

# Current Living in Kirklees (CLiK) 2021 Survey

## BEFORE YOU FILL IN YOUR SURVEY PLEASE READ THE INFORMATION BELOW

More information on this survey and how the data will be used can be found at [www.melresearch.co.uk/kirkclik](http://www.melresearch.co.uk/kirkclik). As this survey is about sensitive health information, if there are any questions that you do not wish to answer, please leave these blank.

The Kirklees organisations responsible for the CLiK survey have employed the independent research agency M·E·L Research to collect and process the data from this survey. The data will be collected on an anonymous basis so none of your responses will be linked to you personally. For more details on how M·E·L Research keep your data secure please visit <https://melresearch.co.uk/page/privacypolicy>

## How to complete the survey

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. **Remember, you don't need to answer any question you don't want to.**

In most cases you will only have to tick one box, but please read the questions carefully as sometimes you can 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 around 20 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 M·E·L Research by **17<sup>th</sup> December**. You do not need to add a stamp.

**Q1a** Are you completing this survey on behalf of someone else?

*Please tick one box only.*

☐ Yes – [Go to Q1b](#)

☐ No – [Go to Q2](#)

**Q1b** Why are you completing this on behalf of someone else?

*Please tick all that apply or 'Another reason'*

- ☐ They have a physical/mental health condition that makes it difficult for them to complete a survey
- ☐ English is not their first language, so they struggle to understand some of the questions
- ☐ They are not very good with technology, so would struggle to complete the survey online
- ☐ They do not have the technology/internet connection to complete the survey online
- ☐ Another reason

*If you are completing this survey on behalf of someone else, please make sure the responses you give are for the person you are completing it for, and not how you yourself would answer the questions.*

## 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.

**Q2** How would you rate your overall physical health now?  
*Please tick one box only.*

Very bad	Bad	Fair	Good	Very good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q3** How would you rate your overall mental health now?  
*Please tick one box only.*

Very bad	Bad	Fair	Good	Very good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q4** 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'. *Please tick one box only for each row*

		Not at all										Completely	
		0	1	2	3	4	5	6	7	8	9	10	
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"/>	<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"/>	<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"/>	<input type="checkbox"/>	
d)	How anxious 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"/>	<input type="checkbox"/>	

**Q5** 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. *Please tick one box per row*

		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.

## 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.

**Q6a** Do you currently have any physical or mental health conditions or illnesses lasting, or expected to last, 12 months or more? *Please tick one box only.*

☐ Yes – [GO TO Q6b](#) ☐ No – [GO TO Q7](#)

**Q6b** Do any of your conditions or illnesses 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 ☐ Not sure ☐

**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) To what extent does this affect your daily life? *Please tick one box only per health condition*

	(a) had in last 12 months	(b) daily life affected by the condition		
		It affects my daily life a lot	It affects my daily life a little	It does not affect my daily life
Effects of COVID-19 more than 12 weeks after onset of symptoms (e.g., long Covid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other mental health condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma (using an inhaler)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menopause (including symptoms leading up to the menopause)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive/gynaecological health issues (other than menopause)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic pulmonary (lung) disease (e.g., emphysema, chronic bronchitis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term pain (lasting less than 3 months) not including backache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term pain (lasting more than 3 months) not including backache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sciatica, lumbago or recurring backache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuromuscular condition (e.g., Parkinson's, MS, epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal / rheumatological problems (e.g., arthritis, tendinitis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dermatological problems (e.g., psoriasis, eczema)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continence problems (leakage of your bladder or bowel)	<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"/>
None of the above – <a href="#">GO TO Q9</a>	<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**

**Q10a** Do you have regular prescription medicines?  
*Please tick one box only.*

☐ Yes – [GO TO Q10b](#) ☐ No – [GO TO Q11](#)

**Q10b** If yes, how many medicines do you have on prescription?  
*Please tick one box only.*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

**Q11** How easy or difficult is it for you to access a community pharmacy or local chemist when you need one? (Thinking about travel and opening times)  
*Please tick one box only.*

☐ Extremely difficult ☐ Quite difficult ☐ Neither easy nor difficult ☐ Quite easy ☐ Extremely easy ☐ Don't know/not applicable

