

## **'Living in Warwickshire' Survey 2016**

This survey is an opportunity for you, a Warwickshire resident, to share your experiences about living in Warwickshire. We want to know your views on what you like and don't like about living in Warwickshire, what things need improving, and about your health and well-being.

Results from the survey will highlight key issues experienced by you, on a day-to-day basis, including information on needs and challenges. This will inform council work programmes to address these local needs and shape services for the future.

As a thank you for completing the survey, you can choose to enter yourself into a prize draw:

**1 x Annual Parking Pass for all Warwickshire Country Parks**  
**10 x Stagecoach Midlands Dayrider Gold Vouchers**

\* Winners will be drawn at random on 1st July 2016 and contacted by the 15th of July 2016\*

If you would like to enter the prize draw and be in with a chance of winning, please leave your contact details in the box below and tick the prize draw box.

We are also planning on conducting a series of focus groups with residents. The aim of the focus groups is to discuss some of the topics explored in this survey in greater detail. If you are interested in attending a focus group please tick the focus group box below and leave your contact details.

<b>Phone number</b>	.....
<b>Email address</b>	.....
<input type="checkbox"/> Prize Draw	<input type="checkbox"/> Focus Groups

Warwickshire County Council would like to tell you about services available in your area. Please tick the box if you do not wish to be contacted. If you wish to be contacted, please provide your contact details in the box above. ☐

The results from the survey will be analysed by Warwickshire County Council. Names, addresses and individual personal information will be kept confidential and you will not, in any way, be identifiable in the survey analysis from your responses. The survey will close on Friday 1<sup>st</sup> July 2016.

Following the conclusion of the survey or consultation we shall publish the results and this may include quotes of comments which will be anonymous. If you reply to an anonymous survey then no personal details will be captured.

- If you volunteer to give us your name and contact details for a prize draw or to be notified of the results or to volunteer for a focus group, then these details will be kept securely but only used for these purposes.
- Information you provide in any additional correspondence to our surveys and consultations, including personal information, may be disclosed in accordance with the Freedom of Information Act 2000 and the Data Protection Act 1998. If you want the information that you provide to be treated as confidential, including your contact details, please tell us why, but be aware that, under the Freedom of Information Act, we cannot always guarantee confidentiality.

- For further information see [www.warwickshire.gov.uk/privacy](http://www.warwickshire.gov.uk/privacy) or contact our Customer Service Centre on 01926 410410.

If you prefer to complete the survey online you can do, by visiting **<http://www.warwickshire.gov.uk/survey>** and following the instructions. If you have questions about this survey please contact 01926 418049 or email [research@warwickshire.gov.uk](mailto:research@warwickshire.gov.uk) and we will be happy to help you.

**Q1 Please select the Warwickshire district or borough where you live**  
PLEASE TICK ✓ ONE BOX

- |  |   |
|--|---|
| <input type="checkbox"/> North Warwickshire Borough  | <input type="checkbox"/> Warwick District |
| <input type="checkbox"/> Nuneaton & Bedworth Borough |   |
| <input type="checkbox"/> Rugby Borough               |   |
| <input type="checkbox"/> Stratford-on-Avon District  |   |

**Q2 What is your age?**  
PLEASE WRITE IN THE BOX BELOW

Years

We will only ever use your address details to allow for geographical analysis on local services. We will **not** use your address details to identify individuals.

