

HEALTH and WELLBEING in Hull 2019

We are asking people in the whole of Hull to give us a picture of their health and wellbeing.

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 will not pass your details on to anyone else.**
- We will write a report after analysing the survey results. **It will not be possible to identify anyone in the report.**
- **No-one will even know you took part in the survey.** The answers in the report will be anonymous.
- Please **follow the instructions** for each question carefully. Some of them ask you to tick one box, and some more than one box. In a few places you are asked to write a number or provide further information.
- **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 Information by Design on either 0800 6440245 or 01482 467467, or telephone Hull City Council on 01482 300 300.

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).

Hull's Health & Wellbeing Survey 2019

YOUR HEALTH IN GENERAL

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

Excellent
☐₁

Very good
☐₂

Good
☐₃

Fair
☐₄

Poor
☐₅

Don't know
☐₆

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

Yes
☐₁

No
☐₂

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
☐₁

No
☐₂

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 on 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
Have you been happy?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q9. How often do you ...? (Tick one box on each row)

	Never	Rarely	Sometimes	Often
...feel that you lack companionship?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...feel left out?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...feel isolated from others?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
...feel lonely?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q10. Overall, how often do you usually feel lonely or isolated from others? (Tick one box only)

All the time <input type="checkbox"/> ₁	Most of the time <input type="checkbox"/> ₂	Some of the time <input type="checkbox"/> ₃	Not much of the time <input type="checkbox"/> ₄	Rarely or never <input type="checkbox"/> ₅
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YOUR DIET

Q11. Generally speaking, do you think that you have a healthy diet? (Tick one box only)

Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂	Don't know what a healthy diet is <input type="checkbox"/> ₃	Don't know if I have a healthy diet <input type="checkbox"/> ₄
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Q12. In general, how many portions of fruit or vegetables do you eat each day (excluding potatoes)? (Please write number in box; enter zero if none)

	<p>Write in number of portions Enter zero if none</p>	<p>One portion is:</p> <ul style="list-style-type: none"> • one medium sized apple, banana, pear, orange or tomato • 2-3 plums, a handful of grapes • three heaped tablespoons of peas, carrots, cabbage, baked beans or pulses • half a larger fruit or vegetable such as a pepper or grapefruit • Count pure fruit juice as one portion regardless of amount per day
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Q13. If your local takeaway sold healthier food, how likely would you be to choose the healthier option rather than the less healthy option? (Tick one box only)

More likely to choose it	No real change	Less likely to choose it	Don't eat takeaways but might eat them if they were healthier	Don't eat takeaways and still wouldn't eat them
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q14. In general, how many times per week do you eat the following? (Tick one box on each row)

	Never	Rarely (usually less than once)	Once or twice	Three or four times	Five or more times
Ready meals (microwave dinners)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Other convenience meals or take-away food such as pies, fish and chips, Indian food, Chinese food, pizza, etc	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Cooked meals using some fresh ingredients such as cooking chicken or vegetables and adding a jar of bought sauce	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Cooked meals which are made from scratch with fresh ingredients	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Breakfast	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Crisps, sweets, chocolate, cakes or biscuits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

EXERCISE AND PHYSICAL ACTIVITY

Q15. 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 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

Q16. On each of the last 7 days, how many minutes in total did you undertake vigorous, moderate or light 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 exercise last week							
	Last Mon	Last Tue	Last Wed	Last Thu	Last Fri	Last Sat	Last Sun	
Vigorous Exercise <i>(e.g. running, jogging, squash, swimming lengths, aerobics, fast cycling, football)</i>								<u>OR</u> None in last week (tick box) <input type="checkbox"/>
Moderate Exercise <i>(e.g. fast walking, dancing, gentle swimming, golf, heavy housework, heavy gardening or digging)</i>								<u>OR</u> None in last week (tick box) <input type="checkbox"/>
Light Exercise <i>(e.g. walking at average pace, light housework, light gardening)</i>								<u>OR</u> None in last week (tick box) <input type="checkbox"/>

SMOKING TOBACCO (NOT E-CIGARETTES)

Q17. Which statement suits you best in relation to tobacco/cigarettes (not including e-cigarettes)? *(Tick one box only)*

- | | | | |
|---------------------------------------|---------------------------------------|---|---------------------------------------|
| I smoke daily | I 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 'smoke daily' or 'smoke but not every day' continue with Q18, otherwise go to Q21 (please answer this question Q21 on e-cigarettes even if you do not smoke).

