

Social Capital Survey Questionnaire 2004

Interviewer Initials <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/>	Date Interviewed Day Month Year <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> / <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> / <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/> <input style="width: 40px; height: 15px;" type="text"/>	Label Reference <input style="width: 80px; height: 15px;" type="text"/>
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Good morning/afternoon my name isfrom Andrew Gibson Consulting Ltd and we are carrying out a survey in Hull on behalf of the NHS Primary Care Trusts / Health Action Zone

All your answers will be treated with the strictest confidence.

Q1 a) How many people live in this household?

Adults (18+) Children Total

Q1 b) If living with children, how many are there in each of the following age groups? (fill in all that apply)

0 - 4 year 5 - 14 year 15 - 17 year

Q2 Do you live with a partner (Mark one box only)

Yes No

Q3 Is the house/flat in which you live? (Mark one box only)

Rented from Housing Association	<input type="checkbox"/>	Owned	<input type="checkbox"/>
Rented from Council	<input type="checkbox"/>	Rented from private landlord	<input type="checkbox"/>
Other	<input type="checkbox"/>	Don't know	<input type="checkbox"/>

Q4 What is the postcode?

Q5 Now I would like to ask you some questions about your local area

(By area I mean within a 15 - 20 minute walk or a 5 - 10 minute drive from your home)

- a. How many years have you lived in this area
- b. Would you say this is an area you enjoy living in
Yes No Don't know

Q6 Thinking generally about what you expect of local services how would you rate the following:
(Please mark one box for each line)

	1 Very good	2 Good	3 Average	4 Poor	5 Very poor	6 Don't Know
a Social/ leisure facilities for people like yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Facilities for young children up to the age of 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Facilities for teenagers (aged 13 to 17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Rubbish collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Local health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Local public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Local schools, colleges and adult education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Local police service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 What is your main form of transport? (Mark one box only)

Interviewer to ask question and mark box

- Car /
- Motorcycle / Moped
- Public transport (Buses and trains)
- Cycling
- Walking
- Other
- Never goes out

Q8 Safety in your local area (Please mark only one box for each line)
Show Card B

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

Q9 Thinking of the same local area (Please mark one box for each line)

- a Would you say that you are well informed about things which affect your area? Yes No Don't know
- b Do you feel you can influence decisions that affect your area? Yes No Don't know

Q10 Organisations

Have you been involved in any local organisation over the past 3 years?

Yes No

If yes please say what organisation

Q 11 Still thinking about the same area, can you tell me how much of a problem these things are?

(Please mark one box for each line)

(Show card C)

	1 Very big problem	2 Fairly big problem	3 Minor problem	4 Not a problem	5 Don't know
a The speed or volume of road traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Parking in residential streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Car crime (e.g. damage, theft and joyriding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Rubbish and litter lying around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Dog mess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Graffiti or vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Level of noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Alcohol or drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This section is potentially distressing for some participants and as such it is important that the showcard is used if people answer yes in order to minimise this and allow them to answer by just giving a letter.

Have you personally been a victim of crime in the past 12 months?

Q12 Yes No

If Yes Answer parts a to f using Card D

If No go to Q13

- | | |
|---|--------------------------|
| a Theft or break-in to house or flat | <input type="checkbox"/> |
| b Theft or break-in to car parked in the area | <input type="checkbox"/> |
| c Personal experience of theft or mugging in the area | <input type="checkbox"/> |
| d Physical attack in the area (i.e. hit or kicked in a way that hurt you) | <input type="checkbox"/> |
| e Racist attack in the area (either verbal or physical) | <input type="checkbox"/> |
| f Other | <input type="checkbox"/> |

The emphasis in this question is taking action about a local issue. For example, 'contacted a local councillor or MP' would include writing to an MP about a local issue such as plans to close the accident and emergency unit of the local hospital, but excludes writing to an MP about a national issue.

Q13 In the past 3 years have you taken any of the following actions in an attempt to solve a local problem?

- | | | |
|---|---|--------------------------|
| a | Written to local newspaper | <input type="checkbox"/> |
| b | Contacted the appropriate organisation to deal with the problem
e.g. the council | <input type="checkbox"/> |
| c | Contacted a local councillor or MP | <input type="checkbox"/> |
| d | Attended a protest meeting or joined an action group | <input type="checkbox"/> |
| e | Thought about it, but did not do anything about it | <input type="checkbox"/> |
| f | None of these | <input type="checkbox"/> |
| g | Other | <input type="checkbox"/> |

Q14 Would you say that you trust.... (Mark one box only)

- | | |
|---|--------------------------|
| Most of the people in your neighbourhood | <input type="checkbox"/> |
| Many of the people in your neighbourhood | <input type="checkbox"/> |
| A few of the people in your neighbourhood | <input type="checkbox"/> |
| You do not trust people in your neighbourhood | <input type="checkbox"/> |

Q15 Would you say this neighbourhood is a place where neighbours look out for each other?

(Mark one box only)

Yes No Don't know

The next few questions are about how often you see or speak to your relatives and friends.

These questions are about relatives or friends living outside the respondent's household. Interviewers may need to probe to ensure that respondents are not counting the same people twice; someone may be a friend and a neighbour but should only be coded once.

Q16 Not counting the people you live with, how often do you speak to family members?