**Q3 Postcode of current address**  
PLEASE WRITE AT LEAST THE FIRST 5 DIGITS/LETTERS OF YOUR POSTCODE

**Q4 How many people are there in your household?**  
PLEASE WRITE THE NUMBER OF ADULTS AND THE NUMBER OF CHILDREN IN THE BOXES BELOW

Adults

Children

**Q5 How long have you been living at your current address?**  
PLEASE WRITE IN THE BOX BELOW

**Q6 I identify my gender as:**  
PLEASE TICK ✓ ONE BOX

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Male   | <input type="checkbox"/> In some other way |

**Q7 What is the highest level of education (or equivalent) you have completed?**  
PLEASE TICK ✓ ONE BOX

- ☐ Secondary school (or up to age 14, 15 or 16 years)
- ☐ Sixth form / further education (or up to 17 or 18 years)
- ☐ Professional or technical qualification after leaving school (e.g. NVQ, BTEC)
- ☐ University / polytechnic degree course or higher (e.g. undergraduate, postgraduate, or PhD)
- ☐ Other (e.g. home schooling)

**Q8 Which of these activities best describes what you are doing at present?**  
PLEASE TICK ✓ ALL THAT APPLY

- |   |   |
|---|---|
| <input type="checkbox"/> Employee in full-time job                            | <input type="checkbox"/> Unemployed and available for work            |
| <input type="checkbox"/> Employee in part-time job                            | <input type="checkbox"/> Not working due to illness or disability     |
| <input type="checkbox"/> Self-employed  | <input type="checkbox"/> Wholly retired from work                     |
| <input type="checkbox"/> Full-time education at school, college or university | <input type="checkbox"/> On a government supported training programme |
| <input type="checkbox"/> Looking after the home or family                     | <input type="checkbox"/> Other (please write in box)                  |

**Q9 Have you ever served in any of the armed forces/military?**  
PLEASE TICK ✓ ALL THAT APPLY

- ☐ Never served in the armed forces
- ☐ Army
- ☐ Navy
- ☐ RAF
- ☐ Reservist

**Q10 Do you 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?**  
PLEASE TICK ✓ ONE BOX

No	Yes, 1 – 19 hours per week	Yes, 20 – 49 hours per week	Yes, 50+ hours per week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q11 Do you have any long-standing illness, disability or infirmity (long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time)?**  
PLEASE TICK ✓ ALL THAT APPLY

- ☐ Deafness or severe hearing impairment
- ☐ Blindness or partially sighted
- ☐ A long-standing physical condition
- ☐ A learning disability
- ☐ A mental health condition
- ☐ A long standing illness such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- ☐ No, I do not have a long-standing condition (Go to Q13)

**Q12 Does this illness limit your daily activities in any way? (e.g. washing or dressing)**  
PLEASE TICK ✓ ONE BOX

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**Q13 How satisfied or dissatisfied are you with your local area\* as a place to live?**  
PLEASE TICK ✓ ONE BOX

\*by your local area, we mean the area within 15-20 minutes walking distance from your home

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"/>

**Q14 Do you agree or disagree that you can influence decisions affecting your local area\*?**  
PLEASE TICK ✓ ONE BOX

\*by your local area, we mean the area within 15-20 minutes walking distance from your home

Definitely agree	Tend to agree	Tend to disagree	Definitely disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Warwickshire County Council is responsible for providing services such as Road Maintenance, Street Lighting, Public Transport, Waste and Recycling Services, Learning and Education, Libraries and Museums, Country Parks, Social Care and Support, Public Health and the Fire and Rescue Service.

**Q15 Overall, how satisfied or dissatisfied are you with the quality of services you receive from Warwickshire County Council?**

PLEASE TICK ✓ ONE BOX

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"/>

**Q16 How strongly do you feel you belong to your immediate neighbourhood\*?**

PLEASE TICK ✓ ONE BOX

\* by your immediate neighbourhood, we mean the street that you live in

Very strongly	Fairly strongly	Not very strongly	Not at all strongly	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q17 Which activities have you done for your current neighbours, or have they undertaken for you?**

PLEASE TICK ✓ ALL THAT APPLY

<input type="checkbox"/>	Taken in / out bins	<input type="checkbox"/>	Kept an eye on property when away
<input type="checkbox"/>	Collected parcels from postman	<input type="checkbox"/>	Looked after pets when away
<input type="checkbox"/>	Pushed newspapers / post through door	<input type="checkbox"/>	Taken to medical appointments
<input type="checkbox"/>	Odd jobs around the house / garden	<input type="checkbox"/>	None of the above

