

**Regeneration, social exclusion and health.**

**Variables in dataset**

**localauth**

Reference code of local authority in study.

**Idno**

Identity number of survey respondent.

**gender**

Sex of survey respondent.

**age**

Age of respondent at time of survey.

**residence**

Years resident at survey address.

**support**

Any personal support available to respondent.

**housing**

Housing tenure of respondent.

**financial**

Rating of financial situation by respondent.

**neighconn**

Composite measure based on respondent response to number of questionnaire items relating to neighbourhood connections.

**neighdisorg**

Composite measure based on respondent response to number of questionnaire items relating to perceived social problems in the neighbourhood.

**commpartic**

Composite measure based on respondent response to number of questionnaire items relating to involvement in local organisations/activities.

**areaunemp**

Unemployment rate in lower SOA of respondent (2001 census).

**areanoqual**

Proportion of adults in lower SOA of respondent with no educational qualifications (2001 census).

**areanocar**

Proportion of households in lower SOA of respondent with no access to car (2001 census).

**areaethnic**

Proportion of lower SOA population in ethnic minority categories (2001 census).

**GPcoverage**

Access to healthcare. Level of GP coverage in lower SOA.

**class**

Allocation of respondent to one of 4 social exclusion classes derived from latent class analysis. Eleven variables (support to GPcoverage) used in LCA.

**outcome1**

Rating less than 'good' on the self-rated health scale.

**outcome2**

Any reported longstanding limiting illness.

**outcome3**

Psychological morbidity: Score above threshold (3) on General Health Questionnaire.

**outcome4**

Any reported respiratory illness (asthma,bronchitis) in previous 12 mths.

**outcome5**

Any cardiac/ circulatory problem (angina, MI, stroke, hypertension).

**zsmokinx**

Current smoking status. Used to adjust risk of outcome4 and outcome5.

**zsedent**

Sedentary lifestyle . Composite measure based upon items in questionnaire. Used to adjust risk of outcome5.

**zdietcat**

Poor diet. Composite measure based upon items in questionnaire. Used to adjust risk of outcome5.

**anyexp**

Any exposure to urban regeneration between 1995 and 2006. Mapped from respondent postcode.

**yrsexp**

Years exposed to regeneration between 1995 and 2006.

**totalintensity**

Intensity of exposure. Figure (£) for each respondent based upon years of exposure to regeneration and budgets of regeneration programmes involved in. Only direct government funding of programmes considered.

**totalintens2**

All investment in regeneration programmes considered (including funds from other public, voluntary and private sector agencies).

## Steps in creation of regeneration variables

**1. What regeneration activity has taken place within each local authority area in the study?** A list of SRB, NDC and NRF programmes since 1995 was compiled.

**2. How long does each regeneration programme last?**

**3. Which local areas are targeted by each programme?** From the programme documentation, target wards or localities can be identified.

**4. How many residents are included in the regeneration target populations?** By aggregating the resident populations in the target wards or localities an overall programme target population can be estimated.

**5. How much funding has been allocated to the respective regeneration programmes?** Programmes have 'direct' funding, in terms of the government grant allocation, and additional 'levered-in' funds (from other public, private and voluntary sector sources of investment).

**6. How much funding is allocated to each member of the regeneration target population per year of operation?** The budget for each year of a regeneration programme is divided by the target population total to calculate an 'allocation per head per year' figure. This calculation can be performed in two ways: using direct funding only, or including 'levered-in' funding.

**7. What is the process for mapping survey respondents to a regeneration target area?** Postcodes of survey respondents were sent to GEOCOVERT at MIMAS in order to be allocated to a 2001 ward or lower SOA. From the generated area code it was possible to determine if the respondent was living in a current or previous regeneration area. From the 'years of residence' variable in the survey, it was possible to estimate whether the respondent had been resident in a target area for part or all of the duration of each programme.

