

How to complete the survey

BEFORE YOU FILL IN YOUR SURVEY PLEASE READ THE INFORMATION BELOW

All the questions require 'tick box' responses.

Please read each question carefully and tick the box ☒ which comes closest to your views, checking you have answered all parts of the question.

In most cases you will only have to tick one box, but please read the questions carefully as sometimes you will need to tick more than one box. After each question, move directly to the next, unless asked otherwise.

Some questions include an 'other' option. If you would like to include an answer other than one of those listed within the question, please tick the 'other' box. Some questions include a box for you to write more information if you wish to.

Once you have finished please take a minute to check you have answered all the questions that you should have answered.

This questionnaire consists of 16 pages and should take no longer than 25 minutes to complete. Thank you in advance for your time.

When complete, please put your survey into the reply-paid envelope provided and return to Ipsos MORI by Friday 19th August 2016. **You do not need to add a stamp.**

How you feel about your health and life

This first section of the questionnaire looks at how you feel about your health, and your life overall. It will give us an overview of how you are feeling and will help us to plan how to support people living in Kirklees. Please answer these questions as honestly as possible – there are no right or wrong answers.

Q1.	How is your health in general? Would you say it is...				
	<i>Please tick one box only</i>				
	Very bad	Bad	Fair	Good	Very good
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2.	For each statement below, please tick one box only on the scale of 0 to 10, where 0 is 'not at all' and 10 is 'completely'. <i>Please tick one box only for each row</i>										
	Overall...	<div style="display: flex; justify-content: space-between;"> Not at all Completely </div> <div style="display: flex; justify-content: space-between;"> 012345678910 </div>									
a)	...how satisfied are you with your life nowadays?..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	...to what extent do you feel the things you do in your life are worthwhile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	...how happy did you feel yesterday?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3.	Below are some statements about feelings, thoughts and general wellbeing. Please tick the box that best describes your experience of each over the last two weeks. <i>Please tick one box only for each row</i>					
		None of the time	Rarely	Some of the time	Often	All of the time
a)	I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f)	I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g)	I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Warwick Edinburgh Mental Well-Being Scale (WEMWBS). © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

Q4. To what extent do you agree or disagree with the following statement? *Please tick one box only*

"I tend to bounce back quickly after hard times."

Strongly
agree

☐

Tend to
agree

☐

Neither agree
nor disagree

☐

Tend to
disagree

☐

Strongly
disagree

☐

Existing medical and health conditions and how they affect you

This next section looks at your health in more detail. Understanding health conditions and how these affect people enables us to understand the services and support that could help residents in the future.

Q5. Do you currently have any physical or mental health conditions which have lasted or are expected to last 12 months or more? *Please tick one box only*

☐

Yes – GO TO Q6

☐

No – GO TO Q7

Q6. Do any of your conditions reduce your ability to carry out day-to-day activities?

Please tick one box only

☐

Yes, a lot

☐

Yes, a little

☐

Not at all

Q7. How confident are you that you can manage your own health?

Please tick one box only

Not at all confident

☐

Not very confident

☐

Somewhat confident

☐

Very confident

☐

Q8. (a) Which, if any, of the following health conditions or illnesses do you have or have you had in the last 12 months? *Please tick all that apply in column (a)*

(b) For each condition or illness you have ticked in column a), please indicate if you are accessing (or have previously accessed) support in the last 12 months? *Please tick where applicable in column (b)*

	(a) Have/or had in the last 12 months	(b) Accessing / accessed support for this condition?
Depression.....	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Other mental health condition.....	<input type="checkbox"/>	<input type="checkbox"/>
Asthma (using an inhaler).....	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Chronic pulmonary (lung) disease (e.g. emphysema, chronic bronchitis) .	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease.....	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure.....	<input type="checkbox"/>	<input type="checkbox"/>
Stroke.....	<input type="checkbox"/>	<input type="checkbox"/>
Short-term pain (lasting less than 3 months) not including backache.....	<input type="checkbox"/>	<input type="checkbox"/>
Long-term pain (lasting more than 3 months) not including backache.....	<input type="checkbox"/>	<input type="checkbox"/>
Sciatica, lumbago or recurring backache	<input type="checkbox"/>	<input type="checkbox"/>
Neuromuscular condition (e.g. Parkinson's, MS, epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal / rheumatological problems (e.g. arthritis, tendinitis)	<input type="checkbox"/>	<input type="checkbox"/>
Dermatological problems (e.g. psoriasis, eczema)	<input type="checkbox"/>	<input type="checkbox"/>
Continence problems (leakage of your bladder or bowel).....	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
None of the above.....	<input type="checkbox"/>	

Q9. Do you have any health conditions or illnesses which affect you in any of the following areas?