**Q18 Have you engaged in formal volunteering or local activity over the past year?**

PLEASE TICK ✓ ONE BOX

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**Q19a Thinking generally, which of the things below would you say are most important in making somewhere a good place to live?**

PLEASE PUT A RANKING FROM 1 TO 5 IN UP TO FIVE BOXES ONLY IN THE LEFT HAND COLUMN BELOW (1 = most important)

**Q19b And thinking about your local area, which of the things below, if any, do you think most need improving?**

PLEASE PUT A RANKING FROM 1 TO 5 IN UP TO FIVE BOXES ONLY IN THE RIGHT HAND COLUMN BELOW (1 = most in need of improvement)

	Q19a - Most important in making somewhere a good place to live	Q19b - Most needs improving in this local area
Access to the countryside.....	<input type="checkbox"/>	<input type="checkbox"/>
Activities for teenagers.....	<input type="checkbox"/>	<input type="checkbox"/>
Affordable decent housing .....	<input type="checkbox"/>	<input type="checkbox"/>
Clean streets.....	<input type="checkbox"/>	<input type="checkbox"/>
Community activities.....	<input type="checkbox"/>	<input type="checkbox"/>
Cultural facilities (e.g. libraries, museums) .....	<input type="checkbox"/>	<input type="checkbox"/>
Education provision.....	<input type="checkbox"/>	<input type="checkbox"/>
Facilities for young children .....	<input type="checkbox"/>	<input type="checkbox"/>
Health services .....	<input type="checkbox"/>	<input type="checkbox"/>
High speed broadband .....	<input type="checkbox"/>	<input type="checkbox"/>
Job prospects.....	<input type="checkbox"/>	<input type="checkbox"/>
The level of crime .....	<input type="checkbox"/>	<input type="checkbox"/>
The level of pollution.....	<input type="checkbox"/>	<input type="checkbox"/>
The level of traffic congestion .....	<input type="checkbox"/>	<input type="checkbox"/>
Parks and open spaces .....	<input type="checkbox"/>	<input type="checkbox"/>
Public transport.....	<input type="checkbox"/>	<input type="checkbox"/>
Road and pavement repairs .....	<input type="checkbox"/>	<input type="checkbox"/>
Shopping facilities.....	<input type="checkbox"/>	<input type="checkbox"/>
Sports and leisure facilities.....	<input type="checkbox"/>	<input type="checkbox"/>
Transport links.....	<input type="checkbox"/>	<input type="checkbox"/>
Wage levels and local cost of living.....	<input type="checkbox"/>	<input type="checkbox"/>
Q19a - Other (PLEASE TICK BOX AND WRITE IN HERE) .....	<input type="checkbox"/>	
Q19b - Other (PLEASE TICK BOX AND WRITE IN HERE) .....		<input type="checkbox"/>
None of these .....	<input type="checkbox"/>	<input type="checkbox"/>
Don't know .....	<input type="checkbox"/>	<input type="checkbox"/>

**Q20 For each of the questions below, please select the option that best describes how often you feel this way**  
PLEASE TICK ✓ ONE BOX FROM EACH ROW

	None of the time	Rarely	About half of the time	Most of the time	Almost always
I feel isolated from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough people to talk to and share things with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can rely on others for help and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I miss spending time with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q21 For each of the questions below, please select the option that best relates to you**  
PLEASE TICK ✓ ONE BOX FROM EACH ROW

	Daily	A few times a week	Weekly	Monthly	Less than monthly
Approximately how often do you have contact (telephone or face-to- face) with friends and/or family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approximately how often do you take part in social activities (this could include activities with strangers, acquaintances, family or friends)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q22 Describe how you feel about your household income?**  
PLEASE TICK ✓ ONE BOX

