

# HEALTH and LIFESTYLE in Hull 2014

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 £50, with two second prizes of £25 (high street store vouchers).**

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# Hull's Health and Lifestyle Survey 2014

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

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

## YOUR HEALTH IN GENERAL

**Q1. Overall, how would you rate your usual health: excellent, very good, good, fair, poor? (Tick one box only)**

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

**Q2. Do you have any illness or disability which has lasted for longer than a month? (Tick one box only)**

Yes      No  
<sub>1</sub>      <sub>2</sub>

*If 'no' go to Q4, otherwise continue with Q3.*

**Q3. Does this illness or disability limit your activities in any way? (Tick one box only)**

Yes      No  
<sub>1</sub>      <sub>2</sub>

**Q4. Overall, how satisfied are you with your life nowadays? Please answer the question on a scale of 0 to 10 where 0 is "not at all satisfied" and 10 is "completely satisfied". (Circle one number only).**

0      1      2      3      4      5      6      7      8      9      10

**Q5. Overall, to what extent do you feel the things you do in your life are worthwhile? Please answer the question on a scale of 0 to 10 where 0 is "not at all worthwhile" and 10 is "completely worthwhile". (Circle one number only.)**

0      1      2      3      4      5      6      7      8      9      10

**Q6. Overall, how happy did you feel yesterday? Please answer the question on a scale of 0 to 10 where 0 is “not at all happy” and 10 is “completely happy”. (Circle one number only.)**

0      1      2      3      4      5      6      7      8      9      10

**Q7. Overall, how anxious did you feel yesterday? Please answer the question on a scale of 0 to 10 where 0 is “not at all anxious” and 10 is “completely anxious”. (Circle one number only.)**

0      1      2      3      4      5      6      7      8      9      10

**Q8. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks... (Tick one box in each row.)**

|  | All of the time                       | Most of the time                      | Some of the time                      | A little of the time                  | None of the time                      |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a: Have you been nervous?.....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| b: Have you felt so down in the dumps that nothing could cheer you up? | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| c: Have you felt calm and peaceful?.....                               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| d: Have you felt downhearted and low?.....                             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| e: Have you been happy?.....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**YOUR DIET**

**Q9. Generally speaking, do you think that you have a healthy diet? (Tick one box only)**

Yes                      No                      Don't know what a healthy diet is                      Don't know if I have a healthy diet

<sub>1</sub>                      <sub>2</sub>                      <sub>3</sub>                      <sub>4</sub>

**Q10. In general, how many portions of fruit or vegetables do you eat each day (excluding potatoes)?**

Write in number of portions  
**Enter zero if none**

- 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

**ALCOHOL**

**Q11. How often do you drink alcohol? (Tick one box only)**

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

If 'never' go to Q14, otherwise continue with Q12.

**Q12. How much alcohol did you drink in the last 7 days? (Enter number; zero if none, or tick box at bottom if 'none in last week')**

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

**MEN – Please answer Q13a**  
**WOMEN – Please answer Q13b**

FOR MEN ONLY:

**Q13a. 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) (Tick one box only)**

- |                   |  |                                       |
|-------------------|--|---------------------------------------|
| 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> |

FOR WOMEN ONLY:

**Q13b. 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) (Tick one box only)**

- |                   |  |                                       |
|-------------------|--|---------------------------------------|
| 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> |

## EXERCISE

**Q14.** In a usual week, how many times do you exercise for at least 30 minutes?  
(Tick one box on each row)

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

**Q15.** On each of the last 7 days, how many minutes in total did you undertake moderate or vigorous exercise or physical activity? Please write in the boxes the number of **minutes** of exercise each day OR **tick the final box**.