**8. How is the 'regeneration exposure' variable created?** The years of exposure variable is calculated by simply totalling the years the respondent had been included in *any* regeneration target population. This calculation does not consider the number of programmes an individual had been exposed to or whether more than one programme had been running concurrently in a target area.

**9. How is the 'regeneration intensity' variable created?** The intensity variable is computed by multiplying the '£ per head per year' for a particular programme by the 'years of exposure' experienced by a respondent to that programme. Total intensity of exposure to all programmes was calculated for each respondent in the survey.

This calculation does take into account a resident's exposure to more than one regeneration programme and the fact that exposure may be 'intensive' in that the individual is exposed to more than one intervention over the same time period. A calculation of intensity for each respondent was made using both direct grant funding and total funding (including additional funding from other sources).

*It is important to stress that although intensity variables are reported in financial terms (£), this does not refer to an actual sum spent on any individual in the study. It is simply an indication of the value of the regeneration programmes the individual has been exposed to.*

**HEALTH AND COMMUNITY SURVEY :  
KNOWSLEY, HALTON & WARRINGTON  
2006**

**THANK YOU FOR HELPING US TO PLAN YOUR HEALTH SERVICES**

**THIS IS HOW YOU COMPLETE THE QUESTIONS:**

The questionnaire is easy to fill in. For some of the answers you just circle the number against the right answer, like this:

What sex are you?                      Female . . . 1                      Male . . . 2

For other questions you write the answer in the space provided like this:

What is your age?    53

Finally, please don't write in the margins which appear at the right of each page. We use these margins to process your replies.

**NOW PLEASE START THE SURVEY BY COMPLETING THE FOLLOWING QUESTIONS ABOUT YOURSELF:**

**ABOUT YOU**

1.    *What sex are you?*                      Female . . . 1                      Male . . . 2

15

2.    *What is your age?*    \_\_\_\_\_

16 \_ \_

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## ABOUT YOUR HEALTH IN GENERAL

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The following questions ask about your health in general and about how you have been feeling overall. If you are unsure about the answer to any question, give the best answer you can.

3. *Over the last twelve months, would you say that on the whole your health has been:*

- Excellent . . . . . 1
- Very good . . . . . 2
- Good . . . . . 3
- Fair . . . . . 4
- Poor . . . . . 5

18

4. *Do you have any long-standing illness, disability or infirmity?*

By long-standing, we mean anything that has troubled you over a period of time, or that is likely to trouble you over a period of time?

Yes . . . 1                      No . . . 2

19

PLEASE GO TO QUESTION 8 IF YOU SAID 'NO'

5. *What is this longstanding illness, disability or infirmity?*

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20 \_ \_

22 \_ \_

6. *Have you seen your doctor about this?*

(Please answer for your main problem if you mentioned more than one problem at Question 5)

Yes . . . 1                      No . . . 2

24

7. *Does this illness or disability limit your activity in any way compared with other people your age?*

Yes . . . 1                      No . . . 2

25

8. *Has a doctor ever told you that you have had a heart attack?*

Yes . . . 1                      No . . . 2

26

9. *Has a doctor ever told you that you have had a stroke?*

Yes . . . 1                      No . . . 2

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10a) *In the last twelve months have you suffered from any of the following problems, and if you have, have you seen a doctor about it?*

**Please circle ONE number in each row.**

	<b>NO</b>	<b>Yes, but I have not seen a doctor</b>	<b>Yes, and I have seen a doctor</b>	
Bronchitis	1	2	3	28
Arthritis	1	2	3	29
Sciatica, lumbago or recurring backache	1	2	3	30
Angina (severe chest pain on exertion)	1	2	3	31
Asthma	1	2	3	32
Nervous trouble or persistent depression	1	2	3	33
Foot trouble	1	2	3	34
Trouble with varicose veins	1	2	3	35
Diabetes	1	2	3	36

10b) *In the last 12 months have you had an accident which required medical attention?*

Yes . . . 1                      No . . . 2

37

*If YES, what kind of accident was involved?*

Please circle **ANY** which apply below

Road traffic accident . . . . . 1

38

Accident at work . . . . . 2

39

Fall at home . . . . . 3

40

Fall outside the home . . . . . 4

41

Accident in the home . . . . . 5

42

Other. . . . . 6

43

10c) *Please think again of the last 12 months. Has an accident requiring medical attention happened to any child under 15 in your household?*

No children under 15 in the household. . . . . 1

No . . . . . 2

Yes . . . . . 3

44

*If YES, what kind of accident was involved?*

Please circle **ANY** which apply below.