Q18. Have you smoked any tobacco in the last 7 days? *(Tick one box only)*

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

If you 'smoke daily' or 'smoke but not every day' (Q17) or have smoked tobacco in the last 7 days (Q18), continue with Q19, otherwise go to Q21.

Q19. 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	<input type="text"/>	in a day	AND/ OR	Ounces of tobacco	<input type="text"/>	in a day
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Q20. Current smokers: What stops you, if anything, from using Stop Smoking Services? (Tick all that apply)

<input type="checkbox"/> Don't want to quit smoking	<input type="checkbox"/> I enjoy smoking tobacco
<input type="checkbox"/> I am currently using the Stop Smoking Service	<input type="checkbox"/> I would use or plan to use the Stop Smoking Service in future
<input type="checkbox"/> I would want to try to quit by myself	<input type="checkbox"/> No time to go to Stop Smoking Service
<input type="checkbox"/> I'm not motivated enough to quit / too difficult to quit	<input type="checkbox"/> Too difficult to get there / to travel to Stop Smoking Service
<input type="checkbox"/> Others in household smoke so it would be too difficult to try to quit	<input type="checkbox"/> No appointments when I want them / difficult to book an appointment
<input type="checkbox"/> I have too many other things to worry about or deal with just now to try to quit	<input type="checkbox"/> Their choice of therapies doesn't meet my needs
<input type="checkbox"/> Smoking helps me deal with stress	<input type="checkbox"/> Tried Stop Smoking Service before and they didn't help me quit
<input type="checkbox"/> I think I'll put weight on if I quit	<input type="checkbox"/> Don't think the Stop Smoking Service will be able to help me
<input type="checkbox"/> Don't know about Stop Smoking Service	<input type="checkbox"/> Don't know how to contact them
<input type="checkbox"/> Other reason (please specify): _____	

E-CIGARETTES / VAPING

Q21. Which statement suits you best in relation to e-cigarettes? (Tick one box only)

I use e-cigarettes daily	I use e-cigarettes but not every day	I have tried e-cigarettes but I no longer use them at all	I have never used e-cigarettes
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

If you 'use e-cigarettes daily' or 'use e-cigarettes but not every day' continue with Q22, otherwise go to Q23.

Q22. Which of the following are reasons for you using e-cigarettes? (Tick one box on each row)

	Yes	No
To try to quit smoking tobacco/cigarettes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
To cut down on smoking tobacco/cigarettes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I've stopped smoking tobacco/cigarettes and using the e-cigarettes will prevent me starting again	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Because they are less harmful than smoking tobacco/cigarettes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other reason (please specify): _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

ALCOHOL

Q23. How often do you drink alcohol? (*Tick one box only*)

- | | |
|---|--|
| <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 |

If 'never' go to Q28, otherwise continue with Q24.

Q24. 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, ale, stout or cider (<i>e.g. Carling, Strongbow, Guinness, etc</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Strong beer, lager, ale, stout or cider (<i>e.g. Tenants Extra, Zywiec Porter, Okocim, etc</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Small glass (125ml)	Medium glass (175ml)	Large glass (250ml)	Bottle (750ml)
Wine, prosecco	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Pub measure glass (40ml)	Standard bottle (70cl)	Large bottle (1 litre)	
Sherry, port, martini, etc	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Single (25ml)	Double (50ml)	Standard bottle (70cl)	Large bottle (1 litre)
Spirits (<i>e.g. whisky, gin, vodka, rum, etc</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Small cans (250ml)	Standard bottles or cans (330ml)		
Pre-mixed drinks (<i>e.g. pre- mixed gin & tonic, WKD, Smirnoff Ice, etc</i>)	<input type="text"/>	<input type="text"/>		
Other alcohol (<i>specify type of alcohol and amount</i>):	Quantity/amount <input type="text"/>	Type/description <input type="text"/>		
NONE IN LAST WEEK	<input type="checkbox"/> <i>Tick box if you've had no alcohol in last seven days (now go to Q25)</i>			