- ☐ Living comfortably on current income
- ☐ Coping on current income
- ☐ Finding it difficult on current income
- ☐ Finding it very difficult on current income
- ☐ Prefer not to say

**Q23 How worried are you about the following?**

PLEASE TICK ✓ ONE BOX FROM EACH ROW

	Not at all worried	Not very worried	Fairly worried	Very worried	Not applicable
Job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying utility bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Longer-term financial planning (e.g. pensions, savings and investments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a suitable place to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affording enough food for the household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying for transport costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q24 Which of the following statements best describes how you feel about the food available in your household in the past 12 months?**

PLEASE TICK ✓ ONE BOX

- |   |   |
|---|---|
| <input type="checkbox"/> You and other household members always had enough of the kinds of foods you wanted to eat      | <input type="checkbox"/> Sometimes you and other household members did not have enough to eat |
| <input type="checkbox"/> You and other household members had enough to eat, but not always the kinds of food you wanted | <input type="checkbox"/> Often you and other household members didn't have enough to eat      |

**Q25 Over the last 12 months, how would you describe anti-social behaviour in your neighbourhood? (e.g. rowdy behaviour, loud music, dumped rubbish, vandalism)**

PLEASE TICK ✓ ONE BOX

Significantly Increased	Slightly Increased	About the same	Slightly decreased	Significantly decreased	Don't Know	Have not lived here for 12 months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Q26 How much of a problem are the following in your local area\*?**

PLEASE TICK ✓ ONE BOX FROM EACH ROW

\*by your local area, we mean the area within 15-20 minutes walking distance from your home

	Very big problem	Fairly big problem	Not a very big problem	Not a problem at all
Noisy neighbours or loud parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being drunk and rowdy in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubbish or litter lying around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism, graffiti and other deliberate damage to property or vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People using or dealing drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being harassed or attacked due to ethnicity, religion, disability or sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teenagers hanging around on the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Troublesome neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small deliberate fire starting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious neighbourhood crime, involving gang, gun or knives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mugging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuisance motor cycles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (PLEASE TICK BOX AND WRITE IN HERE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....				
.....				

**Q27 In the last 12 months, have you felt unsafe in any of these places in Warwickshire?**  
**If so, which ones?**  
 PLEASE TICK ✓ ALL THAT APPLY

At school, college or university	<input type="checkbox"/>
At work	<input type="checkbox"/>
On public transport	<input type="checkbox"/>
At or around a bus or train station	<input type="checkbox"/>
In commercial places like shopping centres, shops or petrol stations	<input type="checkbox"/>
In places of entertainment like theatres, cinema, cafes or restaurants	<input type="checkbox"/>
At pubs, nightclubs, discos or clubs	<input type="checkbox"/>
In car parks	<input type="checkbox"/>
Outside, such as on the street, in parks or grounds	<input type="checkbox"/>
At home	<input type="checkbox"/>
I have not felt unsafe in any of these situations	<input type="checkbox"/>

**Q28 Over the last 12 months, how would you describe crime in your neighbourhood\*?**  
 \*the area within 15-20 minutes walking distance from your home  
 PLEASE TICK ✓ ONE BOX

Significantly Increased	Slightly Increased	About the same	Slightly decreased	Significantly decreased	Don't Know	Have not lived here for 12 months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q29 How safe do you feel in your local area\* in the following situations?**  
 PLEASE TICK ✓ ONE BOX FROM EACH ROW  
 \* by your local area, we mean the area within 15-20 minutes walking distance from your home

	Very safe	Fairly safe	Not very safe	Not safe at all
Walking alone during the daytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking alone after dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being in your home during the daytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being in your home after dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q30 How worried are you about the following?**