Road traffic accident . . . . . 1

45

Accident at school . . . . . 2

46

Accident in the home . . . . . 3

47

Other . . . . . 4

48

11. *In your day to day activities. do you have any of the following difficulties due to long term health problems or disabilities, either physical or mental?*

**Please circle Yes or No for each difficulty**

Difficulty walking for a quarter of a mile on a level	Yes . . . 1	No . . . 2	49
Great difficulty walking up or down steps or stairs	Yes . . . 1	No . . . 2	50
Difficulty bending down and straightening up, even when holding on to something	Yes . . . 1	No . . . 2	51
Falling or having great difficulty keeping balance	Yes . . . 1	No . . . 2	52
Difficulty using arms to reach and stretch for things	Yes . . . 1	No . . . 2	53
Great difficulty holding, gripping or turning things	Yes . . . 1	No . . . 2	54
Difficulty recognizing a friend across the road, even if glasses or contact lenses are worn	Yes . . . 1	No . . . 2	55
Difficulty reading ordinary newspaper print, even if glasses or contact lenses are worn.	Yes . . . 1	No . . . 2	56
Difficulty hearing someone talking in a quiet room	Yes . . . 1	No . . . 2	57
Severe suffering from noises in the head or ears	Yes . . . 1	No . . . 2	58
Difficulty going outside the house or garden without help	Yes . . . 1	No . . . 2	59
Great difficulty following a conversation if there is background noise, e.g. a TV, radio or children playing	Yes . . . 1	No . . . 2	60

12. *How tall are you?*

\_\_\_\_\_ metres \_\_\_\_\_ cm or \_\_\_\_\_ feet \_\_\_\_\_ inches 61 \_ \_ \_

13. *What is your usual weight?(in light clothing, without shoes)*

\_\_\_\_\_ kilograms or \_\_\_\_\_ stones \_\_\_\_\_ pounds 64 \_ \_ \_

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## ABOUT YOUR FEELINGS

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14. These questions are about how you have been feeling in general over the past few weeks. Please answer all of the questions by ringing the answer which you think most applies to you. Please circle just one answer on each line. For example:

1 Better than usual

2 Same as usual

3 Less than usual

4 Much less than usual

*Have you recently:*

A *been able to concentrate on whatever you are doing?*

1 Better than usual

2 Same as usual

3 Less than usual

4 Much less than usual

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B *lost much sleep over worry?*

1 Not at all

2 No more than usual

3 Rather more than usual

4 Much more than usual

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C *felt you were playing a useful part in things?*

1 More so than usual

2 Same as usual

3 Less useful than usual

4 Much less useful

69

D *felt capable of making decisions about things?*

1 More so than usual

2 Same as usual

3 Less so than usual

4 Much less capable

70

*Have you recently:*

E	<i>felt consistently under strain?</i>				
	1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual	71
F	<i>felt you couldn't overcome your difficulties?</i>				
	1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual	72
G	<i>been able to enjoy your normal day-to-day activities?</i>				
	1 More so than usual	2 Same as usual	3 Less so than usual	4 Much less than usual	73
H	<i>been able to face up to your problems?</i>				
	1 More so than usual	2 Same as usual	3 Less able than usual	4 Much less able	74
I	<i>been feeling unhappy and depressed?</i>				
	1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual	75
J	<i>been losing confidence in yourself?</i>				
	1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual	76
K	<i>been thinking of yourself as a worthless person?</i>				
	1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual	77
L	<i>been feeling reasonably happy, all things considered?</i>				
	1 More so than usual	2 Same as usual	3 Less so than usual	4 Much less than usual	78