**Q12a** Have you used a pharmacy in the last 12 months?  
*Please tick one box only.*

☐ Yes – [GO TO Q12b](#) ☐ No – [GO TO Q13](#) ☐ Not sure - [GO TO Q13](#)

**Q12b** What were your reasons for using the pharmacy? *Please tick all that apply.*

☐ Picking up a prescription  
☐ Buying over-the-counter medication/products  
☐ Seeking health advice relating to COVID-19  
☐ Seeking health advice on another topic (not COVID-19 related)  
☐ Referral from GP or NHS 111  
☐ Receiving a vaccination  
☐ Accessing another health-related service  
☐ Another reason

**Q13** In the last 12 months, which forms of contraception have you or any partner used, together?  
*Please tick all that apply.*

☐ Not relevant – have not had sex in the last year  
☐ No contraception used in last 12 months  
☐ I have been /partner has been sterilized  
☐ The Pill  
☐ Male condom  
☐ Female condom  
☐ Morning after pill  
☐ Emergency intra-uterine device (IUD)  
☐ Coil/intra-uterine device (IUD)  
☐ Hormonal IUD - MIRENA  
☐ Natural family planning (safe period/rhythm method/Persona)  
☐ Cap/diaphragm  
☐ Injections  
☐ Spermicides (foams/gels/sprays/pessaries)  
☐ Withdrawal  
☐ Implants  
☐ Other method of protection  
☐ Rather not say

**Q14a** Are you registered with a GP (doctor)?  
*Please tick one box only.*

☐ Yes ☐ No ☐ Don't know

**Q14b** Are you registered with a dentist?  
*Please tick one box only.*

☐ Yes ☐ No ☐ Don't know

## 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.

**Q15a** Do you need any help or support to continue living in your own home?

**Please tick one box only.**

☐ Yes – GO TO Q15b,c and d

☐ No – GO TO Q16

**Q15b** (b) For which of the following tasks do you need help or support, regardless of whether you currently receive that support? **Please tick all those you need support with in column b**

(c) Do you receive the support you need for these tasks?

**Please tick all those you receive support for in column c**

	(b) Tasks need help or support	(c) Tasks receive help or support
...bathing / toilet	<input type="checkbox"/>	<input type="checkbox"/>
...dressing	<input type="checkbox"/>	<input type="checkbox"/>
...cleaning / housework	<input type="checkbox"/>	<input type="checkbox"/>
...maintaining garden/outdoor space	<input type="checkbox"/>	<input type="checkbox"/>
...eating	<input type="checkbox"/>	<input type="checkbox"/>
...cooking / preparing food	<input type="checkbox"/>	<input type="checkbox"/>
...shopping	<input type="checkbox"/>	<input type="checkbox"/>
...getting around outside your home	<input type="checkbox"/>	<input type="checkbox"/>
...getting around inside your home	<input type="checkbox"/>	<input type="checkbox"/>
...other	<input type="checkbox"/>	<input type="checkbox"/>
...none of these	<input type="checkbox"/>	<input type="checkbox"/>

**Q15d** For which of the following tasks do you use equipment/technology/adaptations and other aids which help you to be as independent as possible in these areas of your life. **Please tick all that apply.**

*Equipment/technology/adaptations can include bathing equipment, stairlift, level access shower, ramp, grab rails, toilet frames, bed or chair raisers, care phone sensors, wheelchairs and walking frames, etc.*

- ☐ ...bathing / toilet
- ☐ ...dressing
- ☐ ...cleaning / housework
- ☐ ...maintaining garden/outdoor space
- ☐ ...eating
- ☐ ...cooking / preparing food
- ☐ ...shopping
- ☐ ...getting around outside your home
- ☐ ...getting around inside your home
- ☐ ...other
- ☐ ...none of these

**Q16** Have you delayed seeking out support from health or social care in the last 12 months?

**Please tick one box only.**

- ☐ Not applicable, no support needed
- ☐ No, I needed support, but I did not delay seeking it
- ☐ Yes, to some extent, but my needs have now been met
- ☐ Yes, and I am still delaying asking for support

