
If you don't have your health you don't have anything	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
There is nothing more important than good health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
I'm very involved in my health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
I am in control of my own health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
The main thing which affects my health is what I personally do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
If a person is meant to get ill, it doesn't matter what a doctor tells them to do, they will get ill anyway	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
I intend to lead a healthy lifestyle over the next 12 months	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

Q41. For you, would leading a healthy lifestyle be... Answer on a scale of 1 to 7 with 1 "extremely difficult" and 7 "extremely easy".

Extremely difficult	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	Extremely easy
---------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	---------------------------------------	----------------

Q42. How much control do you believe you have over whether or not you can lead a healthy lifestyle over the following year? *Answer on a scale of 1 to 7 with 1 “no control” and 7 “complete control”.*

No control

Complete control

₁
₂
₃
₄
₅
₆
₇

Q43. For you, would leading a healthy lifestyle be... *Answer on a scale of 1 to 7 with 1 “not enjoyable” and 7 “enjoyable”.*

Not enjoyable

Enjoyable

₁
₂
₃
₄
₅
₆
₇

Q44. Which of these best describes your view: “If I don’t lead a healthy lifestyle, my health could be at risk . . .”

In the next 12 months

In the next few years

In the next 10-20 years

Much later in my life

Not at all

₁
₂
₃
₄
₅

Q45. Compared with other people of your age, how likely do you think it is that you will get seriously ill at some point over the next few years?

I am much MORE likely to get seriously ill than other people of my age

₁

I am a little more likely

₂

No more or less likely

₃

I am a little less likely

₄

I am much LESS likely to get seriously ill than other people of my age

₅

I already have a serious illness

₆

Q46. In general, how big an impact do you think the following would have on someone's health? Please mark only one box per line.

	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

ABOUT YOU

Q47. Which, if any, of the following qualifications do you have?

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

If 'other', please specify:

Q48. What is your ethnic group? (please tick a box to indicate your cultural background)

White	English/Welsh/Scottish/Northern Irish/British....	<input type="checkbox"/>	1
	Irish.....	<input type="checkbox"/>	2
	Gypsy or Irish Traveller.....	<input type="checkbox"/>	3
	Any other White background.....	<input type="checkbox"/>	4 Please specify: _____
Mixed / multiple ethnic groups	White & Black Caribbean.....	<input type="checkbox"/>	5
	White & Black African.....	<input type="checkbox"/>	6
	White & Asian.....	<input type="checkbox"/>	7
	Any other Mixed or multiple ethnic background	<input type="checkbox"/>	8 Please specify: _____
Asian / Asian British	Indian.....	<input type="checkbox"/>	9
	Bangladeshi.....	<input type="checkbox"/>	10
	Pakistani.....	<input type="checkbox"/>	11
	Chinese.....	<input type="checkbox"/>	12
	Any other Asian background.....	<input type="checkbox"/>	13 Please specify: _____
Black / African / Caribbean/ Black British	Caribbean.....	<input type="checkbox"/>	14
	African.....	<input type="checkbox"/>	15
	Any other Black/African/Caribbean background	<input type="checkbox"/>	16 Please specify: _____
Other ethnic group	Arab.....	<input type="checkbox"/>	17
	Any other ethnic group.....	<input type="checkbox"/>	18 Please specify: _____

Q49. What is your nationality?

British 1
 Other 2
 Rather not say 3

If 'other', please specify:

If 'British' to go Q51. Otherwise continue with Q50.

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

Q50. If you are NOT British, would you be prepared to tell us your current status in the UK? Please tick one response only.

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

If 'other', please specify:

Q51. On a scale of one to ten, how would you rate the fluency of your spoken English? One if you are fluent/speak very good English and ten if you do not speak English at all.

- | | | | | | | | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|--------------------------------------|
| Fluent /
speak very
good
English | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | <input type="checkbox"/> ₉ | <input type="checkbox"/> ₁₀ | Do not
speak
English at
all |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|--------------------------------------|

Q52. What is your country of birth?