15. *In the last 2 weeks, excluding people you live with, have you:*

seen someone in your family to chat to? Yes . . . 1 No . . . 2 8

had contact by telephone or letter with a member of your family? Yes . . . 1 No . . . 2 9

seen a friend to chat to? Yes . . . 1 No . . . 2 10

had contact by telephone or letter with a friend? Yes . . . 1 No . . . 2 11

16. *Do you feel you have people you can talk to when you have problems?*

Yes . . . 1 No . . . 2 12

17. Loneliness can be a serious problem for some people and not for others.  
*Do you feel lonely :*

most of the time . . . . . 1  
quite often . . . . . 2  
only occasionally . . . . . 3  
seldom . . . . . 4  
never . . . . . 5 13

18. *How much bodily pain have you had during the past four weeks?*

None . . . . . 1  
Mild . . . . . 2  
Moderate . . . . . 3  
Severe . . . . . 4 14

19. *Are you actively involved in any of the following clubs or associations?*  
Please circle **all** the numbers that apply.

**Remember to circle 14 if none apply.**

sports club . . . . .	1	15
sports supporters club. . . . .	2	16
social club. . . . .	3	17
volunteers e.g. St. John's Ambulance . . . . .	4	18
hobby or interest group. . . . .	5	19
church or religious groups. . . . .	6	20
political party. . . . .	7	21
neighbourhood watch scheme. . . . .	8	22
tenants' group. . . . .	9	23
resident's association. . . . .	10	24
neighbourhood council . . . . .	11	25
food co-operative . . . . .	12	26
Other* . . . . .	13	27
( * please describe)		
_____		28
_____		29
None	14	30

**The following questions are about your USE OF HEALTH SERVICES. (Remember to circle the number next to the right answer or write your answer in the space provided.)**

20. *In the last year, how often have you visited your doctor's surgery/health centre or been visited at home by your doctor?*

Please count all visits about your health, whatever the reason. Don't include visits for children or someone else.

- Not at all . . . . . 1
- Once only . . . . . 2
- Two or three times . . . . . 3
- Four or five times . . . . . 4
- Six or more times . . . . . 5

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21. *Have you had your blood pressure measured by a health professional?  
e.g. doctor / nurse / pharmacist / GP*

- Yes, within the past 12 months . . . . . 1
- Yes, between one and five years ago . . . . . 2
- Yes, longer than 5 years ago . . . . . 3
- No, never . . . . . 4
- Don't know . . . . . 5

} GO TO Q 23

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22. *Were you told your most recent blood pressure reading was high?*

- Yes . . . . 1      No . . . . 2
- Don't know / was not told . . . . 3

33

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**EXERCISE**

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23. *How often do you take **moderate** exercise - things like going for a walk, walking the dog or bowling?*

- Never . . . . . 1
- Less than once a month . . . . . 2
- More than once a month, but less than once a week . . . . . 3
- One to three times a week . . . . . 4
- Four to six times a week . . . . . 5
- Every day of the week . . . . . 6

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24. *How often do you take **vigorous** exercise - things which last for more than 20 minutes and make you breathless (like jogging, football, aerobics, digging the garden)?*

- Never . . . . . 1
- Less than once a month . . . . . 2
- More than once a month, but less than once a week . . . . . 3
- One to three times a week . . . . . 4
- Four to six times a week . . . . . 5
- Every day of the week . . . . . 6

35

25. *During the day, on an average weekday, how do you spend **MOST** of your time?*

- I am bedridden . . . . . 1
- Sitting down (e.g. driving or at a desk) . . . . . 2
- Doing moderate activity (e.g. walking, light housework) . . . . . 3
- Doing vigorous activity (e.g. which makes you breathless when you are fit, such as digging, labouring, heavy housework) . . 4

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## ALCOHOL

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26. *On average, how often do you drink alcoholic drinks?*