Q25. How often do you have 6 or more units of alcohol on a single occasion? (where 6 units is 4 small glasses of wine (two-thirds of a bottle of wine) or 3 pints or 6 single pub measures of vodka) (*Tick one box only*)

- | | |
|---|--|
| <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 |

Q26. How often in the last year, have you....? *(Tick one box on each row)*

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
... failed to do what was normally expected from you because of your drinking?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
... been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q27. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down? *(Tick one box only)*

No	Yes, but not in the last year	Yes, during the last year
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

OTHER SUBSTANCES

Q28. How often have you used any drugs other than those required for medical reasons? *(Tick one box only)*

<input type="checkbox"/> ₁ Everyday	<input type="checkbox"/> ₅ Rarely in last year
<input type="checkbox"/> ₂ Weekly	<input type="checkbox"/> ₆ Not in last year
<input type="checkbox"/> ₃ Monthly	<input type="checkbox"/> ₇ Not in last five years
<input type="checkbox"/> ₄ A few times a year	<input type="checkbox"/> ₈ Never

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.

Q29. Would you say this neighbourhood is a place where neighbours look out for each other? *(Tick one box only)*

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

Q30. Would you say that you trust... *(Tick one box only)*

Most of the people in your neighbourhood	Many of the people in your neighbourhood	A few of the people in your neighbourhood	You do not trust people in your neighbourhood	Don't know
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q31. 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 the 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

If you 'never go out' either during the daytime or after dark, please continue with Q32. Otherwise go to Q33.

Q32. If you stated that you never went out (in Q31), how safe do you think you would feel if you did go out? (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 the 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

Q33. Safety in your home at night (Tick one box only)

	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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

If you are 'never alone in your own home at night', please continue with Q34. Otherwise go to Q35.

Q34. If you stated that you never are alone in your home at night (in Q33), how safe do you think you would feel if you were alone in your home at night? (Tick one box only)

	Very safe	Fairly safe	A bit unsafe	Very unsafe
How safe would you feel if you were alone in your home at night?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Q35. How often do you use local parks (green space) in the city (Tick one box only)

- | | |
|---|---|
| <input type="checkbox"/> ₁ Daily | <input type="checkbox"/> ₄ A few times a year |
| <input type="checkbox"/> ₂ Weekly | <input type="checkbox"/> ₅ About once a year or less |
| <input type="checkbox"/> ₃ Monthly | <input type="checkbox"/> ₆ Never |

If you 'never' go to a park, please continue with Q36. Otherwise go to Q37.

Q36. Why do you not use local parks in the city? *(Tick all the boxes that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Parks not close enough | <input type="checkbox"/> Nothing to do |
| <input type="checkbox"/> Don't feel safe | <input type="checkbox"/> No facilities |
| <input type="checkbox"/> Cannot get there / mobility problems | <input type="checkbox"/> Rubbish/litter in the park |
| <input type="checkbox"/> Other reason (please specify below) | |

Q37. To what extent do you agree or disagree that your local area is a place where people from different backgrounds get on well together? *(Tick one box only)*

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Definitely agree | Tend to agree | Tend to disagree | Definitely disagree | Don't know |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Q38. Still thinking about your local area, how much of a problem are these things? *(Tick one box on each row)*

	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
Air pollution (the quality of the air)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Noise during the day (being disturbed by noise during the day)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Noise at night (being disturbed by noise at night)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Lack of access to local parks and green spaces	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Alcohol or drug use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q39. Taking everything into account to what extent are you satisfied or dissatisfied with your neighbourhood as a place to live? *(Tick one box only)*

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very satisfied | Fairly satisfied | Neither satisfied nor dissatisfied | Fairly dissatisfied | Very dissatisfied |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Q40. In your local area, how easy is it to buy illegal cigarettes or tobacco? *(Tick one box only)*