Please tick all that apply

- ☐ Vision (problems not corrected by glasses or contact lenses)
IF TICKED, ARE YOU:
☐ Sight impaired / partially sighted OR ☐ Severely sight impaired / blind
- ☐ Hearing
IF TICKED, DO YOU HAVE:
☐ Mild / moderate hearing problems OR ☐ Severe / profound deafness
- ☐ Learning or understanding or concentrating
- ☐ Memory
- ☐ **None of the above**

Q10. In the last 12 months, has a physical or mental condition prevented you from working for any length of time? *Please tick one box only*

- ☐ Yes – **GO TO Q11** ☐ No – **GO TO Q12** ☐ Not applicable / I have retired – **GO TO Q12**

Q11. In the last 12 months, for how long has this condition prevented you from working?

Please tick one box only

- Less than 1 week ☐ 1-2 weeks ☐ 3-4 weeks ☐ 2-3 months ☐ 4-6 months ☐ 7-11 months ☐ 12 months ☐

Q12. How often, if ever, do you suffer from sleep problems or sleep loss?

Please tick one box only

- All of the time ☐ Most of the time ☐ Sometimes ☐ Hardly ever ☐ Never ☐

GO TO Q13

GO TO Q14

Q13. What causes your sleep problems or sleep loss?

Please tick all that apply

- ☐ Wheezing / asthma
- ☐ Partner
- ☐ Worry / stress / anxiety
- ☐ Noise from neighbours / neighbourhood
- ☐ Pain
- ☐ Baby / child
- ☐ Carrying out your caring responsibilities
- ☐ Other (*please write in*)
- ☐ Don't know

Q14. (a) Under each heading, please tick the **ONE** box that best describes your health **TODAY**.

Please tick one box only per heading

MOBILITY

- ☐ I have no problems in walking about
- ☐ I have slight problems in walking about
- ☐ I have moderate problems in walking about
- ☐ I have severe problems in walking about
- ☐ I am unable to walk about

SELF-CARE

- ☐ I have no problems washing or dressing myself
- ☐ I have slight problems washing or dressing myself
- ☐ I have moderate problems washing or dressing myself
- ☐ I have severe problems washing or dressing myself
- ☐ I am unable to wash or dress myself

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- ☐ I have no problems doing my usual activities
- ☐ I have slight problems doing my usual activities
- ☐ I have moderate problems doing my usual activities
- ☐ I have severe problems doing my usual activities
- ☐ I am unable to do my usual activities