- |                                     |   |                   |    |
|-------------------------------------|---|-------------------|----|
| Never . . . . .                     | 1 | GO TO QUESTION 30 |    |
| Once a month or less . . . . .      | 2 |                   |    |
| A couple of times a month . . . . . | 3 |                   |    |
| One to three times a week . . . . . | 4 |                   |    |
| Four to six times a week . . . . .  | 5 |                   |    |
| Every day of the week . . . . .     | 6 |                   | 37 |

27. *In an average week, how many of the following do you drink?  
(Please put '0' if you do not drink the type mentioned)*

- |   |    |    |    |
|---|----|----|----|
| Pints of normal strength beer, lager, cider _____ pints | 38 | __ | __ |
| Pints of extra strong beer, lager, cider _____ pints    | 40 | __ | __ |
| Glasses of wine / sherry / martini _____ glasses        | 42 | __ | __ |
| Tots of spirits / liqueurs _____ tots                   | 44 | __ | __ |
| Alcoholic lemonade or 'alcopops' _____ bottles          | 46 | __ | __ |

28. *How many of the following did you drink on your **heaviest drinking day** in the last week?*

- |   |    |    |    |
|---|----|----|----|
| Pints of normal strength beer, lager, cider _____ pints | 48 | __ | __ |
| Pints of extra strong beer, lager, cider _____ pints    | 50 | __ | __ |
| Glasses of wine / sherry / martini _____ glasses        | 52 | __ | __ |
| Tots of spirits / liqueurs _____ tots                   | 54 | __ | __ |
| Alcoholic lemonade or 'alcopops' _____ bottles          | 56 | __ | __ |

29. *Do any of the following statements apply to you?*

(Please circle **all** the numbers which apply - remember to circle number 7 if none apply)

I have felt that I ought to cut down on my drinking . . . . .	1	58
People have annoyed me by criticizing my drinking . . . . .	2	59
I have felt ashamed or guilty about my drinking . . . . .	3	60
I have found that my hands were shaking in the morning after drinking the previous night . . . . .	4	61
There have been times when I felt that I was unable to stop drinking . . . . .	5	62
I have had a drink first thing in the morning to steady my nerves or get rid of a hangover . . . . .	6	63
None of the above apply to me . . . . .	7	64

**DIET**

30. *What kind of bread do you eat most often?*

Don't eat bread . . . . .	1	
Brown or wholemeal . . . . .	2	
Asian breads (Chapati, Nan, etc.) . . . . .	3	
White . . . . .	4	
Other bread . . . . .	5	65

31. *What spread do you usually have with bread?*

- Don't use a spread . . . . . 1
- Butter . . . . . 2
- 'Hard' margarine in a block . . . . . 3
- 'Soft' margarine in a tub . . . . . 4
- Low fat spread . . . . . 5
- Other spread . . . . . 6

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32. *What kind of fat or oil is used most often when you eat fried foods?*

- Don't eat fried foods . . . . . 1
- Butter . . . . . 2
- Lard / dripping . . . . . 3
- Olive oil . . . . . 4
- Corn / sunflower / rapeseed / soya oil . . 5
- Other vegetable oils or fat . . . . . 6
- Ghee . . . . . 7
- Other . . . . . 8

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33. *What milk do you usually use?*

- Don't use milk . . . . . 1
- Full cream milk . . . . . 2
- Semi-skimmed . . . . . 3
- Skimmed . . . . . 4
- Dried . . . . . 5
- Other . . . . . 6

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34. *About how often do you eat the following foods?*

Please circle ONE number on each line

	Less than once a week	1 or 2 times a week	3 - 6 times a week	Once a day	More than once a day	
Bread	1	2	3	4	5	8
Potatoes (not chips), rice or pasta	1	2	3	4	5	9
Cakes, pies, puddings, pastries	1	2	3	4	5	10
Fruit or fruit juice (not squash)	1	2	3	4	5	11
Vegetables / salad (except potatoes)	1	2	3	4	5	12
Fried foods	1	2	3	4	5	13
Fish (not fried)	1	2	3	4	5	14
Beef, pork, lamb	1	2	3	4	5	15
Chicken or turkey	1	2	3	4	5	16
Beef burgers / sausages	1	2	3	4	5	17
Cheese (not cottage cheese)	1	2	3	4	5	18
Biscuits / chocolates / crisps	1	2	3	4	5	19