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very easy | Quite easy | Difficult | Don't know |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

FINANCES

Q41. If your household needed £200 in an emergency, what would you do?
(Tick one box on each row)

	I would	I might	I'd never	Not applicable
Use savings or money from a current account	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Work additional hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Arranged overdraft	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Unarranged overdraft	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Short term loan (over 1-5 years)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pay day loan (1-30 days)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Credit card	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Ask family or friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Credit Union	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Other (please specify): _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂		

Q42. During the last year, how often was it when... (Tick one box on each row)

	Most days	About once a week	About once a month	Less frequently	Never
...you were worried you would not have enough food to eat because of a lack of money or other resources?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
...you were unable to eat healthy and nutritious food because of a lack of money or other resources?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
...you were worried about paying your rent or mortgage, and other essential bills like for water, gas, electricity and Council tax?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
...you were worried about being able to pay back money on loans, overdrafts or credit cards?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q43. How often do you do or play any of the following (either online or at licenced premises such as the bookies or bingo hall)? (Tick one box on each row)

	Most days	About once a week	About once a month	Less frequently	Never
Scratch cards	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Lottery	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Sports / racing betting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Casino / cards games (for money)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Fruit machines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Fixed odds betting terminals (e.g. roulette machines)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Bingo	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

If you do play any of the above (in Q43), continue with Q44, otherwise go to Q46 (volunteering).

Q44. Overall, considering all those you do play in Q43, is this mainly online or at licenced premises? (Tick one box only)

Mainly online	Mainly at licensed premises such as the bookies or bingo hall	A mixture of both
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Q45. If you do play any of those in Q43, how often have you ever... (Tick one box on each row)

	Weekly	Monthly	A few times a year	Once or twice in last year	Not in last year	Not in last 5 years	Never
... had to lie to people important to you about how much you gambled?	<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
... felt the need to bet more and more money?	<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
... bet more than you could afford to lose?	<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

VOLUNTEERING

Q46. How often do you currently volunteer? (Tick one box only)

<input type="checkbox"/> ₁ About once a week or more	<input type="checkbox"/> ₄ About once a year
<input type="checkbox"/> ₂ About once a month	<input type="checkbox"/> ₅ Have done in past but not in last year
<input type="checkbox"/> ₃ A few times a year	<input type="checkbox"/> ₆ Have never volunteered

CARING

Q47. Are you responsible for the long-term care of any of the following? *(Tick one box for each statement)*

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

If 'yes' to these questions (in Q47), continue with Q48, otherwise go to Q50.

Q48. 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 on 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

Q49. If you are responsible for the long-term care of another person (Q47), how many hours per week do you spend in caring for that person(s)? *Include any time you spend travelling so that you can do these activities. (Tick one box only).*

- | | |
|---|---|
| <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 |

LIFESTYLE CHANGES AND HOW YOU FEEL ABOUT YOUR LIFE AND HEALTH

Q50. In the next year, how likely is it that you would want to.... (Tick one box on each row)

	This does not apply to me / don't need to do this	Currently doing this	Very likely	Likely	Neither likely nor unlikely	Unlikely	Very unlikely
Cut down tobacco / smoke fewer cigarettes	<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
Stop smoking tobacco or cigarettes entirely	<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
Cut down amount you use e-cigarettes / vaping	<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
Stop using e-cigarettes / vaping entirely	<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
Eat a healthier diet	<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
Do more physical activity or exercise	<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
Lose weight	<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
Drink less alcohol	<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
Reduce stress	<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
Feel more connected with my local community	<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

Q51. How much do you agree or disagree with the following statements? (Tick one box on each row)

	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree 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
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
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
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
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
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
It is important to have a positive outlook	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
It is important to understand signs and symptoms of illness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
It is easy to lead a healthy lifestyle	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

ABOUT YOU

This final section asks about you and 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.

Q52. What gender the best represents you? (Tick one box only)

Male

☐

Female

☐

Prefer to self-describe (please specify below):

☐

Q53. How old are you?

years

Q54. What is your postcode?