(Mark one box only) **Interviewer to ask question and mark box**

May use Card E if difficulties

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

Q17 Not counting the people you live with, how often do you speak to friends? (who are not family or neighbours)

(Mark one box only) Interviewer to ask question and mark box

May use Card E if difficulties

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

How often do you speak to neighbours? (Mark one box only) Who are not family members or friends

Q18 **Interviewer to ask question and mark box**

May use Card E if difficulties

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

Q19 **How many relatives or friends that you feel close to live within a 15 – 20 minute walk or 5 – 10 minute drive if any?: Don't include people who live in the same house** (Mark one box only)

Interviewer to ask question and mark box

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

Q20 **You are ill in bed and need help at home. Could you ask anyone for help? (including those you live with)**

(Mark one box only)

Yes No Don't know/
Depends

**If answer is Yes, please ask Question 21
If not go to Question 22**

Q21	Can you look at the card (F) and tell me who you would ask for help if ill in bed? (Mark those identified) (Show card F)	
A	Husband/wife/partner	<input type="checkbox"/>
B	Other household member	<input type="checkbox"/>
C	Relative (outside the house)	<input type="checkbox"/>
D	Friend	<input type="checkbox"/>
E	Neighbour	<input type="checkbox"/>
F	Community, Voluntary or other organisation	<input type="checkbox"/>
G	Would prefer not to ask for help	<input type="checkbox"/>

This question needs to be dealt with sensitively, as it can be upsetting for people who are socially isolated. Examples included bereavement, or a partner leaving. If respondents have difficulty in giving a number for this, the interviewer should ask them to give an estimate.

Q22	In general, if you had a serious crisis, how many people, if any, do you feel you could turn to for comfort and support?
	RECORD NUMBER 0..15
	IF MORE THAN 15 CODE AS 15
	<input type="text"/>

Now I am going to ask a number of questions about your health

Q23a	Do you suffer from any long standing illness, health problem or disability which limits your daily activities (Mark one box only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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With these questions it is important if the respondent states that one category does not describe the full situation, that they choose the one which is nearest to their current state.

Please ask each question in order to confirm the current state of health even if answered No to Q23

b	Which of these describes your usual state	Mobility (Mark one box only)
	I have no problems with walking about	<input type="checkbox"/>
	I have some problems with walking about	<input type="checkbox"/>
	I can't walk about	<input type="checkbox"/>

c	Which of these describes your usual state	Self Care (Mark one box only)
	I have no problems with self care	<input type="checkbox"/>
	I have some problems with washing or dressing myself	<input type="checkbox"/>
	I am unable to wash or dress myself	<input type="checkbox"/>

Q26 (SHOW CARD H)
Which of these sentences best describes the amount of stress or pressure you experienced in the past 12 months? (Mark one box only)

- a I have been completely free of stress or pressure
- b I have experienced a small amount of stress or pressure
- c I have experienced a moderate amount of stress or pressure
- d I have experienced a large amount of stress or pressure
- e Don't know

Q27 **Which statement do you think best describes your smoking behaviour?**
(Mark one box only)

- I have never smoked
- I used to smoke
- I now smoke occasionally
- I now smoke daily

Q28 **Please say if you think that any of the following would generally improve peoples health**

- a More Exercise
- b A Healthier diet

Q29 **How often do you include fruit and/or vegetables in the food you eat? (Mark one box only)**

- Every Day Most Days Some days Rarely Never

Show Card I

Q30 **In general if a person gives up smoking how big an impact is it likely to have on their health**

- Very big effect Fairly big effect Fairly small effect Very small effect No Effect

Q31 **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

Q32 What is your highest qualification or skill? (mark one box only) Can show card J if needed.		
Have skills but no formal qualifications	-	Such skills as childcare, gardening Cooking, knitting, DIY, typing, car maintenance, using computer. <input type="checkbox"/>
NVQ4+	or	HNC, HND, higher BTEC Teaching qualification First Degree NVQ5 Higher Degree Nursing Qualification Other professional qualification <input type="checkbox"/>
NVQ3 qualifications	or	Apprenticeship Qualification (Advanced) A'level BTEC National/ONC/OND, etc GNVQ – Advanced level <input type="checkbox"/>
NVQ2 qualifications	or	City & Guilds, GCSE at A-C, 0'level BTEC General Diploma RSA Diploma Apprenticeship Qualification (Basic) GVNQ – Intermediate <input type="checkbox"/>
NVQ1 qualifications	or	CSE Ungraded GSCE D – G <input type="checkbox"/>
Other (Please specify) <input type="checkbox"/>		<input type="text" value="Verbatim Response"/>
None <input type="checkbox"/>		

Q33 Are You: (Mark one box only) Can Show Card K if needed		
A	Working full time (30 hours or more a week)	<input type="checkbox"/>
B	Working part time (up to 30 hours a week)	<input type="checkbox"/>
C	Self employed	<input type="checkbox"/>
D	On a government training scheme	<input type="checkbox"/>
E	Unemployed and looking for a job	<input type="checkbox"/>
F	Unable to work because of long term sickness or disability	<input type="checkbox"/>
G	At school or in other full time education	<input type="checkbox"/>
H	Retired from paid work	<input type="checkbox"/>
I	Looking after the home or family	<input type="checkbox"/>
J	Voluntary Work	<input type="checkbox"/>
K	Other (please write in box below)	<input type="checkbox"/>
L	<input type="text"/>	

Gender M F

Age (please circle the appropriate age group)

16 – 19

20 – 24

25 – 29

30 – 34

35 – 39

40 – 44

45 – 49

50 – 54

55 – 59

60 – 64

65 – 69

70 – 74

75 +

Thank you very much for helping us by taking part in this survey. Etc