35. On a typical day, how many portions of fruit and vegetables do you eat?

(a typical portion is a piece of fruit / a glass of fruit juice / a serving of a particular vegetable. Potatoes should not be included as vegetables)

**Please circle the number of portions below**

None      1      2      3      4      5      6      7 or more      20

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**SMOKING**

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36a) *Have you ever smoked cigarettes, cigars, or other tobacco products?*

Yes . . . 1      No . . . 2      21

**If you have never been a smoker go to Question 38**

36b) *Which of the following statements best describes you?*

Please circle one number in the list below

- I smoke daily . . . . . 1
- I smoke occasionally but not every day . . . . . 2
- I used to smoke daily but I do not smoke at all now . . . . . 3
- I used to smoke occasionally but I do not smoke at all now . . . . . 4      22

**If you do not smoke at all now, go to Question 38**

36c) *On average, how many cigarettes do you smoke a day?*

**(If none please write 0)**

\_\_\_\_\_ cigarettes a day 23 \_\_

36d) *On average, how many cigars do you smoke a day?*

**(If none please write 0)**

\_\_\_\_\_ cigars a day 25 \_\_

36e) *On average, how much tobacco (pipe or roll-ups) do you smoke in a week?*

**(If none please write 0)**

\_\_\_\_\_ grams or \_\_\_\_\_ ounces tobacco per week 27 \_\_

37. *Would you like to give up smoking altogether?*

Yes . . . 1      No . . . 2 29

38. *Are you regularly exposed to smoke from other smokers in your household?*

Yes . . . 1      No . . . 2 30

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## **ABOUT YOUR NEIGHBOURHOOD**

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39. *What is the name of the local neighbourhood where you live ?*

\_\_\_\_\_ 31

40. *Approximately, how long have you lived in this area ?*

Years \_\_\_\_\_ Months \_\_\_\_\_ 32 \_ \_

**The next questions ask about things that may be a problem in your area. Please circle one number on each line.**

41.

<i>How well placed do you think your home is for .....</i>	<b>Very well placed</b>	<b>Fairly well placed</b>	<b>Average</b>	<b>Not very well placed</b>	<b>Badly placed</b>	
Getting to work . . . . .	1	2	3	4	5	35
Job opportunities . . . . .	1	2	3	4	5	36
Fresh fruit and vegetables . . .	1	2	3	4	5	37
Your doctors surgery . . . . .	1	2	3	4	5	38
The nearest hospital with a casualty department . . . . .	1	2	3	4	5	39
Schools . . . . .	1	2	3	4	5	40
Libraries . . . . .	1	2	3	4	5	41
Public transport (buses, trains)	1	2	3	4	5	42
General shopping . . . . .	1	2	3	4	5	43
Leisure facilities . . . . .	1	2	3	4	5	44

42. *In the last 12 months have any of the following happened to you?*

Personal experience of a crime . . . . .	Yes . . . 1	No . . . 2	45
Verbal abuse due to race or colour . . . . .	Yes . . . 1	No . . . 2	46
Physical attack due to race or colour . . . . .	Yes . . . 1	No . . . 2	47

43. *Would you feel safe if you were out in your neighbourhood?*

During the day . . . . .	Yes . . . 1	No . . . 2	48
After dark . . . . .	Yes . . . 1	No . . . 2	49