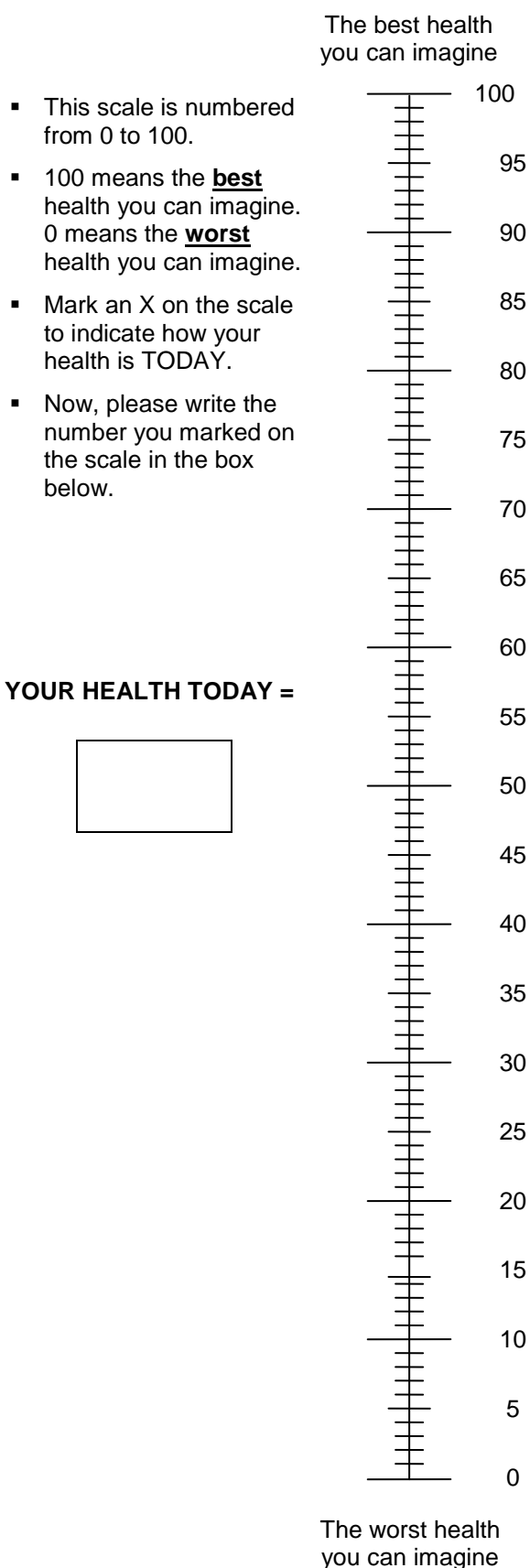
PAIN / DISCOMFORT

- ☐ I have no pain or discomfort
- ☐ I have slight pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have severe pain or discomfort
- ☐ I have extreme pain or discomfort

ANXIETY / DEPRESSION

- ☐ I am not anxious or depressed
- ☐ I am slightly anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am severely anxious or depressed
- ☐ I am extremely anxious or depressed

(b) We would like to know how good or bad your health is **TODAY**.



Q14 EQ-5D-5L © 2009 EuroQol Group. EQ-5D™ is a trade mark of the EuroQol Group

Q15. (a) Do you have regular prescription medicines?
Please tick one box only

☐ Yes – GO TO Q15(b) & Q15(c) ☐ No – GO TO Q16

(b) If yes, how many medicines do you have on prescription?
Please tick one box only

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

(c) Do you have any prescription medicines delivered to your home?
Please tick one box only

☐ Yes ☐ No

Q16. How easy or difficult is it for you...?
Please tick one box only for each row

	Extremely difficult	Quite difficult	Neither easy nor difficult	Quite easy	Extremely easy	Don't know/not applicable
a) ...to find a community pharmacy or local chemist that is open when you need one ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) ... to travel to a community pharmacy or local chemist when you need one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eating, drinking and being active

This section looks at what you eat and drink, and how much exercise you do. Again, there are no right or wrong answers – we are simply trying to get a picture of the lifestyles of the people who live in the area.

Q17. In an average week, how often do you do 30 minutes or more of **at least moderate** activity? (Examples of moderate activity include brisk walking, dancing, cycling, bowling, golf, swimming, household tasks involving considerable physical effort). Please tick one box only

Never ☐ 1 or 2 times ☐ 3 or 4 times ☐ 5 or 6 times ☐ Every day ☐

Q18. Listed below are types of walking and cycling which you may do in a typical week. Please tick the activities that you would normally do within a typical week, answering the follow-up questions for each activity as appropriate.

**For walking: Include all continuous walks of at least 10 minutes without stopping. If you stop for short breaks, such as waiting to cross a road, this still counts as continuous. Exclude walking around the shops. Include walking a dog as leisure walking.*

Which, if any, of the following activities do you do in a typical week? Please tick all that apply		If you do any of these activities in a typical week, please could you tell us...		
		...on how many days do you do it? Days (in a typical week)	...the time you usually spend on the activity per day Hours	Mins
a) *Walking for travel.....	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) *Walking for leisure	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Cycling for travel (including commuting)....	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Cycling for leisure and all other cycling	<input type="checkbox"/> →	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) None of these	<input type="checkbox"/>			

Please refer to the portion guide pictures below when you answer Q19



1 medium apple



2 broccoli florets



Handful of dried fruit



3 heaped tablespoons of peas



Handful of grapes



1 medium glass of fresh fruit juice per day

Q19. On an average day, how likely is it that you will eat 5 or more portions of fruit and vegetables? Examples of a portion size can be seen in the pictures above. *Please tick one box only*

Extremely unlikely

☐

Quite unlikely

☐

Quite likely

☐

Extremely likely

☐

Don't know

☐

Q20. How often do you...?
Please tick one box only for each row

Never

Less than once a week

1 to 4 times a week

5 or more times a week

a) ...eat fast food or take away meals

☐
☐
☐
☐

b) ...cook / prepare a meal from basic ingredients for yourself or your family / household.....