### NUMBER OF MINUTES OF MODERATE OR VIGOROUS EXERCISE LAST WEEK

|  | Last<br>Mon | Last<br>Tue | Last<br>Wed | Last<br>Thu | Last<br>Fri | Last<br>Sat | Last<br>Sun |  |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--|
| <b>Vigorous Exercise</b><br>(e.g. running, jogging, squash,<br>swimming lengths, aerobics,<br>fast cycling, football)              |             |             |             |             |             |             |             | <u>OR</u><br>None in last<br>week (tick box)<br><input type="checkbox"/> |
| <b>Moderate Exercise</b><br>(e.g. fast walking, dancing,<br>gentle swimming, golf, heavy<br>housework, heavy<br>gardening/digging) |             |             |             |             |             |             |             | <u>OR</u><br>None in last<br>week (tick box)<br><input type="checkbox"/> |

## SMOKING TOBACCO (NOT E-CIGARETTES)

**Q16.** Which statement suits you best in relation to tobacco/cigarettes (not including e-cigarettes)?

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

If you smoke 'daily' or 'smoke but not every day' continue with Q17 and Q18, otherwise go to Q19 (question on e-cigarettes).

**Q17. Have you smoked any tobacco in the last 7 days? (Tick one box only)**

Yes  
<sub>1</sub>

No  
<sub>2</sub>

**Q18. Current smokers: In a day, how many cigarettes and/or ounces of tobacco do you usually smoke? (Please write in how many in each box; enter zero if none)**

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

## **E-CIGARETTES**

**Q19. Which statement suits you best in relation to e-cigarettes? (Tick one box only)**

I use e-  
cigarettes daily  
<sub>1</sub>

I use e-cigarettes but  
not every day  
<sub>2</sub>

I have tried e-cigarettes but I  
no longer use them at all  
<sub>3</sub>

I have never  
used e-cigarettes  
<sub>4</sub>

*If you use e-cigarettes 'daily' or 'not every day' continue with Q20, otherwise go to Q21.*

**Q20. Which of the following are reasons for you using e-cigarettes? (Please tick all that apply)**

---

To try to quit smoking tobacco/cigarettes

---

To cut down on smoking tobacco/cigarettes

---

I've stopped smoking tobacco/cigarettes and using the e-cigarettes will prevent me starting again

---

To use something like tobacco in public places where smoking tobacco/cigarettes is banned

---

To use something to stop my smoking tobacco/cigarettes affecting others around me

---

Because they are cleaner than smoking tobacco/cigarettes

---

Because they are cheaper than smoking tobacco/cigarettes

---

Because they are healthier than smoking tobacco/cigarettes

---

None of the above

---

Other reason (please specify below)

---

Other:

---

**ABOUT YOUR LOCAL AREA**

We are now going to ask a little about your local area. By area, we mean within a 15–20 minute walk or a 5–10 minute drive from your home.

**Q21. Safety in your local area** (Tick one box on each row)

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

**Q22. Safety in your home at night** (Tick one box on each row)

|  | Very safe                             | Fairly safe                           | A bit unsafe                          | Very unsafe                           | Never alone at night                  |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| How safe do you feel when you are alone in your home at night? ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**Q23. If you stated that you never went out (in Q21) or were never alone in your home at night (in Q22), how safe do you think you would feel if you did go out or if you were alone in your home at night?** (Tick one box on each row)

|   | Very safe                             | Fairly safe                           | A bit unsafe                          | Very unsafe                           |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| How safe would you feel walking alone in this area during daytime?..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| How safe would you feel walking alone in this area after dark?.....     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| How safe would you feel when you are alone in your home at night? ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |



## ABOUT YOU

This final section asks about your household, 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.

Q24. Are you male or female? <sub>1</sub> Male <sub>2</sub> Female

Q25. How old are you?  years

Q26. What is your postcode? 

|   |   |  |  |
|---|---|--|--|
| H | U |  |  |
|---|---|--|--|

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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

\_\_\_\_\_

Q27. 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

Q28. How much do you weigh? (Please answer in stones and pounds to the nearest pound or in kilograms to the nearest 0.1kg)

|  |  |
|--|--|
|  |  |
|--|--|

 stones and 

|  |  |
|--|--|
|  |  |
|--|--|

 pounds OR 

|  |  |  |
|--|--|--|
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|--|--|--|

 • 

|  |
|--|
|  |
|--|

 kilograms

Q29. 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)