44. *In this area, how much of a problem are the following:*

	<b>Serious problem</b>	<b>Some problem</b>	<b>Not a problem</b>	
Vandalism . . . . .	1	2	3	50
Litter and rubbish . . . . .	1	2	3	51
Smells and fumes . . . . .	1	2	3	52
Assaults and muggings . . . . .	1	2	3	53
Burglaries . . . . .	1	2	3	54
Disturbance by children or youngsters .	1	2	3	55
Speeding traffic . . . . .	1	2	3	56
Discarded needles and syringes . . . . .	1	2	3	57
Lack of safe places for children to play.	1	2	3	58
Lack of leisure facilities (parks, pools etc)	1	2	3	59
Walking around after dark . . . . .	1	2	3	60
Noise . . . . .	1	2	3	61

45. *How much do you agree with the following statements about your neighbourhood?* Please circle **ONE** number in **EACH** row.

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree or disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	
Overall I am very attracted to living in this area . . . . .	1	2	3	4	5	62
I feel like I belong to this neighbourhood . . . . .	1	2	3	4	5	63
The friendships and associations I have with other people in my neighbourhood mean a lot to me . . . . .	1	2	3	4	5	64
If I need advice about something I could go to someone in my neighbourhood . . . . .	1	2	3	4	5	65
I borrow things and exchange favours with my neighbours . . . . .	1	2	3	4	5	66
I would be willing to work together with others on something to improve my neighbourhood . . . . .	1	2	3	4	5	67
I plan to remain a resident of this neighbourhood for a number of years . . . . .	1	2	3	4	5	68
I like to think of myself as similar to the people who live in my neighbourhood . .	1	2	3	4	5	69
I regularly stop and talk with people in my neighbourhood	1	2	3	4	5	70

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**ABOUT YOU AND YOUR HOUSEHOLD**

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The following questions ask about things that may affect your health, for example work, housing and cultural differences.

46. *What is your current employment status?*  
Please ring the ONE number which most closely describes you

- Working full time (30 hours or more a week) . . . . . 1
- Working part-time (less than 30 hours a week) . . . . . 2
- Unemployed and looking for a job . . . . . 3
- I have never had a paid job . . . . . 4
- Unable to work due to illness or disability . . . . . 5
- Retired . . . . . 6
- Student . . . . . 7
- Housework, not looking for paid employment  
(e.g. caring for home / family) . . . . . 8

8

**Please go to Question 48 if you have never been employed**

47a). The next few questions are about your current main job, or if you are not working now, your last main job.

Do (did) you work as an employee or are (were) you self-employed?  
Please circle one number below.

- Employee in firm with 1 – 24 employees . . . . . 1
- Employee in firm with 25 + employees . . . . . 2
- Self-employed, with 1 – 24 employees of my own . . . . . 3
- Self-employed, with 25 + employees of my own . . . . . 4
- Self-employed, with no employees . . . . . 5

9

47b). Do (did) you supervise any other employees?

Yes . . . 1                      No . . . 2

47c). *Please circle one number to show which best describes the work you do (or did)...*

- Modern professional occupations** . . . . . 1  
such as: teacher - nurse - physiotherapist - social worker –  
welfare officer - artist - musician – police officer (sergeant or  
above) - software designer
- Clerical and intermediate occupations** . . . . . 2  
such as: secretary – personal assistant – clerical worker –  
office clerk – call centre agent – nursing auxiliary – nursery nurse
- Senior managers or administrators** . . . . . 3  
(usually responsible for planning and coordinating work and for  
finance) such as: finance manager - chief executive
- Technical and craft occupations** . . . . . 4  
such as: motor mechanic – fitter – inspector – plumber –  
printer – tool maker – electrician – gardener – train driver
- Semi-routine manual and service occupations** . . . . . 5  
such as : postal worker - machine operative - security guard –  
caretaker - farm worker – catering assistant – receptionist – sales  
assistant
- Routine manual and service occupations** . . . . . 6  
such as: HGV driver - van driver - cleaner - porter - packer - sewing  
machinist - messenger - labourer - waiter / waitress - bar staff
- Middle or junior managers** . . . . . 7  
such as: office manager - retail manager - bank manager –  
restaurant manager - warehouse manager - publican
- Traditional professional occupations** . . . . . 8  
such as: accountant - medical practitioner - scientist - civil or  
mechanical engineer