☐
☐
☐
☐

Q21. How confident do you feel about being able to cook from basic ingredients?
Please tick one box only

Not at all confident

☐

Not very confident

☐

Quite confident

☐

Very confident

☐

Q22. How often, if ever, do you have a drink that contains alcohol?
Please tick one box only

Never

☐

Monthly or less often

☐

2-4 days per month

☐

2-3 days per week

☐

4 or more days per week

☐

GO TO Q25

GO TO Q23

Please refer to unit guide pictures below when you answer Q23



Pint of beer/lager
4% ABV
2.3 units



Can of beer/lager 440ml
5% ABV
2.2 units



175ml medium glass of wine
12% ABV
2 units



250ml large glass of wine
12% ABV
3 units



25ml single spirit and mixer
40% ABV
1 unit



50ml double spirit & mixer
40% ABV
2 units



750ml bottle of wine 12% ABV
9 units

Q23. How many units do you have in a typical week?
Please tick one box only

☐

0 to 4

☐

5 to 9

☐

10 to 14

☐

15 to 19

☐

20 or more

Q24. Which of the following best describes your feelings about the amount you drink?
Please tick one box only

☐

I am not concerned about the amount I drink

☐

I am concerned and I plan to reduce it

☐

I am concerned but don't want to reduce it

☐

I am concerned and I need help to reduce it

Smoking and drugs

This next section looks at the use of tobacco and recreational drugs. Again, this is to get a picture of the lifestyles of the people who live in the area.

Q25. Would you describe yourself as a...?
Please tick all that apply

<input type="checkbox"/> Non smoker / never smoked / stopped smoking more than 12 months ago	GO TO Q27
<input type="checkbox"/> Ex-smoker (stopped less than 12 months ago)	
<hr/>	
<input type="checkbox"/> Occasional cigarette smoker (less than 1 cigarette per day or less than 7 per week)	GO TO Q26
<input type="checkbox"/> Occasional cigar or pipe smoker (less than 1 per day or less than 7 per week)	
<input type="checkbox"/> Regular cigarette smoker (at least 1 cigarette per day)	
<input type="checkbox"/> Regular cigar or pipe smoker (at least 1 per day)	

Q26. Which of the following statements best describes your feelings about stopping smoking?
Please tick one box only

<input type="checkbox"/> I intend to stop smoking in the next 2 to 3 weeks
<input type="checkbox"/> I intend to stop smoking within the next 6 months
<input type="checkbox"/> I would like to stop smoking some time in the future
<input type="checkbox"/> I don't want to stop smoking

Q27. Which, if any, of these other tobacco products do you use?
Please tick all that apply

Nasal tobacco (e.g. snuff)	Gutkha, zarda or khaini	Beedis or shisha / hookah water pipes	None of these
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q28. Which statement suits you best in relation to e-cigarettes?
Please tick one box only

<input type="checkbox"/> I have never used e-cigarettes	GO TO Q30
<input type="checkbox"/> I have tried e-cigarettes but I no longer use them at all	
<hr/>	
<input type="checkbox"/> I use e-cigarettes but not every day	GO TO Q29
<input type="checkbox"/> I use e-cigarettes daily	

If you currently use e-cigarettes:

Q29. Why do you currently use e-cigarettes?
Please tick all that apply

<input type="checkbox"/> I am cutting down on the amount of cigarettes / tobacco I smoke
<input type="checkbox"/> I am trying to stop smoking cigarettes / tobacco altogether
<input type="checkbox"/> It is healthier than smoking cigarettes / tobacco
<input type="checkbox"/> It is more socially acceptable than smoking cigarettes / tobacco
<input type="checkbox"/> To reduce the effects of passive smoking on others
<input type="checkbox"/> It is cheaper than cigarettes / tobacco
<input type="checkbox"/> Other <i>(please write in)</i>

To help us plan drug awareness projects and appropriate service provision, we need to understand how many people in the area take illegal or recreational drugs. All answers that you give are confidential and are only included in the questionnaire to help us plan future services.

Q30. Have you used illegal or recreational drugs in the last 5 years?
Please tick one box only

No	Yes, occasionally	Yes, monthly	Yes, weekly	Yes, more than weekly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ **GO TO Q32**
☐ **GO TO Q31**

Q31. Which of the following drugs have you used?
Please tick all that apply

<input type="checkbox"/> Amphetamines (e.g. speed, whiz)	<input type="checkbox"/> <i>Illegally obtained</i> prescription drugs (e.g. benzodiazepines, Temazepam, Diazepam)
<input type="checkbox"/> Cannabis	<input type="checkbox"/> New psychoactive substances (formerly known as 'Legal highs' e.g. MCAT / miaow)
<input type="checkbox"/> Cocaine / crack	<input type="checkbox"/> Solvents (e.g. glue, gas, balloons)
<input type="checkbox"/> Ecstasy / MDMA	
<input type="checkbox"/> Heroin	

Helping you to live an independent life

We need to know what help and support people need to help people live as independently as possible for as long as possible.

