

## FOR A LARGE PRINT QUESTIONNAIRE PLEASE RING 0800 358 0337

### HELPFUL HINTS FOR COMPLETING THIS QUESTIONNAIRE

- The questionnaire should only be completed by the person it is addressed to.
- Please read each question carefully and put a cross in the relevant box to indicate your answer.
- In most cases you will only have to put a cross in one box but please read the questions carefully as sometimes you will need to put a cross in more than one box. Instructions with each question will tell you what to do.
- Answer the next question unless asked otherwise.
- Once you have finished please take a minute to check you have answered all the questions that you should have answered.
- The survey consists of 12 pages and should take no longer than 20 minutes to complete.
- If you have any questions or concerns about this survey please do not hesitate to contact the Survey-Helpline on 0800 358 0337. We will be very happy to help you.
- Once you have completed the questionnaire please return in the pre-addressed freepost envelope supplied by 7<sup>th</sup> February 2005. You do not need to add a stamp.

**IF YOU CANNOT FIND OR DID NOT RECEIVE THE PRE-ADDRESSED ENVELOPE PLEASE SEND TO BMG RESEARCH, FREEPOST-BM1078, BIRMINGHAM, B7 4BR, OR CALL THE SURVEY HELPLINE ON 0800 358 0337.**

**In this first section we would like to ask you some questions about your local area and neighbourhood**

### QUALITY OF LIFE

**1** When making a decision about where to live, which three things are most important to you?  
PLEASE CROSS **x** UP TO THREE BOXES

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Knowing the area                  | <input type="checkbox"/> 16 Good pubs and bars                                      |
| <input type="checkbox"/> 2 Good public transport links       | <input type="checkbox"/> 17 Accessible to the countryside                           |
| <input type="checkbox"/> 3 Close to major road links         | <input type="checkbox"/> 18 Local parks and open spaces                             |
| <input type="checkbox"/> 4 Close to family or friends        | <input type="checkbox"/> 19 Activities for children/young people                    |
| <input type="checkbox"/> 5 Close to where you work           | <input type="checkbox"/> 20 A strong sense of community                             |
| <input type="checkbox"/> 6 Close to college or university    | <input type="checkbox"/> 21 Cosmopolitan / multi-cultural area                      |
| <input type="checkbox"/> 7 Good local schools                | <input type="checkbox"/> 22 No problems with parking                                |
| <input type="checkbox"/> 8 A safe area with low crime        | <input type="checkbox"/> 23 Access to employment opportunities                      |
| <input type="checkbox"/> 9 A quiet area                      | <input type="checkbox"/> 24 Access to health centres and chemists                   |
| <input type="checkbox"/> 10 A lively, busy area              | <input type="checkbox"/> 25 Access to leisure facilities (cinemas, swimming pools)  |
| <input type="checkbox"/> 11 A nice, clean environment        | <input type="checkbox"/> 26 Access to museums, theatres, galleries, live music etc. |
| <input type="checkbox"/> 12 Low levels of traffic congestion | <input type="checkbox"/> 95 Other <b>Please write in below</b>                      |
| <input type="checkbox"/> 13 Affordable housing               |   |
| <input type="checkbox"/> 14 The right type of housing        | <input type="checkbox"/> 96 None of the above                                       |
| <input type="checkbox"/> 15 Range and quality of shops       | <input type="checkbox"/> 97 Don't know  |

**2** Ideally, in which kind of area would you most prefer to live?  
PLEASE CROSS **x** ONE BOX ONLY

- |  |   |
|--|---|
| <input type="checkbox"/> 1 In or close to the centre of a major town or city | <input type="checkbox"/> 4 In a village or the countryside near to a town |
| <input type="checkbox"/> 2 In the suburbs of a major town or city            | <input type="checkbox"/> 5 In the countryside, away from towns            |
| <input type="checkbox"/> 3 In a smaller town                                 | <input type="checkbox"/> 6 Don't know                                     |

**3** Have you moved house in the past two years?  
PLEASE CROSS **x** ONE BOX ONLY

- |                                |  |   |   |
|--------------------------------|--|---|---|
| <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No – happy here | <input type="checkbox"/> 3 No, but have tried | <input type="checkbox"/> 4 No, can't move |
|--------------------------------|--|---|---|

**4** Are you planning to move house in the next two years?  
PLEASE CROSS **x** ONE BOX ONLY

- <sub>1</sub> Yes                                      <sub>2</sub> No – *Please go to Q6*                                      <sub>3</sub> Unsure – *Please go to Q6*