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

--	--	--

Q55. 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

Q56. 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

Q57. 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**)

Q58. How many children aged under 18 years live in your household? (Enter number; enter zero if none)

Number of children aged under 18 years

Q59. Not counting the people you live with, how often do you speak to family members? *(Tick one box only)*

- | | |
|--|--|
| <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 |

Q60. Not counting the people you live with, how often do you speak to friends (who are not family or neighbours)? *(Tick one box only)*

- | | |
|--|--|
| <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 |

Q61. How often do you speak to neighbours (who are not family members or friends)? *(Tick one box only)*

- | | |
|--|--|
| <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 |

Q62. If you were ill in bed and needed help at home, could you ask anyone for help (including those who live with you)? *(Tick one box only)*

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

Q63. In general, if you had a serious crisis, how many people, if any, do you feel you could turn to for comfort and support? *(Write in number of people)*

Number of people

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

Q64. 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"/> ₁ | } | I usually work: | | hours per week |
| Working for someone (employee) | <input type="checkbox"/> ₂ | | | | |
| Self-employed | <input type="checkbox"/> ₃ | | | | |

If you are currently working go to Q66, otherwise continue with Q65.

Q65. If you are not working, how would you describe your employment situation?
(Tick one box only)

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

Q66. Are you doing any studying at all? Please give number of hours you are studying each week.

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

Q67. What is your ethnic group? (Please tick one box only to indicate your cultural background)

White	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	White & Black Caribbean	<input type="checkbox"/> ₅	
	White & Black African	<input type="checkbox"/> ₆	
	White & Asian	<input type="checkbox"/> ₇	
	Any other Mixed background	<input type="checkbox"/> ₈	Please specify: _____
Asian or 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 or Black British	Caribbean	<input type="checkbox"/> ₁₄	
	African	<input type="checkbox"/> ₁₅	
	Any other Black background	<input type="checkbox"/> ₁₆	Please specify: _____
Arab or other ethnic group	Arab	<input type="checkbox"/> ₁₇	
	Other ethnic group	<input type="checkbox"/> ₁₈	Please specify: _____

YOUR DATA AND QUALITY CHECKING

Once the public health team has analysed the information and produced a report, it will be available on a Hull City Council website where you can look at the report and find out about people's health and wellbeing in Hull. It will not be possible to identify anyone or know who took part in the survey from looking at the report. Below we ask you about whether you would be willing for us to contact you again to help us to check the quality of this survey.

Checking the Quality

- All research companies who are members of the Market Research Society ask you to give your name and contact details. This is so they can check that the forms have been filled out properly and in case they have any questions about the information you have given.
- Information by Design (IbyD) plan to contact one in every ten people who filled out a survey form. You do not have to give your name and contact details if you do not want to. If you do give your name and contact details, someone at IbyD may contact you to check the questions. **Once this check has been done, no-one will contact you about the survey again.**
- **IbyD will not pass your name or contact details to us or anyone else.** IbyD will only pass your answers to the public health team at Hull City Council (not your name or contact details).
- You are also asked below if you want to enter the prize draw. This is entirely optional. If you do want to have a chance of winning, you are asked to provide your contact details below. This is so IbyD can contact the winners after the survey has ended. They will randomly select the winners from all those people who wanted to enter the prize draw and who gave their contact details.

Q68. Please can IbyD contact you if they need to, for quality purposes? *(Tick one box only)*

Yes ☐₁

No ☐₂

Q69. Would you like to enter the prize draw? *There is a top prize of £50 and two second prizes – all are in high street store vouchers. (Tick one box only)*

Yes ☐₁

No ☐₂

IF YOU HAVE TICKED YES TO Q68 OR Q69, PLEASE GIVE YOUR DETAILS OPPOSITE.

Q70. Please write in your name and contact details below if you are happy for lbyD to contact you about the survey as part of their checking processes, or if you would like to enter the prize draw.

Title	Mr / Mrs / Miss / Ms / Dr / Other (write below):	
Forename		
Surname		
Address		
		Postcode
Contact phone number		
Email		

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