**Q17** Have you fallen and hurt yourself in the last 12 months?

**Please tick all that apply.**

No

☐

Yes, at home

☐

Yes, outside of my home

☐

## Supporting others

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

**Q18a** Do you currently look after, or give any help or support to family members, friends, neighbours or others because of their 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 or volunteering with an organisation). *Please tick one box only.*

- ☐ No – [GO TO Q19](#)
- ☐ Yes, up to 19 hours per week – [GO TO Q18b](#)
- ☐ Yes, 20 to 49 hours per week – [GO TO Q18b](#)
- ☐ Yes, 50 or more hours per week, but not round-the-clock care – [GO TO Q18b](#)
- ☐ Yes, I provide round-the-clock care – [GO TO Q18b](#)

**Q18b** Have any health or care professionals you have spoken to in the last 12 months asked you about your needs as a carer? *Please tick one box only.*

- ☐ I haven't spoken to any health care professionals
- ☐ Yes
- ☐ No
- ☐ Don't Know

**Q18c** 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)

**Q18d** 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                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Accessing the internet and online services

Understanding your access to the internet and online services will help us to find the best methods for delivering services and support people who are digitally excluded or face challenges using online services.

**Q19** How do you access the internet from your home? *Please tick all that apply.*

- ☐ I have broadband internet installed at home (e.g., Virgin, BT, etc)
- ☐ I use a prepaid router or "dongle"
- ☐ I use my mobile phone data
- ☐ I have a router or data agreement provided via a school
- ☐ I have a laptop or computer or tablet but no internet access at home
- ☐ I have no way to access the internet at home

**Q20** Do you have any challenges using online services? *Please tick all that apply.*

- ☐ No, I make the most of online services without any challenges
- ☐ The cost of devices and internet access
- ☐ I don't have any means to use online services
- ☐ My device is old, unreliable, or unsuitable
- ☐ I have broadband internet, but the connection is poor/slow
- ☐ The cost of using mobile data
- ☐ I feel I lack the knowledge / training / confidence to use the technology
- ☐ I am worried about staying safe online
- ☐ I have a medical condition that makes using technology difficult
- ☐ There is nowhere nearby with free wi-fi

## Work and Employment

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

**Q21** 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 grades 9 to 4) 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 / technical skills

**Q22a** Which of these activities best describes what you are doing at present?

*Please tick one box only.*

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Working full-time (30 hrs or more per week)             | – <a href="#">GO TO Q22b to e</a> |
| <input type="checkbox"/> Working part-time (Under 30 hrs per week)               | – <a href="#">GO TO Q22b to e</a> |
| <input type="checkbox"/> On an apprenticeship or a training scheme               | – <a href="#">GO TO Q23</a>       |
| <input type="checkbox"/> Doing any other kind of paid work                       | – <a href="#">GO TO Q22b to e</a> |
| <input type="checkbox"/> Self-employed or freelance                              | – <a href="#">GO TO Q22b to e</a> |
| <input type="checkbox"/> Working paid / unpaid for your own or family's business | – <a href="#">GO TO Q22b to e</a> |
| <input type="checkbox"/> Temporarily laid off                                    | – <a href="#">GO TO Q22e</a>      |
| <input type="checkbox"/> Unemployed and available for work                       | – <a href="#">GO TO Q22e</a>      |
| <input type="checkbox"/> On parental leave (maternity or paternity leave)        | – <a href="#">GO TO Q22b to e</a> |
| <input type="checkbox"/> In full-time education at school, college or university | – <a href="#">GO TO Q23</a>       |
| <input type="checkbox"/> Long-term sick or disabled                              | – <a href="#">GO TO Q23</a>       |
| <input type="checkbox"/> Wholly retired from work                                | – <a href="#">GO TO Q23</a>       |
| <input type="checkbox"/> Looking after the home                                  | – <a href="#">GO TO Q23</a>       |
| <input type="checkbox"/> Doing something else                                    | – <a href="#">GO TO Q23</a>       |

**Q22b** Do you work on a zero-hours contract?

*Please tick one box only.*

Yes

☐

No

☐

Not sure

☐

**Q22c** How dissatisfied or satisfied are you with your present job overall? Consider the job where you work the most hours. *Please tick one box only.*

Completely /  
mostly dissatisfied

☐

[GO TO Q22d & e](#)