Q32. (a) Do you need any help or support to continue living in your own home?
Please tick one box only

☐ Yes – **GO TO Q32(b)**
☐ No – **GO TO Q33**

(b) For which of the following tasks do you need help or support?
Please tick all those you need support with in column (b). If none, please go to Q33

(c) For each task you need support with, please say where, if at all, you get this support from.
Please tick all that apply on each row under (c)

	(b) Yes, I need support with...	(c) I get support from....		
		...unpaid care from spouse / partner / family / friend	...paid care worker (e.g. 'home care')	I do not currently receive support
...bathing / toilet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...dressing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...cleaning / housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...eating.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...cooking / preparing food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...shopping.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...getting around outside your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...getting around inside your home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33. Which, if any, of the following mobility aids do you use?
Please tick all that apply

Wheelchair	Walking frame / sticks	Other mobility aid	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q34. Have you fallen and hurt yourself in the last 12 months?
Please tick one box only

No	Yes, once	Yes, twice	Yes, 3 or more times
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GO TO Q36 GO TO Q35

Q35. Have you ever broken a bone as a result of a fall?
Please tick one box only

☐ Yes ☐ No

Supporting others

Knowing more about how people support others will help us to plan our support to carers much better.

Q36. Do you currently look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health, disability or problems related to old age? (Do not count anything you do as part of your paid employment). Please tick one box only

No	Yes, 1 to 19 hours per week	Yes, 20 to 49 hours per week	Yes, 50 or more hours per week, but not round-the-clock care	Yes, I provide round-the-clock care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GO TO Q43 GO TO Q37

Q37. How many people do you care for?
Please tick one box only

☐ 1 ☐ 2 ☐ 3 or more

Q38. Which of the following people do you currently care for?
Please tick all that apply

Spouse / partner	Brother / Sister	Child	Parent	Other relative	Friend	Neighbour
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q39. How old is the main person you care for?
Please write age in years in the box below

years

Q40. Thinking about the main person you care for, what type of care and support do you provide?
Please tick all that apply

☐ Physical (e.g. personal hygiene, administering medicines)

☐ Practical (e.g. shopping, transport, housework, paperwork, paying bills)

☐ Emotional (e.g. talking through problems, providing reassurance)

Q41. Have you used respite care in the last 12 months? Respite care is any sort of help and support that enables a person to take a break from the responsibilities of caring for somebody else.
Please tick one box only

☐ Yes, regularly ☐ Yes, occasionally ☐ No, never

Q42. How satisfied or dissatisfied are you with the general support (not just respite care) provided to you as a carer? Please tick one box only

Very dissatisfied	Quite dissatisfied	Neither satisfied nor dissatisfied	Quite satisfied	Very satisfied	Not receiving any general support
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Volunteering

The following questions are about formal volunteering (giving unpaid help to a group, club or organisation) and informal volunteering (giving unpaid help to someone who is not a relative).

Q43. In the last 12 months, have you given unpaid help to a group, club or organisation, in any of the following ways? *Please exclude giving money and anything that was a requirement of your job.*
Please tick one box only for each row

	At least once a week	Less than once a week but at least once a month	Less often	Not in the last 12 months
Raising or handling money / taking part in sponsored events..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leading a group / member of a committee.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting other people involved.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organising or helping to run an activity or event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Befriending or mentoring people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving advice / information / counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretarial, admin or clerical work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing transport / driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campaigning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other practical help (e.g. helping out at school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q44. (a) Aside from any help you've given through a group, club or organisation, in the last 12 months, have you done any of the following things, unpaid, for someone who was not a relative?
Please tick one box only for each row in column (a)

	(a)				(b)
	At least once a week	Less than once a week but at least once a month	Less often	Not in the last 12 months	Received these types of help in last 12 months
Keeping in touch (e.g. visiting, telephoning or e-mailing) to reduce loneliness or isolation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping, collecting pension or paying bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking, cleaning, laundry, gardening or other routine household jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decorating, or doing any kind of home or car repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Babysitting or caring for children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting with or providing personal care (e.g. washing, dressing) for someone who is unwell or frail.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking after a property or a pet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving advice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing letters or filling in forms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representation (e.g. talking to a council department or to a doctor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transporting or escorting (e.g. to a hospital or on an outing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) Have you received any of these types of help yourself over the last 12 months from someone who is not a relative?
Please tick all that apply in column (b)

