

## Social Capital Survey Questionnaire

Interviewer Initials <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Date Interviewed Day            Month            Year <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px; display: flex; justify-content: space-between;"> <span>[ ] [ ] / [ ] [ ] / [ ] [ ] [ ]</span> </div>	Label Reference <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>
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Good morning/afternoon my name is .....from Andrew Gibson Associates and we are carrying our 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+)	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Children	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Total	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
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*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	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	5 – 14 year	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	15 – 17 year	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
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**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

**Q 8 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"/>

**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)**

**Q19 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**

**Can you look at the card (F) and tell me who you would ask for help if ill in bed?**

**Q21 (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

**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  No

*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
- I have some problems with walking about
- I can't walk about

*c* *Which of these describes your usual state* *Self Care (Mark one box only)*

- I have no problems with self care
- I have some problems with washing or dressing myself
- I am unable to wash or dress myself

*d* *Which of these describes your usual state* *Usual activities (i.e. work, study, housework, family or leisure activities) (Mark one box only)*

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

*e* *Which of these describes your usual state* *Pain/Discomfort (Mark one box only)*

- I have no pain or discomfort
- I have some pain or discomfort
- I have extreme pain or discomfort

*f* *Which of these describes your usual state* *Anxiety/Depression (Mark one box only)*

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

Q24

To help people say how good or bad a health state is, we have drawn a scale on which the best state you can imagine is 100 and the worst state you can imagine is marked 0. Please indicate on this scale how good or bad your health is today in your opinion

Indicated number

Q25

**These questions are about how you feel and how things have been with you during the past four weeks. For each question, please indicate the one answer that comes closest to the way you have been feeling? (mark one box per row)**  
**(SHOW CARD G)**

	1	2	3	4	5	6
	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a Have you been a very nervous person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Have you felt calm and peaceful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Have you felt downhearted and low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Have you been a happy person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/>
b I have experienced a small amount of stress or pressure	<input type="checkbox"/>
c I have experienced a moderate amount of stress or pressure	<input type="checkbox"/>
d I have experienced a large amount of stress or pressure	<input type="checkbox"/>
e Don't know	<input type="checkbox"/>

Q27

**Which statement do you think best describes your smoking behaviour?**

*(Mark one box only)*

I have never smoked	<input type="checkbox"/>
I used to smoke	<input type="checkbox"/>
I now smoke occasionally	<input type="checkbox"/>
I now smoke daily	<input type="checkbox"/>

Q28

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

a More Exercise	<input type="checkbox"/>
b A Healthier diet	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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"/>	
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)
- B Working part time (up to 30 hours a week)
- C Self employed
- D On a government training scheme
- E Unemployed and looking for a job
- F Unable to work because of long term sickness or disability
- G At school or in other full time education
- H Retired from paid work
- I Looking after the home or family
- J Voluntary Work
- K Other *(please write in box below)*

L

*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

## Showcards (social capital)

### Card A

1. Very Good
2. Good
3. Average
4. Poor
5. Very Poor
6. Don't Know

### Card B

1. Very Safe
2. Fairly safe
3. A Bit Unsafe
4. Very Unsafe
5. Never go Out

### Card C

1. Very Big Problem
2. Fairly Big Problem
3. Minor Problem
4. Not a Problem
5. Don't Know

### Card D

- A. Theft or break-in to house or flat
- B. Theft or break-in to car parked in the area
- C. Personal experience of theft or mugging in the area
- D. Physical attack in the area (i.e. hit or kicked in a way that hurt you)
- E. Racist attack in the area (either verbal or physical)
- F. Other

### Card E

1. Every Day
2. 5 or 6 days a week
3. 3 or 4 days a week
4. Once or twice a week
5. Once or twice a month
6. Once every couple of months
7. Once or twice a year
8. Not at all in last 12 months

### Card F

- a) Husband/wife/partner
- b) Other household member
- c) Relative (outside the house)

- d) Friend
- e) Neighbour
- f) Community, voluntary or other organisation
- g) Would prefer not to ask for help

Card G

- 1. All of the time
- 2. Most of the time
- 3. A good bit of the time
- 4. Some of the time
- 5. A little of the time
- 6. None of the time

Card H

- a) Completely free of stress or pressure
- b) A small amount of stress or pressure
- c) Moderate stress or pressure
- d) A large amount of stress or pressure
- e) Don't know

Card I

Very Big Effect  
 Fairly Big Effect  
 Fairly Small Effect  
 Very Small Effect  
 No Effect

Card J	- Such skills as childcare, gardening
	Cooking, knitting, DIY, typing, car maintenance, using computer.
NVQ4+	or HNC, HND, higher BTEC Teaching qualification First Degree NVQ5 Higher Degree Nursing Qualification Other professional qualification
NVQ3 qualifications	or Apprenticeship Qualification (Advanced) A'level BTEC National/ONC/OND, etc GNVQ – Advanced level
NVQ2 qualifications	or City & Guilds, GCSE at A-C,

O'level  
BTEC General Diploma  
RSA Diploma  
Apprenticeship Qualification  
(Basic)  
GVNQ - Intermediate

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NVQ1 qualifications or CSE Ungraded  
GSCE D – G

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Card K (if required)

- A Working full time (30 hours or more a week)
  - B Working part time (up to 30 hours a week)
  - C Self employed
  - D On a government training scheme
  - E Unemployed and looking for a job
  - F Unable to work because of long term sickness or disability
  - G At school or in other full time education
  - H Retired from paid work
  - I Looking after the home or family
  - J Voluntary Work
  - K Other (*please write in box*)
-