Somewhat  
dissatisfied

☐

[GO TO Q22d & e](#)

Neither satisfied  
nor dissatisfied

☐

[GO TO Q23](#)

Somewhat  
satisfied

☐

[GO TO Q23](#)

Completely /  
mostly satisfied

☐

[GO TO Q23](#)

**Q22d** If completely / mostly or somewhat dissatisfied with your present job, which of these reasons best explains why? *Please tick all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Job security                     | <input type="checkbox"/> Feel unsafe at work                     |
| <input type="checkbox"/> Unable to progress further       | <input type="checkbox"/> Poor work relationships                 |
| <input type="checkbox"/> No opportunities for development | <input type="checkbox"/> Inadequate leave                        |
| <input type="checkbox"/> Rate of pay                      | <input type="checkbox"/> Lack of support for my health condition |
| <input type="checkbox"/> Long commute                     | <input type="checkbox"/> Other                                   |
| <input type="checkbox"/> Inflexible working hours         |  |

[PLEASE NOW ANSWER Q22e](#)



**Q22e** What would help you find a new or different job?

**Please tick all that apply.**

- ☐ More job opportunities
- ☐ Access to training
- ☐ Completing qualifications
- ☐ Help with writing a CV and applying for jobs
- ☐ Adaptations to the workplace that would make it easier to manage my health condition
- ☐ Better/more affordable public transport to make the journey easier
- ☐ More flexible hours to enable me to work around my other commitments
- ☐ Something else

## 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).

**Q23** In the last 12 months, have you taken part in any volunteering?

**Please tick one box only.**

Yes, I regularly volunteer  
(at least once a month)

☐

Yes, but not regularly  
(less than once a month)

☐

No

☐

**Q24** Do you intend to volunteer in the future? **Please tick one box only.**

Yes

☐

No

☐

Not sure

☐

## 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.

**Q25** Please tell us the total annual income of your household (before tax and deductions, but including benefits / allowances)? **Please tick one box only.**

- |   |   |
|---|---|
| <input type="checkbox"/> Below £10,000      | <input type="checkbox"/> £30,001 to £40,000 |
| <input type="checkbox"/> £10,001 to £20,000 | <input type="checkbox"/> £40,001 to £50,000 |
| <input type="checkbox"/> £20,001 to £30,000 | <input type="checkbox"/> £50,001 to £60,000 |
| <input type="checkbox"/> £30,001 to £40,000 | <input type="checkbox"/> £60,001 to £70,000 |
| <input type="checkbox"/> £40,001 to £50,000 | <input type="checkbox"/> Above £70,000      |
| <input type="checkbox"/> £50,001 to £60,000 |   |

**Q26** Do you or any other member of your household receive any of the following state benefits?

**Please tick all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Universal Credit                                  | <input type="checkbox"/> Council Tax Reduction                                       |
| <input type="checkbox"/> Housing Benefit                                   | <input type="checkbox"/> Pension Credit – Guarantee Credit element                   |
| <input type="checkbox"/> Attendance Allowance                              | <input type="checkbox"/> Working Tax Credit  |
| <input type="checkbox"/> Incapacity Benefit / Employment Support Allowance | <input type="checkbox"/> Disability Living Allowance / Personal Independence Payment |
| <input type="checkbox"/> Carers Allowance                                  | <input type="checkbox"/> Free School Meals   |
| <input type="checkbox"/> Income Support                                    | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Child Tax Credit                                  | <input type="checkbox"/> None of these   |
| <input type="checkbox"/> Jobseekers Allowance                              |  |

**Q27** How well would you say you are managing financially these days?

Would you say you are...? **Please tick one box only.**

- ☐ Living comfortably
- ☐ Doing alright
- ☐ Just about getting by
- ☐ Finding it quite difficult
- ☐ Finding it very difficult



Gambling/betting can become a problem if its disruptive or damaging to you or your family or interferes with your daily life. Understanding the impact of gambling helps us to provide support to people who need it.

**Q28** Has gambling (by you or someone close to you) had a negative effect on your life?

*Please tick one box only.*

☐ Yes ☐ No ☐ Not sure ☐ Not applicable

## 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.

**Q29** We'd like to know how physically active you are at two different intensity levels:

**Moderate** – this will raise your heart rate, make you breathe faster and feel warmer (e.g., brisk walking, riding a bike at an easy pace, pushing a lawnmower, hiking).