PLEASE TICK ✓ ONE BOX FROM EACH ROW

	Not at all worried	Not very worried	Fairly worried	Very worried	No opinion
Having your home broken into and having something stolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having your car stolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being physically attacked by strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being physically attacked by someone you know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being verbally attacked by strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a victim of cybercrime related to hacking, phishing, fraud, identity theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a victim of cybercrime related to cyber stalking, bullying, harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q31 Which of the following applies to your understanding of the risks you might face online?**

PLEASE TICK ✓ ONE BOX

There are no risks	<input type="checkbox"/>
I do not know what the risks are, and do not feel at risk	<input type="checkbox"/>
I do not know what the risks are, but feel at risk	<input type="checkbox"/>
I know what the risks are, but do not feel at risk	<input type="checkbox"/>
I know what the risks are, and feel at risk	<input type="checkbox"/>

**Q32 How do you rate your health in general?**

PLEASE TICK ✓ ONE BOX

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

**Q33 How do you travel to hospital appointments and how often?**

PLEASE TICK ✓ ONE BOX FROM EACH ROW

	Not applicable	Less than once a year	Once a year	Twice a year	Every other month	Monthly	Once a week	More than once a week
Drive myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driven by friend/relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk/cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Midlands Ambulance service (non-emergency patient transport)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warwickshire Voluntary Transport (voluntary car scheme)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miss appointments due to lack of transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q34 On average, how many nights per week do you get at least 6 hours of sleep?**

PLEASE TICK ✓ ONE BOX

Never	1 night	2 nights	3-4 nights	5-7 nights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q35 Below are some statements about feelings and thoughts. Please choose the answer that best describes your experience of each over the last two weeks.**  
PLEASE TICK ✓ ONE BOX FROM EACH ROW

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Q36 Please enter your height and weight in the boxes below using the unit of your choice**  
PLEASE ENTER IN ONE BOX FROM EACH ROW

	Kilograms	Stone & Pounds
<b>Weight</b>	<input type="text"/>	<input type="text"/>
	Metres & Centimetres	Feet & Inches
<b>Height</b>	<input type="text"/>	<input type="text"/>

**Q37 Which of the following do you feel best describes you?**  
PLEASE TICK ✓ ONE BOX

I am underweight	I am about the right weight	I am a little overweight	I am very overweight	I am not sure about my weight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q38 During an average week, how long do you spend doing the following activities?**  
PLEASE TICK ✓ ONE BOX FROM EACH ROW

	Not at all	Less than 15 minutes	15-30 minutes	30-60 minutes	1-2 hours	2-4 hours	4-6 hours	More than 6 hours
<b>Vigorous activity</b> - Hard and fast breath, unable to hold a conversation. (e.g. jogging, football, shovelling)	<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>Moderate activity</b> - Raised heart rate, faster breathing and feeling warmer. Can hold a conversation (e.g. fast walking, easy cycling, sawing, vacuuming)	<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>Mild activity</b> (e.g. easy walking, golf, general housework, ironing, gardening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q39 How often do you typically eat the following foods?**  
PLEASE TICK ✓ ONE BOX FROM EACH ROW

	Never	More than once or twice a week	Once or twice a week	Once or twice a month	Less frequently
Shop bought ready meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fast food (e.g. McDonalds, Burger King, KFC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takeaway food (e.g. Chinese, Indian, Thai, pizza, fish & chips)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pub meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snack and a drink in a coffee shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q40 On average, how many portions\* of fruit and vegetables do you eat per day?**  
PLEASE TICK ✓ ONE BOX

0	1 - 2	3 - 4	5 - 6	6+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*1 portion is defined as 80 grams or a handful (e.g. 2 plums or 1 apple). Tinned, dried and frozen fruit and vegetables are included.

A 150ml glass of unsweetened, 100% fruit or vegetable juice or smoothie counts as a maximum of one portion.

That means, no matter how much you drink, it's still 1 portion.