Q45. Listed below are some things that other people have said might encourage them to volunteer and get involved more in their local community. Which, if any, of these would encourage you to get involved or more involved in the future? *Please tick all that apply*

- ☐ If more information about the things I could do was available
- ☐ If the hours were flexible
- ☐ If I knew I could get my expenses paid
- ☐ If I could do it from home
- ☐ If someone who was already involved was there to get me started
- ☐ If someone could provide transport when I needed it
- ☐ If it didn't involve a big time commitment
- ☐ If I knew it would benefit my career, improve my skills or help me get qualifications
- ☐ If I knew it would benefit someone I know
- ☐ If my friends or family got involved with me
- ☐ If I had help with my caring responsibilities
- ☐ Other *(please write in below)*

- ☐ Nothing would encourage me
- ☐ Don't know

Where you live

The next few questions are about what it is like living in your local area. By local area we mean within a 15-20 minute walk from your home.

Q46. Overall, how satisfied or dissatisfied are you with your local area as a place to live?
Please tick one box only

- | | | | | | |
|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|
| Very
satisfied | Fairly
satisfied | Neither satisfied
nor dissatisfied | Fairly
dissatisfied | Very
dissatisfied | Don't
know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q47. How safe or unsafe do you feel when outside in your local area...?
Please tick one box only for each row

- | | Very
safe | Fairly
safe | Neither safe
nor unsafe | Fairly
unsafe | Very
unsafe | Don't
know |
|----------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| a) ...after dark | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) ...during the day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q48. To what extent do you agree or disagree that your local area is...?
Please tick one box only for each row

- | | Strongly
agree | Tend to
agree | Neither
agree nor
disagree | Tend to
disagree | Strongly
disagree |
|---|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|
| a) ...a place where people from different ethnic backgrounds get on well together | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) ...a place where people of different ages get on well together | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) ...a place where people treat each other with respect and consideration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) ...a place where people trust each other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q49. To what extent would you agree or disagree that people in this local area pull together to improve the local area? *Please tick one box only*

- | | | | | | | |
|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|----------------------------|--------------------------|
| Definitely
agree | Tend to
agree | Neither agree
nor disagree | Tend to
disagree | Definitely
disagree | Nothing needs
improving | Don't
know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q50. Do you ever feel lonely or isolated where you currently live?
Please tick one box only

All of the time	Most of the time	Some of the time	Not very often	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q51. Is there anyone who you can really count on to comfort you when you are upset?
Please tick one box only

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
------------------------------	-----------------------------	-------------------------------------

Q52. Is there anyone who you can really count on to help you out in a crisis?
Please tick one box only

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
------------------------------	-----------------------------	-------------------------------------

Q53. Do you have access to a park or green space (e.g. fields, woods, area of communal grass) within a mile of your home? This is around 15-20 minutes' walking distance or 5 minutes' drive.
Please tick one box only

<input type="checkbox"/> Yes – GO TO Q54	<input type="checkbox"/> No – GO TO Q55	<input type="checkbox"/> Don't know – GO TO Q55
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Q54. In the last 12 months, how often, if at all, have you used these parks and green spaces?
Please tick one box only

At least once a week	Less often than once a week but at least once a month	Less often than once a month but at least once in the last 12 months	Have not used these in the past 12 months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q55. What, if anything, prevents you from using parks and green spaces in your area as often as you would like to? *Please tick all that apply*

- ☐ **Nothing – I use them as much as I want to**
- ☐ Lack of time / work commitments
- ☐ Too far away
- ☐ Disability / frailty
- ☐ Can't get there / no transport
- ☐ Park / green space is unsafe
- ☐ Park / green space is untidy / not clean
- ☐ Park / green space is next to a main road that does not feel safe
- ☐ Park / green space lacks facilities (e.g. café, toilets, playground, free parking)
- ☐ Not interested
- ☐ Other

Knowing about people's homes means we can better understand the links between housing and health.