- | | |
|--|--|
| <input type="checkbox"/> ₁ England | <input type="checkbox"/> ₅ Eire / Republic of Ireland |
| <input type="checkbox"/> ₂ Wales | <input type="checkbox"/> ₆ Other |
| <input type="checkbox"/> ₃ Scotland | <input type="checkbox"/> ₇ Rather not say |
| <input type="checkbox"/> ₄ Northern Ireland | |

If 'other', please specify:

Q53. What language do you generally speak at home?

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

If 'other', please specify:

Q54. What is your religion?

- ₁ No religion
- ₂ Christian (including Church of England, Catholic, Protestant and all other Christian dominations)
- ₃ Buddhist
- ₄ Hindu
- ₅ Jewish
- ₆ Muslim
- ₇ Sikh
- ₈ Any other religion
- ₉ Rather not say

If 'other', please specify:

Q55. How would you describe your sexual orientation?

- | | |
|---|--|
| <input type="checkbox"/> ₁ Straight/heterosexual | <input type="checkbox"/> ₅ Transgender |
| <input type="checkbox"/> ₂ Bisexual | <input type="checkbox"/> ₆ Rather not say |
| <input type="checkbox"/> ₃ Lesbian/gay women | <input type="checkbox"/> ₇ None of these |
| <input type="checkbox"/> ₄ Gay man | |

Q56. 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 | |
| Working for someone (employee) | <input type="checkbox"/> ₂ | } I usually work: <input style="width: 50px; height: 30px;" type="text"/> hours per week |
| Self-employed | <input type="checkbox"/> ₃ | |

If you are currently working, go to Q58. Otherwise continue with Q57.

Q57. If you are not working, how would you describe your employment situation?

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

If 'other', please specify:

Q58. Are you doing any studying at all? *You may have answered this question already (Q57) if you are a full-time student; if so, please tick 'yes' to this question (Q58) and continue with Q58a.*

Yes

 ₁

No

 ₂

If you are not doing any studying, go to Q59. Otherwise continue with Q58a.

Q58a. How many hours per week are you studying?

 ₉₉

Full time

OR

Number of hours per week _____

Q58b. What qualification, if any, do you hope to obtain after finishing your current studies?

 ₁

GCSE/CSE/O levels

 ₅

Higher degree or postgraduate qualifications

 ₂

'AS' or 'A' levels

 ₆

Other qualifications

 ₃

HNC/Technical qualifications

 ₇

None of the above

 ₄

Degree (or equivalent)

If 'other', please specify:

GENERAL INFORMATION ABOUT YOUR HOME/HOUSEHOLD

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

Q59. How many children aged under 18 years live in your household? *(enter zero if none)*

Number of children aged under 18 years

If there are no children in your household go to Q60. Otherwise continue with Q59a.

Q59a. If there are children in the household, what are their ages?

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

Q60. How many adults (aged 18+) live in your household including yourself?
*Enter the **number** of adults. Count yourself, so if you are the only adult in your household, please enter '1'.*

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

If there is just you in your household go to Q61. Otherwise continue with Q60a.

Q60a. If there is one or more other adult in your household, how are they related to you? (specify the **number in each category – enter zero if 'none')**

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

If 'other', please specify:

Q61. 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
At home.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
At work, college, school, etc.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
At another fixed location, e.g. local library.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
On the move, e.g. through your smartphone..	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q62. Is the house/flat in which you live:

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

If 'other', please specify:

We'd like to ask you about the total income for your household now. Household income is also related to health, and we'd like to look at the link more closely. All information you provide on this questionnaire is completely confidential.

Q63. What is the total income for your household?

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

Q64. 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)?

- ₁ After tax
 ₂ Before tax
 ₃ Don't know
 ₄ Rather not say

INFORMATION ABOUT THE AREA IN WHICH YOU LIVE

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

Q65. How long have you lived in this area?

Lived in area a total of years and months

Q66. Please say whether you are satisfied or dissatisfied with these aspects of the local community. Please mark one box for each line.

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
Open space: trees, grass, parks, play areas	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Street appearance: pavements, front gardens, walls, fences, litter	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Traffic: noise, pollution, safety	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Parking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Anti-social behaviour and crime	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q67. Thinking generally about what you expect of your local health services how would you rate them?

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

Q68. Safety in your local area

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

Q69. If you stated that you never went out (in Q68), how safe do you think you would feel if you did go out?