**Q41 How often, if at all, do you drink fizzy or soft drinks? (including carbonated drinks and smoothies, fruit juices and squash with added sugar)**  
PLEASE TICK ✓ ONE BOX

- ☐ Never
- ☐ More than once a day
- ☐ Once a day (go to question 43)
- ☐ Once or twice a week (go to question 43)
- ☐ Once or twice a month (go to question 43)
- ☐ Less frequently (go to question 43)

**Q42 How many times a day do you drink these types of drink?**  
PLEASE TICK ✓ ONE BOX

- ☐ 1 - 3
- ☐ 4 - 6
- ☐ 7+

**Q43 How often do you have a drink containing alcohol?**  
PLEASE TICK ✓ ONE BOX

- |  |   |
|--|---|
| <input type="checkbox"/> Never                 | <input type="checkbox"/> 2 – 3 times per week |
| <input type="checkbox"/> Monthly or less       | <input type="checkbox"/> 4+ times per week    |
| <input type="checkbox"/> 2 – 3 times per month |   |

## Examples of units in common drinks



**Q44 How many units of alcohol do you drink on a typical day when you are drinking?**  
PLEASE TICK ✓ ALL THAT APPLY

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
1 - 2 units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 - 4 units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 6 units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 - 9 units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10+ units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q45 How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?** PLEASE TICK ✓ ONE BOX

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q46 Please select the option that describes your smoking and/or e-cigarette use**  
PLEASE TICK ✓ ALL OF THE CATEGORIES THAT APPLY TO YOU

- |   |   |
|---|---|
| <input type="checkbox"/> Never smoked (go to question 51) | <input type="checkbox"/> Smoker           |
| <input type="checkbox"/> Ex-smoker                        | <input type="checkbox"/> E-cigarette user |
| <input type="checkbox"/> Trying to quit                   |   |



**Q47 On average, how many cigarettes do you smoke?**

PLEASE TICK ✓ ONE BOX

- |   |   |
|---|---|
| <input type="checkbox"/> I smoke regularly, but not daily | <input type="checkbox"/> Smoke 10 - 19 per day    |
| <input type="checkbox"/> Smoke 1 – 9 per day              | <input type="checkbox"/> Smoke 20 or over per day |

**Q48 Please select the option that describes your e-cigarette use**

PLEASE TICK ✓ ONE BOX

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Aid to stop smoking        | <input type="checkbox"/> Other |
| <input type="checkbox"/> Used instead of cigarettes | <input type="checkbox"/> None  |

**Q49 How many times have you tried to give up smoking?**

PLEASE TICK ✓ ONE BOX

- |                                |  |                                |
|--------------------------------|--|--------------------------------|
| <input type="checkbox"/> Once  | <input type="checkbox"/> 3 – 5 times       | <input type="checkbox"/> Never |
| <input type="checkbox"/> Twice | <input type="checkbox"/> More than 5 times |                                |

**Q50 Have you accessed the Warwickshire Stop Smoking Service (Quit4good)?**

PLEASE TICK ✓ ONE BOX

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No. If no please provide a reason: |
|------------------------------|---|

**Q51 Have you needed to access sexual health services in the last year?**

PLEASE TICK ✓ ONE BOX

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No ( go to question 53) |
|------------------------------|--|

**Q52 Did you find the sexual health service easy to access?**

PLEASE TICK ✓ ONE BOX

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No. Please provide more detail on why you had difficulty accessing the sexual health service: |
|------------------------------|--|

**Q53 Is there anything else you would like to add about living in Warwickshire?**  
PLEASE WRITE IN THE BOX BELOW

**Q54 Please provide your marital status**

PLEASE TICK ✓ ONE BOX

- ☐ Single, that is, never married and never registered in a same-sex civil partnership
- ☐ Married
- ☐ Separated, but still legally married
- ☐ Divorced
- ☐ Widowed
- ☐ Registered same-sex civil partnership
- ☐ Separated, but still legally in a same-sex civil partnership
- ☐ Formerly in a same-sex civil partnership which is now legally dissolved
- ☐ Surviving partner from a same-sex civil partnership

