

Plymouth City Council Wellbeing Survey

Your reference number: 2409 /

Help for completing the Plymouth City Council Wellbeing Survey

- On 1st April 2013, responsibility for Public Health in Plymouth transferred from the NHS to the City Council. Part of that responsibility includes working to improve the health and wellbeing of Plymouth residents whilst at the same time reducing inequalities.
- This survey will play an important role as it will enable us to get a picture of personal wellbeing, community wellbeing and lifestyle behaviours in Plymouth. Using this information we will be able to more effectively target our resources on the basis of need. By repeating this survey in future years we will be able to see if levels of wellbeing in the city have improved and if the inequalities have reduced.
- You have been randomly selected to take part in this survey along with other residents across the city. Please be assured that all responses are strictly confidential and you will not be identified in the results.
- **If you do not return this survey then you may be sent a reminder letter.** If you do not wish to receive a reminder then please send back your completed/uncompleted survey in the envelope provided.
- PLEASE COMPLETE THE SURVEY BY Friday 3rd October 2014 and return using the enclosed FREEPOST envelope (please note that surveys received after this date will not be accepted).
- Local independent research agency Marketing Means is administering this survey. If you have any queries about the survey please call Freephone 0800 849 4019. For council related queries please call 01752 66800
- The survey should be completed by someone living in the house who is aged 18 or over
- If you would like this document in another format or language please telephone 0800 849 4019.

To complete this survey online

- Go to **www.marketingmeans.co.uk/OnlineSurveys/fs-PlymouthWell.aspx** and enter the password
- You will only be able to complete the survey once

Personal wellbeing

1. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks?

Please tick one box per line

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the 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 feeling interested in other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had energy to spare	<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 good about myself	<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 feeling confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
I've been feeling loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been interested in new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Overall how satisfied are you with your life nowadays, on a scale of 0 to 10? Please tick one box only

0 (not at all satisfied)	1	2	3	4	5	6	7	8	9	10 (completely satisfied)
<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"/>

3. Overall to what extent do you feel the things you do in life are worthwhile, on a scale of 0 to 10?

Please tick one box only

0 (not at all worthwhile)	1	2	3	4	5	6	7	8	9	10 (completely 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"/>

4. Overall how happy did you feel yesterday, on a scale of 0 to 10? Please tick one box only

0 (not at all happy)	1	2	3	4	5	6	7	8	9	10 (completely happy)
<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"/>

5. Overall how anxious did you feel yesterday, on a scale of 0 to 10? Please tick one box only

0 (not at all anxious)	1	2	3	4	5	6	7	8	9	10 (completely anxious)
<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"/>

Community wellbeing

6. Overall, how satisfied or dissatisfied are you with Plymouth 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"/>

7. 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"/>

8. How strongly do you feel you belong to your local area? Please tick one box only

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"/>

9. To what extent do you agree or disagree that your local area is a place where people from different backgrounds get on well together? By getting on well together, we mean treating each other with respect. Please tick one box only

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How safe or unsafe do you feel when outside in your local area? Please tick one box per line

	Very safe	Fairly safe	Neither safe nor unsafe	Fairly unsafe	Very unsafe	Don't know
After dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lifestyles - Physical Activity

The following questions ask you about your **levels of physical activity**. By physical activity, we mean any activity that results in **expenditure of calories and a raised heart rate**. This includes:

- **Everyday activities** (e.g. housework, gardening, DIY)
- **Active recreation** (e.g. walking, cycling, dancing)
- **Sport** (e.g. swimming, exercise and fitness training, competitive activities).

12. How many times have you participated in 30 minutes of moderate intensity physical activity in the past 7 days? (moderate intensity exercise is when you should experience a raised heart rate) Please tick one box only

None	Once	Twice	Three times	Four times	Five or more times
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Would you like to be more physically active? Please tick one box only

Yes No

14. What stops you from becoming more physically active? Please tick all that apply

- | | |
|---|---|
| <input type="checkbox"/> Lack of time | <input type="checkbox"/> Body image concerns |
| <input type="checkbox"/> Lack of childcare | <input type="checkbox"/> Clothing and equipment (expensive) |
| <input type="checkbox"/> Lack of money | <input type="checkbox"/> Lack of self-confidence |
| <input type="checkbox"/> Lack of transport | <input type="checkbox"/> Social and cultural barriers |
| <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Attitudes and prejudices (e.g. about sexuality, disability, ethnicity) |
| <input type="checkbox"/> Personal safety concerns | <input type="checkbox"/> Physical/health barriers (morbidly obese, disability, illness etc) |
| <input type="checkbox"/> Limited opportunities for participation (not aware of opportunities, can't access etc) | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Unable to access facilities | |