Q56. Do you own or rent your present home?
Please tick one box only

<input type="checkbox"/> Own outright	<input type="checkbox"/> Rent from Kirklees Council (<i>managed by Kirklees Neighbourhood Housing / Pinnacle PSG</i>), or a registered provider (<i>e.g. housing association/charity</i>)
<input type="checkbox"/> Own with a mortgage or loan	<input type="checkbox"/> Live rent free
<input type="checkbox"/> Part own / part rent (shared ownership)	
<input type="checkbox"/> Rent from a private landlord	

Q57. How many rooms do you have for use by your household only? *Please write in number of rooms (Do not count bathrooms, toilets, halls or landings).*

Q58. (a) Overall, would you say your present home is suitable for the needs of your household?

Please tick one box only

☐ Yes – **GO TO Q59**

☐ No – **GO TO Q58(b)**

(b) If no, why is it not suitable?

Please tick all that apply

☐ Badly in need of repairs / improvements

☐ Rent / mortgage is too expensive

☐ Too small for me / us

☐ Issues with the landlord

☐ Too large for me / us

☐ Local public transport is inadequate

☐ Too expensive to heat

☐ Damp, cold or uncomfortable

☐ Unsuitable for me / us to cope with physical or mental health conditions or illnesses

☐ Not safe / secure enough

☐ Unsuitable for my / our mobility needs

Work and employment

These questions are about your qualifications, employment status and where you work.

Q59. Which of these qualifications do you have?

Please tick all that apply

☐ No qualifications

☐ 1 - 4 O-levels / CSEs / GCSEs (any grade) or equivalent (e.g. BTEC / NVQ Level 1)

☐ 5+ O-levels / CSEs / GCSEs (grades A* - C) or equivalent (e.g. an Intermediate Apprenticeship, BTEC / NVQ Level 2)

☐ 2+ A-levels / 4+ AS-levels or equivalent (e.g. GNVQ Advanced, Advanced Apprenticeship, BTEC / NVQ Level 3)

☐ Foundation Degree, Degree (BA, BSc), Higher Apprenticeship, Higher Degree (MA, PhD, PGCE), NVQ Level 4+ or equivalent

☐ Other professional / vocational / work-related qualifications

Q60. Which of these activities best describes what you are doing at present?

Please tick one box only

☐ Working full-time (30 hrs or more per week)

☐ On maternity leave

☐ Working part-time (Under 30 hrs per week)

☐ Temporarily laid off

☐ On a government sponsored training scheme

☐ Doing any other kind of paid work

☐ Self employed or freelance

☐ Unemployed and available for work

☐ Working paid / unpaid for your own or family's business

☐ Long-term sick or disabled

☐ In full-time education at school, college or university

☐ Wholly retired from work

☐ Looking after the home

☐ Doing something else

If you are currently in work, answer Q61. Otherwise, go to Q62.

Q61. Whereabouts do you currently work (choose the place where you spend the majority of your working week)? *Please tick one box only*

☐ Huddersfield

☐ Leeds

☐ Dewsbury

☐ Manchester

☐ Bradford

☐ Sheffield

☐ Halifax

☐ Elsewhere within 50 miles

☐ Wakefield

☐ Elsewhere over 50 miles

☐ Barnsley

☐ No fixed place of work

☐ Other location in Kirklees Borough

Money and financial planning

These questions are about how people feel about managing their money and this information will help us plan the support that people need.

Q62. In the past few weeks, how often have you worried about money?

Please tick one box only

All of the time

☐

Almost all of the time

☐

Some of the time

☐

Hardly ever

☐

Never

☐

Q63. How confident do you feel about managing your money (e.g. budgeting for food and other necessities, paying bills on time)? *Please tick one box only*

Not at all confident

☐

Not very confident

☐

Quite confident

☐

Very confident

☐

Q64. Please tell us the total annual income of your household (before tax and deductions, but including benefits / allowances)? *Please tick one box only*

Below
£10,000

☐

£10,001 to
£20,000

☐

£20,001 to
£30,000

☐

£30,001 to
£40,000

☐

£40,001 to
£50,000

☐

Above
£50,000

☐

Q65. Do you or any other member of your household receive any of the following state benefits?

Please tick all that apply or 'none of these'

☐ Universal Credit

☐ Housing Benefit

☐ Attendance Allowance

☐ Incapacity Benefit / Employment Support Allowance

☐ Carers Allowance

☐ Income Support

☐ Child Tax Credit

☐ Jobseekers Allowance

☐ Council Tax Benefit

☐ Pension Credit – Guarantee Credit element

☐ Disability Living Allowance / Personal Independence Payment

☐ Working Tax Credit

☐ Other

☐ Free School Meals

☐ **None of these**

Q66. In your opinion, how important, if at all, are the following factors in planning for a long and healthy retirement? *Please tick one box only for each row*

	Very important	Fairly important	Not very important	Not at all important	Don't know
a) Saving for a pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Keeping physically active.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Taking part in activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Spending time with people who are close to you (such as family and friends)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Financial planning (such as making a will)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Planning where you are going to live.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You and your household

These questions about you and your household will help us to understand the answers you have given in the rest of this survey and to plan services to meet residents' needs.