**Q55 What is your sexuality?**

PLEASE TICK ✓ ONE BOX

- |   |  |
|---|--|
| <input type="checkbox"/> Heterosexual   | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Bisexual       | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Lesbian or gay |  |

**Q56 What is your religion?**

PLEASE TICK ✓ ONE BOX

- |  |   |
|--|---|
| <input type="checkbox"/> No religion   | <input type="checkbox"/> Muslim                               |
| <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and other Christian denominations) | <input type="checkbox"/> Sikh                                 |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Prefer not to say                    |
| <input type="checkbox"/> Hindu   | <input type="checkbox"/> Any other religion (please describe) |
| <input type="checkbox"/> Jewish  |   |

**Q57 What is your ethnic group?**

PLEASE TICK ✓ ONE BOX

- |  |  |
|--|--|
| <input type="checkbox"/> White English / Welsh / Scottish<br>Northern Irish / British            | <input type="checkbox"/> Indian  |
| <input type="checkbox"/> White Irish   | <input type="checkbox"/> Pakistani   |
| <input type="checkbox"/> White Gypsy or Irish Traveller  | <input type="checkbox"/> Bangladeshi   |
| <input type="checkbox"/> Any other white background<br>(please describe below)                   | <input type="checkbox"/> Chinese   |
|  | <input type="checkbox"/> Any other Asian background<br>(please describe below)                       |
| <input type="checkbox"/> White and Black Caribbean   |  |
| <input type="checkbox"/> White and Black African   | <input type="checkbox"/> African   |
| <input type="checkbox"/> White and Asian   | <input type="checkbox"/> Caribbean   |
| <input type="checkbox"/> Any other Mixed / Multiple ethnic<br>background (please describe below) | <input type="checkbox"/> Any other Black / African / Caribbean<br>background (please describe below) |
| <input type="checkbox"/> Arab  | <input type="checkbox"/> Any other ethnic group (please describe below)                              |

Q58

**How did you hear about the survey?**

PLEASE TICK ✓ ALL OF THE CATEGORIES THAT APPLY TO YOU

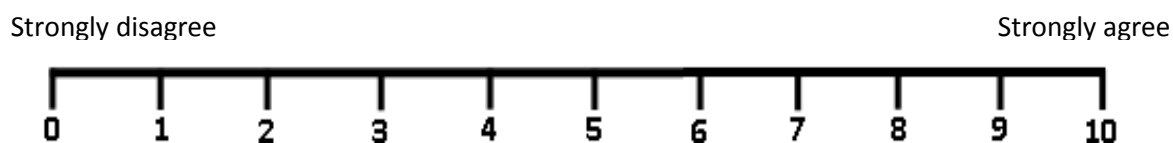
- |   |   |
|---|---|
| <input type="checkbox"/> Facebook               | <input type="checkbox"/> Newspaper                                    |
| <input type="checkbox"/> Face-to-face promotion | <input type="checkbox"/> Twitter                                      |
| <input type="checkbox"/> Local radio            | <input type="checkbox"/> Word of mouth                                |
|   | <input type="checkbox"/> Other. Please give details in the box below. |

Q59

**How strongly do you agree with the following statement?**

PLEASE CIRCLE TO NUMBER ON THE SCALE (WHERE 0 IS STRONGLY DISAGREE AND 10 IS STRONGLY AGREE)

59a) Public sector organisations (e.g. County Council, District/Boroughs, NHS, DWP etc) are clear when asking for your personal information how it used and shared to deliver your service or for your benefit



59b) Organisations always ask for your consent to collect and share your personal information to deliver the services you have asked for



**Thank you for taking the time to complete the 'Living in Warwickshire' Survey.  
Please return your questionnaire in the envelope provided. No stamp is required.**