Lifestyles - Diet

15. On average how many portions of **FRUIT** do you eat a day? (examples include a handful of grapes, an orange, a glass of fruit juice, a handful of dried fruits) Please tick one box only

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| None | 1 | 2 | 3 | 4 | 5 | More than 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. On average how many portions of **VEGETABLES** do you eat a day? (examples include 3 heaped tablespoons of carrots, a side salad, two spears of broccoli) Please tick one box only

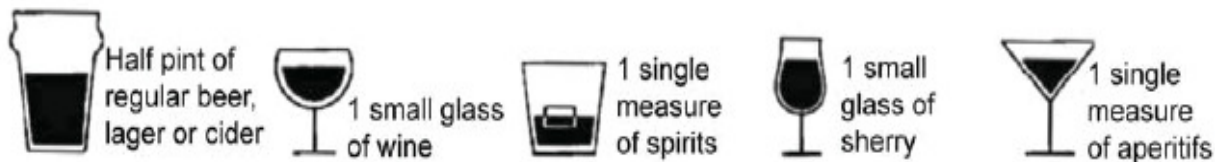
- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| None | 1 | 2 | 3 | 4 | 5 | More than 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Lifestyles - Alcohol

17. How often do you have a drink containing alcohol? Please tick one box only

- Never **Go to Q20**
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4+ times a week

This is one unit of alcohol...



...and each of these is more than one unit



18. How many units of alcohol do you drink on a typical day when you are drinking?

Please tick one box only

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1-2 | 3-4 | 5-6 | 7-9 | 10+ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

19. 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 only

Never Less than monthly Monthly Weekly Daily or almost daily

Lifestyles - Smoking

20. Do you smoke cigarettes, cigars or other tobacco products at all nowadays?

Yes Go to Q21 No Go to Q22

21. How many cigarettes/cigars (tobacco products) do you smoke each day?

Up to 10 10-20 21-30 31-40 More than 40

22. Do you currently use e-cigarettes? Please tick one box only

Yes Go to Q23 No Go to Q24

23. Which statement best describes you? Please tick one box only

- I use e-cigarettes often (more than once a week)
- I use e-cigarettes sometimes (more than once a month)
- I have tried e-cigarettes once or twice

About you

Please complete these questions, which will help us to see if there are differences between the views of different residents. All the information you give will be kept completely confidential.

24. **Gender - are you?** Please tick one box only

Male

Female

Transgender

Prefer not to say

25. **What was your age on your last birthday (in years)?** Please write in

_____ years

26. **Do you consider yourself a disabled person?** Please tick one box only

Yes

No

Prefer not to say

27. **What is the occupation of the chief wage earner in your household?** Please tick one box only

- Higher managerial/professional/ administrative e.g. established doctor, board director in large organisation (200+ employees) top level civil servant/public service employee.
- Intermediate managerial/professional/administrative e.g. newly qualified (under 3 years) doctor, solicitor, board director of small organisation, middle manager in large organisation, principal officer in civil service/local government.
- Supervisory or clerical/junior managerial/professional/administrative e.g. office worker, student doctor, foreman with 25+ employees, salesperson.
- Skilled manual worker e.g. skilled bricklayer, carpenter, plumber, painter, bus/ambulance driver, HGV Driver, AA patrolman, pub/bar worker.
- Semi or unskilled manual work e.g. manual workers, all apprentices in skilled trades, caretaker, park-keeper, non-HGV driver, shop assistant.
- Unclassified something else

28. **Please tell us your ethnicity.** Please tick one box only

- | | |
|---|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Black or Black British |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Asian or Asian British |
| <input type="checkbox"/> White Gypsy or Traveller | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> Any other ethnic group - please state |
| <input type="checkbox"/> Mixed background | |

Thank you for completing the Survey.

Please return your survey by 3rd October 2014 in the Freepost envelope provided.