	Very safe	Fairly safe	A bit unsafe	Very unsafe
How safe would you feel walking alone in this area during daytime?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
How safe would you feel walking alone in this area after dark?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q70. Would you say that you are well informed about things which affect your area?

Yes ₁ No ₂ Don't know ₃

Q71. Do you feel you can influence decisions that affect your area?

Yes ₁ No ₂ Don't know ₃

Q72. Have you been involved in any local organisations over the past 3 years?

Yes ₁ No ₂

If 'yes', what organisation(s):

Q73. Still thinking about the same area, how much of a problem are these things?

	Very big problem	Fairly big problem	Minor problem	Not a problem	Don't know
Graffiti or vandalism.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Verbal or physical threat or aggression.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Crime.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q74. In the past 3 years have you taken any of the following actions in an attempt to solve a local problem?

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

Q75. Would you say that you trust...

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

Q76. How much trust would you say you have in the following groups and organisations? Please mark one box for each line.

	A great deal	A fair amount	Not very much	None at all	Don't know
Local police.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Local health services.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Local schools.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Local council.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Neighbours.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Friends.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Family.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q77. Would you say this neighbourhood is a place where neighbours look out for each other?

- Yes ₁ No ₂ Don't know ₃

Q78. 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.

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

INFORMATION ABOUT FAMILY/FRIENDS AND SUPPORT

Q79. Not counting the people you live with, how often do you speak to family members?

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

Q80. Not counting the people you live with, how often do you speak to friends (who are not family or neighbours)?

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

Q81. How often do you speak to neighbours (who are not family members or friends)?

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

Q82. How often do you communicate with family, friends or other people through texting, email, chat rooms, MSN, Facebook, Bebo, etc?

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

Q83. Thinking of your relatives and friends that you feel close to, how many live within a 15-20 minute walk or a 5-10 minute drive? *Don't include people who live with you.*

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

Q84. If you were ill in bed and needed help at home, could you ask anyone for help (including those who live with you)?

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

Q85.and tell me who you would ask for help if ill in bed? *Please tick one response for each row.*

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

Q86. In general, if you had a serious crisis, how many people, if any, do you feel you could turn to for comfort and support?

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

FURTHER RESEARCH

NHS Hull wants the local people to have a real influence on Hull’s health services and the way they develop in the future. To help us do this, we’d like to ask you if you’d be willing to help with future research. For example, attending a group to discuss health, lifestyle and behaviour, and health services. ***It is completely voluntary and all views expressed will be strictly anonymous. May we remind you that all answers will be completely confidential.***

Q87. Would you be willing to participate in future research for NHS Hull?

Yes ₁ No ₂

Signature _____ Date _____

Please complete your name and contact details on the next page so we can contact you to invite you to participate. Note that it is not guaranteed that you will be asked to participate in future research.

PRIZE DRAW

Q88. Would you like your name to be entered into the prize draw? *The first prize is £300, the second prize is £100 and there are two £50 third prizes. All prizes will be high street store vouchers.*

Yes ₁ No ₂

Please complete your name and contact details on the next page, otherwise we will be unable to contact you if you win.

MEMBERSHIP TO NHS HULL

Q89. NHS is asking people to become members. **Would you be interested in joining?** *Membership is free and you receive a discount card for use in shops and restaurants, a newsletter and invitations to attend different events which you can chose whether you attend. For more details, telephone (01482) 344739 or email membership@hullpct.nhs.uk*

Yes ₁ No ₂ Already a member ₃

Please complete your name and contact details on the next page so the Membership Team can contact you.

If 'yes' to Q87, Q88 or Q89, please supply your name, address, and at least one telephone number, and your email address if this method of contact is preferred.

Mr / Mrs / Miss / Ms / Dr

Forename _____ Surname _____

Address _____ Postcode _____

Telephone number _____(work)

Telephone number _____(home)

Telephone number _____(mobile)

Email _____

ABOUT THIS QUESTIONNAIRE

Q90. Did you complete this questionnaire yourself or was it completed by interview?

Self-completed ₁ Interview ₂

Q91. If interviewed, was this interview conducted in English?

Yes ₁ No ₂

If 'no', please specify language:

THANK-YOU FOR YOUR TIME AND YOUR HELP