**Vigorous** – this will make you breathe hard and fast (e.g., running, swimming, riding a bike fast or up hills, sports like football, rugby and netball).

*If you're unsure of the difference, being able to talk but not sing indicates moderate intensity activity, while having difficulty talking without pausing is a sign of vigorous activity.*

In total, how many minutes of physical activity do you do in an average week? *If you don't do moderate / vigorous activity, please write a '0' in the appropriate box.*

Moderate intensity

Minutes

Vigorous intensity

Minutes

**Q30** In an average week, how often do you do some form of muscle strengthening activity (Activities could include using bodyweight, free weights, resistance machines or elastic bands, stair climbing, carrying shopping bags, lifting and carrying children, and gardening). *Please tick one box only.*

Never ☐ Less than one day a week ☐ One day a week ☐ Two days a week ☐ More than two days a week ☐

**Q31** In an average week, how many days do you walk or cycle for travel (where arriving at a destination is the purpose of the journey, and not simply for exercise)? *Please tick one box for walking and one box for cycling.*

	0	1	2	3	4	5	6	7
Walking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q32** What, if anything, would help you to become more active? *Please tick all that apply.*

- ☐ Having more time
- ☐ Having someone to go with
- ☐ Knowing that activities are suitable for someone like me
- ☐ Knowing what activities / facilities / clubs / groups exist in the local area
- ☐ Increased or improved access to local greenspaces
- ☐ Feeling safer in public open spaces (e.g., lighting, visibility, supervision)
- ☐ Free or affordable local facilities or activities
- ☐ Easier access to local facilities or activities
- ☐ More flexible opening times and / or programming of activities and facilities
- ☐ Different types of activity or facility to broaden the choice
- ☐ Better disabled access at local facilities
- ☐ Understanding what support there is for someone with my health condition(s)
- ☐ Better access to cycling equipment
- ☐ Increased access to or improved safety of local cycling / walking routes
- ☐ Nothing - I am already very active

Please refer to the portion guide pictures below when you answer Q33



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

**Q33** 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  
☐

**Q34** How often do you eat fast food or take away meals?

*Please tick one box only.*

Never  
☐

Less than once a week  
☐

1 to 4 times a week  
☐

5 or more times a week  
☐

**Q35** What cooking facilities do you have access to?

*Please tick all that apply.*

☐ Oven

☐ Hob (1 ring)

☐ Hob (more than 1 ring)

☐ Microwave

☐ Grill

☐ Hotplate

☐ None of these

**Q36** Would you be willing to access or support initiatives to reduce food waste (for example, redistributing food you don't need or receiving food that someone else doesn't need)?

*Please tick one box only.*

☐ Yes, I'd be willing to redistribute excess food I don't need

☐ Yes, I'd be willing to receive food that someone else doesn't need

☐ Yes, I'd be willing to do both

☐ No

☐ Not sure

Please refer to unit guide pictures below when you answer Q37



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**

**Q37a** In a typical week, how many days do you drink alcohol? *Please tick one box only.*

0  
☐

1  
☐

2  
☐

3  
☐

4  
☐

5  
☐

6  
☐

7  
☐

I don't drink  
☐

**GO TO Q38a**

**GO TO Q38a**

**Q37b** How many units do you have in a typical week?

*Please write the number of units*

 units

**Q37c** Which of the following best describes your feelings about the amount of alcohol 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 & 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 Kirklees.

**Q38a** Would you describe yourself as a...?

*Please tick one box only.*

- ☐ Non-smoker / never smoked - [GO TO Q39](#)
- ☐ Ex-smoker (stopped smoking more than 12 months ago) - [GO TO Q39](#)
- ☐ Ex-smoker (stopped less than 12 months ago) - [GO TO Q39](#)
- ☐ Occasional smoker (less than 1 cigarette/cigar/pipe per day or less than 7 per week) - [GO TO Q38b](#)
- ☐ Regular smoker (at least 1 cigarette/cigar/pipe per day) - [GO TO Q38b](#)