**Q30. Not counting the people you live with, how often do you speak to family members?** *(Tick one box only)*

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

**Q31. Not counting the people you live with, how often do you speak to friends (who are not family or neighbours)?** *(Tick one box only)*

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

**Q32. How often do you speak to neighbours (who are not family members or friends)?** *(Tick one box only)*

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

**Q33. Are you currently in paid employment, either working for someone or self-employed? If working, how many hours per week?** *(Tick one box only then enter number of hours worked per week)*

- |                                |                                       |   |                 |  |                |
|--------------------------------|---------------------------------------|---|-----------------|--|----------------|
| Not working                    | <input type="checkbox"/> <sub>1</sub> | } | I usually work: | <input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/> | hours per week |
| Working for someone (employee) | <input type="checkbox"/> <sub>2</sub> |   |                 |  |                |
| Self-employed                  | <input type="checkbox"/> <sub>3</sub> |   |                 |  |                |

*If you are currently working go to Q35, otherwise continue with Q34.*

**Q34. If you are not working, how would you describe your employment situation?** *(Tick one box only)*

- |   |                                       |
|---|---------------------------------------|
| At school or in other full time education (and not working) | <input type="checkbox"/> <sub>1</sub> |
| Unemployed and looking for a job                            | <input type="checkbox"/> <sub>2</sub> |
| Unable to work because of long term sickness or disability  | <input type="checkbox"/> <sub>3</sub> |
| Retired   | <input type="checkbox"/> <sub>4</sub> |
| Looking after the home or family                            | <input type="checkbox"/> <sub>5</sub> |
| Other (please specify below)                                | <input type="checkbox"/> <sub>6</sub> |
| Other:  |                                       |

**Q35. Are you doing any studying at all?** *You may have answered this question already (Q34) if you are a full-time student; if so, please tick 'yes' to this question (Q35). Please give number of hours you are studying each week if you not studying full-time.*

|                                       |                                       |  |                          |
|---------------------------------------|---------------------------------------|--|--------------------------|
| No                                    | Yes, full-time student                | Yes, part-time student<br>(please specify hours) | Number of hours per week |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub>            | _____                    |

**Q36. What is your ethnic group?** *(Please tick a box to indicate your cultural background)*

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

**PLEASE TURN OVER TO ENTER THE PRIZE DRAW!**

## ENTER THE PRIZE DRAW!

As part of our quality checking procedures, someone from Information by Design, who are conducting this survey on behalf of Hull City Council, may need to contact you to check the details you have given, and to make sure that the survey was conducted properly. Please write in your name, address and telephone number, in case they need to contact you below. This information is confidential and will only be used to contact you about the survey, to tell you if you have won the prize draw, or to join the Hull People's Panel if you tick the boxes below.

|                                  |   |
|----------------------------------|---|
| <b>Title</b>                     | Mr / Mrs / Miss / Ms / Dr / Other (write below) |
| <b>Forename</b>                  |   |
| <b>Surname</b>                   |   |
| <b>Address</b>                   |   |
|                                  |   |
|                                  |   |
| <b>Postcode</b>                  |   |
| <b>Telephone number (home)</b>   |   |
| <b>Telephone number (mobile)</b> |   |
| <b>Email</b>                     |   |

**Preferred contact method:**

Email <sub>1</sub>

Telephone <sub>2</sub>

Post <sub>3</sub>

**Q37.** Would you like your name to be entered into the prize draw? *The first prize is £50, and there are two £25 second prizes. All prizes will be high street store vouchers.*

Yes <sub>1</sub>

No <sub>2</sub>

**Q38.** Hull City Council are asking people to become members of the People's Panel. Would you be interested in joining? *If you join you will be asked to complete some surveys like this one, about 4 times a year.*

Yes  
<sub>1</sub>

No  
<sub>2</sub>

Already a member  
<sub>3</sub>

If 'yes' to Q37 or Q38, please supply your name, address, at least one telephone number, and your email address if this method of contact is preferred.

**THANK-YOU FOR YOUR TIME AND YOUR HELP  
PLEASE GIVE THIS BACK TO THE PERSON  
WHO GAVE IT TO YOU**