48. *Is the accommodation in which you live:*

Owned/mortgage by your family . . . . . 1

Rented from the council . . . . .	2
Rented from a housing association . . . . .	3
Rented from a private landlord . . . . .	4
Other . . . . .	5

12

49. *Would you describe yourself as:*

White

British . . . . .	1
Irish . . . . .	2
Other white background . . . . .	3

Mixed

White and Black Caribbean . . . . .	4
White and Black African . . . . .	5
White and Black Asian . . . . .	6
Other mixed background . . . . .	7

Asian or Asian British

Indian . . . . .	8
Pakistani . . . . .	9
Bangladeshi . . . . .	10
Other Asian background . . . . .	11

Black or Black British

Caribbean . . . . .	12
African . . . . .	13
Other Black Background . . . . .	14

Chinese . . . . . 15

Any other group . . . . . 16

13

50. *Do you have*

a landline telephone at home?      Yes . . . 1      No . . . 2

14

a mobile telephone?      Yes . . . 1      No . . . 2

15

	regular access to a car / van ?	Yes . . . 1	No . . . 2	16
51.	<i>Do you use the internet</i>			
	at home?	Yes . . . 1	No . . . 2	17
	somewhere else e.g., work, library	Yes . . . 1	No . . . 2	18
52.	<i>Thinking of other people around here and comparing your standard of living, would you say you are . . . (please circle one number only)</i>			
	much better off . . . . .	1		
	a little better off . . . . .	2		
	about the same . . . . .	3		
	a little worse off . . . . .	4		
	much worse off . . . . .	5		19
53.	How well do you feel that you are managing financially?			
	living comfortably . . . . .	1		
	doing all right . . . . .	2		
	just about getting by . . . . .	3		
	finding it difficult . . . . .	4		
	finding it very difficult . . . . .	5		20
54.	<i>Do you ever have to go without <u>food</u> to manage financially?</i>			
	Yes . . . 1	No . . . 2		21
55.	<i>Do you ever have to go without <u>heating</u> to manage financially?</i>			
	Yes . . . 1	No . . . 2		22

56. *Do you ever have to borrow to cover the cost of basic necessities?*

Yes . . . 1                      No . . . 2                      23

57. *Do you receive income support / social security benefits?*

Yes . . . 1                      No . . . 2                      24

58. *Do you live alone?*

Yes . . . 1                      No . . . 2                      25

59a) *Do you look after, or give any help or support to family members, friends, neighbours or others because they have:*

- *long-term physical or mental ill-health or disability, or*
- *problems related to old age?*

*(Don't count anything you do as part of your paid employment)*

Yes, I provide this sort of help or support . . .                      1

No, I don't provide this sort of support . . . . .                      2                      26

PLEASE GO TO THE END OF THE QUESTIONNAIRE IF YOU SAID 'NO'

59b) *How many people do you look after, or help and support?*

Living with you in your own home                      \_\_\_\_\_                      27

Living somewhere else                      \_\_\_\_\_                      28

59c) *How much time do you spend in an average week in providing this sort of care and support? (Please count all the people you help)*

1 – 19 hours . . . . . 1

20 – 49 hours . . . . .	2	
50 or more hours . . . . .	3	29

59d) *Please think of the person to whom you give the most care.  
What problem(s) does she / he have?*

Please circle ALL which apply below.

Long - term illness . . . . .	1	30
Physical disability . . . . .	2	31
Loss of sight . . . . .	3	32
Loss of hearing . . . . .	4	33
Learning disability (mental handicap) . . . . .	5	34
Mental health problems . . . . .	6	35
Problems of old age . . . . .	7	36
Senile dementia (Alzheimer's) . . . . .	8	37
Other . . . . .	9	38

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That's it! Would you please check that you have answered all the relevant questions.

Thank you for filling in this questionnaire. Please now return to us in the FREEPOST envelope provided.