**Q38b** Which of the following statements best describes your feelings about stopping smoking?

*Please tick one box only.*

- ☐ I intend to stop smoking within the next 6 months - [GO TO Q38c](#)
- ☐ I would like to stop smoking sometime in the future - [GO TO Q38c](#)
- ☐ I don't want to stop smoking - [GO TO Q39](#)

**Q38c** What would encourage you to stop smoking?

*Please tick all that apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> Self-help                       | <input type="checkbox"/> Local/national campaigns |
| <input type="checkbox"/> Support from friends and family | <input type="checkbox"/> Free alternatives        |
| <input type="checkbox"/> Stop smoking service            | <input type="checkbox"/> Something else           |
| <input type="checkbox"/> Social media                    |   |

**Q39** Which statement suits you best in relation to e-cigarettes / vaping?

*Please tick one box only.*

- ☐ I have never used e-cigarettes / I have never vaped
- ☐ I have tried e-cigarettes / vaping, but I no longer use them at all
- ☐ I use e-cigarettes / vape but not every day
- ☐ I use e-cigarettes / vape daily

To help us plan drug awareness projects and appropriate service provision, we need to understand how many people in Kirklees 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.

**Q40a** Have you used illegal or recreational drugs in the last 5 years? *Please tick one box only.*

- ☐ No - [GO TO Q41](#)
- ☐ Yes, as a one off
- ☐ Yes, less than once a month
- ☐ Yes, at least monthly
- ☐ Yes, at least weekly
- ☐ Yes, at least daily

**Q40b** Which of the following drugs have you used? *Please tick all that apply.*

- |  |  |
|--|--|
| <input type="checkbox"/> Amphetamines (excluding Ecstasy)<br>e.g., MCAT, Speed | <input type="checkbox"/> Major Tranquilisers   |
| <input type="checkbox"/> Barbiturates  | <input type="checkbox"/> Methadone   |
| <input type="checkbox"/> Cannabis  | <input type="checkbox"/> Novel Psychoactive Substances (formerly<br>known as 'Legal highs')                  |
| <input type="checkbox"/> Cocaine / Crack                                       | <input type="checkbox"/> Illegally Obtained Prescription Drugs e.g.,<br>Temazepam, Diazepam, Benzodiazepines |
| <input type="checkbox"/> Ecstasy / MDMA  | <input type="checkbox"/> Solvents e.g., glue, gas, balloon   |
| <input type="checkbox"/> Hallucinogens e.g., mushrooms                         | <input type="checkbox"/> Synthetic cannabinoids e.g., K2, Spice, Mamba                                       |
| <input type="checkbox"/> Heroin  | <input type="checkbox"/> Other Drugs   |

## 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.

**Q41** 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q42** 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
...during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...after dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q43** To what extent do you agree or disagree that your local area is a place where people trust each other. *Please tick one box only.*

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q44a** 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q44b** To what extent would you agree or disagree that during the last 12 months, I got involved in my community and something positive came out of it? *Please tick one box only.*

Definitely agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Definitely disagree	I didn't get involved in my community
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q45** To what extent do you agree or disagree that you personally can influence decisions affecting your local area? *Please tick one box only.*

Definitely agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Definitely disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q46** In the last 12 months, how often, if at all, have you used parks and green spaces (e.g., fields, woods, area of communal grass) within a mile (1-2 kilometres) of your home? *This is around 15-20 minutes' walking distance or 5 minutes' drive.* **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

**Q47** In the past year, have you experienced any type of discrimination (such as verbal or physical threats or abuse or unfair treatment) for reasons to do with your...? **Please tick one box on each row only.**

	Yes	No	Not sure
... ethnicity/ race/ colour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... religion/ faith/ beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... disability/ health condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... gender/ gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q48** How often do you feel lonely? **Please tick one box only.**

Never	Hardly ever	Occasionally	Some of the time	Often/always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q49** How much do you agree or disagree with the following statement?  
 "If I needed help, there are people who would be there for me" **Please tick one box only.**

Definitely agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Definitely disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q50a** Have you lost someone close to you in the last 12 months? **Please tick one box only.**

☐ Yes – [GO TO Q50b](#)
☐ No – [GO TO Q51](#)