Q67. How many people are there in your household including yourself?

Please write numbers in boxes below

Children
Aged 4 years
and under

Children
Aged 5 to 11
years

Children
Aged 12 to 17
years

Adults
Aged 18 to 64
years

Adults
Aged 65 years
and over

If there are no children in your household, please go to Q69.

Q68. (a) Are you the parent / guardian of at least 1 child in your household?
Please tick one box only

☐ Yes

☐ No

(b) Are you a single parent?
Please tick one box only

☐ Yes

☐ No

Q69. Are you...?
Please tick one box only

☐ ...male

☐ ...female

☐ ...transgender

Q70. What was your age on your last birthday?
Please write in the box below

years

Q71. How tall are you without shoes? *If you are unsure, please give an estimate. Please answer in either metres and centimetres or feet and inches. Please write in the boxes below*

metres and cm

OR

feet and inches

Q72. What is your current weight (*in light clothing, without shoes*)? *If you are unsure, please give an estimate. Please answer in either kilograms or stones and pounds. Please write in the boxes below*

kilograms

OR

stones and pounds

If female, answer Q73. Otherwise, go to Q74.

Q73. We have just asked about your height and weight. As being pregnant affects weight, are you pregnant at present? *Please tick one box only*

☐ Yes

☐ No

☐ Prefer not to say

Q74. What is your ethnic group?
Please tick one box only

White

☐ English / Welsh / Scottish / Northern Irish / British

☐ Irish

☐ Gypsy or Irish traveller

☐ Eastern European

☐ Any other White background

Mixed / multiple ethnic groups

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any other Mixed / multiple ethnic background

Other ethnic group

☐ Arab

Asian / Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Kashmiri

☐ Any other Asian background

Black / African / Caribbean / Black British

☐ African

☐ Caribbean

☐ Any other Black / African / Caribbean background

☐ Other ethnic group

Q75. What is your religion?
Please tick one box only

<input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim	<input type="checkbox"/> Any other religion
<input type="checkbox"/> No religion	<input type="checkbox"/> Jewish	<input type="checkbox"/> Sikh	
<input type="checkbox"/> Buddhist			

Q76. As fasting can affect feelings of health and wellbeing, please indicate whether you are currently fasting as part of a religious festival (e.g. Ramadan)? *Please tick one box only*

☐ Yes ☐ No ☐ Prefer not to say

Q77. How would you describe your sexual orientation?
Please tick one box only

Heterosexual	Bisexual	Lesbian / gay woman	Gay man	I am not prepared to say	None of these
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FREE PRIZE DRAW

Ipsos MORI will select one questionnaire at random from all questionnaires received by 19th August 2016. The draw will take place in the week starting 29th August 2016, and the winner will be notified by telephone / email by the end of that week. There is one prize of a £100 high street shopping voucher which can be spent in most high street stores. A copy of the prize draw terms and conditions is available upon request. Please phone our free survey helpline on 0808 1080383 or email LivinginKirklees@ipsos.com for more details.

If you would like to be included in the prize draw, please tick the box and include your full name in block capitals. Please also include a telephone contact number. If you have an email address, please include this too. Please be assured that we will treat your details in the strictest confidence. Kirklees Council will not know who has taken part in the survey, nor who the winner of the prize will be. Only Ipsos MORI will know who has taken part.

☐ **Please tick this box to be included in the free prize draw**

Name:

Telephone number:

Email address:

Thank you for completing this questionnaire

Please return the questionnaire by Friday 19th August 2016 in the reply-paid envelope provided or return to:

Freepost Plus RTSA-ZYGL-KSBX
 Kirklees CLiK Survey
 Ipsos MORI
 Kings House
 Kymberley Road
 Harrow
 HA1 1PT
 You do not need a stamp.

If you think another member, or other members, of your household would be willing to take part in the survey, please ask them to go online, using one of the logins provided on the cover letter accompanying this survey. Their answers will also be confidential, and they will also be given the option to enter the prize draw.

16-008617-01 FINAL

1234567890

BARCODE