**Q50b** Have you received adequate support to cope with this? **Please tick one box only.**

I didn't need any support	Yes	No	Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**Q51** Do you own or rent your current home? **Please tick one box only.**

☐ Own outright  
☐ Own with a mortgage or loan  
☐ Part own / part rent (shared ownership)  
☐ Rent from a private landlord  
☐ Rent from Kirklees Council (Homes & Neighbourhoods, formerly Kirklees Neighbourhood Housing)  
☐ Rent from a registered provider (e.g., housing association/charity)  
☐ Live rent free / with family

**Q52** 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).

rooms

**Q53a** Overall, would you say your present home and housing contract (if applicable) are suitable for the needs of your household? **Please tick one box only.**

☐ Yes – [GO TO Q54](#)
☐ No – [GO TO Q53b](#)
☐ Not sure – [GO TO Q54](#)

**Q53b** If no, why is it not suitable? *Please tick all that apply.*

- ☐ Inflexible contract
- ☐ 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
- ☐ Insufficient outdoor space
- ☐ Something else

## 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.

**Q54** 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 Q56.**

**Q55a** Are you a parent / guardian of a child(ren) under the age of 18?  
*Please tick one box only.*

☐ Yes - **GO TO Q55b and c**

☐ No - **GO TO Q56**

**Q55b** Are you a single parent? *Please tick one box only.*

☐ Yes

☐ No

**Q55c** Do you face any challenges being a parent/guardian?  
*Please tick any challenges you experience.*

- ☐ I don't face any challenges being a parent/guardian
- ☐ Lack of sleep
- ☐ Can't afford to buy essential items for my child(ren)
- ☐ Controlling my child(ren)'s behaviour
- ☐ Getting my child(ren) to eat healthily
- ☐ Supporting my child(ren) to do well at school
- ☐ Lack of confidence in how to raise my child(ren)
- ☐ Lack of a support network to help me with my child(ren)
- ☐ Don't know where to go for advice/formal support
- ☐ Strain on my relationship with my partner
- ☐ Not enough places to go/things to do in the local area
- ☐ Something else

**Q56** Are you...?  
*Please tick one box only.*

☐ Male
 ☐ Female
 ☐ Transgender

☐ Prefer to self-describe (please specify in the box below)

**Q57** What was your age on your last birthday?  
*Please write in the box below.*

years

**Q58** 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**

**Q59** What is your current weight (in light clothing, without shoes)?  
*Please write in the boxes below.*

**kilograms**

OR

**stones**
and**pounds**

**Q60** Are you pregnant?  
*Please tick one box only.*

☐ Yes
 ☐ No

☐ Prefer not to say
 ☐ Not applicable

**Q61** To which of these groups do you consider you belong?  
*Please tick one box only.*

**White**

☐ English / Welsh / Scottish / Northern Irish / British  
☐ Irish  
☐ Gypsy or Irish traveller  
☐ Roma  
☐ Eastern European  
☐ Any other White background

**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

**Mixed / multiple ethnic groups**

☐ White and Black Caribbean  
☐ White and Black African  
☐ White and Asian  
☐ Any other Mixed / multiple ethnic background

**Other ethnic groups**

☐ Arab  
☐ Other ethnic group



**Q62** How would you describe your sexual orientation?

*Please tick one box only.*

- ☐ Heterosexual / straight
- ☐ Bisexual
- ☐ Lesbian / gay woman
- ☐ Gay man
- ☐ I am not prepared to say
- ☐ None of these

**Q63** What is your religion?

*Please tick one box only.*

- ☐ Buddhist
- ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Any other religion
- ☐ No religion

## FREE PRIZE DRAW

M.E.L Research will select one questionnaire at random from all questionnaires received. The prize-draw, will take place two weeks after the end of the survey period. The winner will be notified by telephone / email by the end of that week. There is one prize of a £150 Love2Shop vouchers which can be spent in most high street stores. If you would like to be included in the prize-draw, tick the box and include your full name in block capitals. Please also include a telephone contact number. If you have an email address, 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 M.E.L Research will know who has taken part.

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

Name  
(BLOCK CAPITALS):

Telephone Number:

Email address:

Thank you for taking the time to complete this questionnaire.  
Please return it as requested in the prepaid envelope provided by 17<sup>th</sup> December 2021