**5** How far are you planning to move?  
PLEASE CROSS **x** ONE BOX ONLY

- <sub>1</sub> Within a mile of where I currently live                                      <sub>4</sub> Between eleven and twenty miles away  
<sub>2</sub> Between one and three miles away                                      <sub>5</sub> More than twenty miles away  
<sub>3</sub> Between four and ten miles away                                      <sub>6</sub> Not sure

**6** How strongly do you feel you personally belong to each of the following?  
PLEASE CROSS **x** ONE BOX ON EACH ROW

	Very strongly	Fairly strongly	Not very strongly	Not at all strongly	Don't know
a The village or <i>part</i> of the town or city where you live....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>6</sub>
b The town or city where you live.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>6</sub>
c Your county .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>6</sub>
d The West Midlands Region .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>6</sub>
e England .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>6</sub>
f United Kingdom .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>6</sub>
g Europe .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>6</sub>

**7** How far away do you live from your...  
PLEASE CROSS **x** ONE BOX ON EACH ROW

	Less than 1 mile	1 mile to less than 5 miles	5 miles to less than 10 miles	10 miles to less than 20 miles	20 miles or more	Don't know	Do not work
a place of work .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
b nearest park .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	
c nearest adult learning centre .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	
d nearest food store .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	
e nearest Post Office .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	
f nearest bank or cashpoint .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	
g nearest petrol station .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	

**8** Are there any factors that prevent or make it difficult for you to access the following services?  
PLEASE CROSS **x** ONE BOX ON EACH ROW. WHERE YES FOR ANY SERVICE, PLEASE WRITE IN THE PROBLEMS YOU HAVE EXPERIENCED.

	Yes	No	<i>If yes, what problems?</i>
a Health services (e.g. GP, dentist).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	_____
b Public transport (e.g. bus, train) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	_____
c Leisure facilities (e.g. park, library, sports centre)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	_____
d Learning or training (e.g. colleges, evening classes).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	_____
e Food stores.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	_____
f Post Office or bank .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	_____

**9**

How often on average do you use or visit . . .  
PLEASE CROSS **x** ONE BOX ON EACH ROW

	Most days	Most weeks	About once a month	About once every six months	About once a year	Less often than once a year	Never	Don't know
a your GP .....		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
b your dentist .....		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
c a hospital .....		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
d a pharmacy or chemist .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
e a park .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
f a library .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
g a leisure/sports centre .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
h an adult learning centre .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
i a supermarket (for your main food shopping) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
j a grocery store or cornershop (for additional food shopping) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
k a Post Office .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
l a bank or cashpoint .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
m the bus .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
n the train .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
o a community centre or similar building .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
p a pub .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
q the countryside or a country park (for leisure) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
r Arts or cultural venues (museums, galleries, theatres, live music etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**RECYCLING SERVICES**

**10**

How do you recycle the following items?  
PLEASE CROSS **x** ALL BOXES ON EACH ROW THAT APPLY

	Council doorstep collection	Recycling centre / Council tip	Recycling banks / bins other than at Council tip	Recycle in other ways (e.g. composting, charity donation) Please write in how	Do not recycle
a Paper and card .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 95 _____	<input type="checkbox"/> 96
b Glass bottles and jars .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 95 _____	<input type="checkbox"/> 96
c Tin cans .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 95 _____	<input type="checkbox"/> 96
d Plastic bottles and packaging .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 95 _____	<input type="checkbox"/> 96
e Garden waste .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 95 _____	<input type="checkbox"/> 96
f Clothing and textiles .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 95 _____	<input type="checkbox"/> 96
g Electrical / electronic goods...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 95 _____	<input type="checkbox"/> 96
h Other recyclable material.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 95 _____	<input type="checkbox"/> 96

**11**

If you don't regularly recycle some or any of the things listed above, what are your main reasons for not recycling?  
PLEASE CROSS **x** ALL BOXES THAT APPLY

- 1 I don't have time
- 2 I don't have the space to store things for recycling
- 3 I don't know enough about collection times
- 4 I don't know where to take things to be recycled
- 5 The nearest recycling centre is too far away
- 95 Other **Please write in below**
- 97 Don't know

**CRIME AND COMMUNITY SAFETY**

**12** Looking at the following list of different types of crime and anti-social behaviour, which would you say are the three main problems in your neighbourhood? PLEASE CROSS X UP TO THREE BOXES

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Muggings                                 | <input type="checkbox"/> 12 Racial harassment or abuse          |
| <input type="checkbox"/> 2 House burglaries                         | <input type="checkbox"/> 13 Violent attacks or assaults         |
| <input type="checkbox"/> 3 Theft of vehicles                        | <input type="checkbox"/> 14 Sexual harassment, abuse or assault |
| <input type="checkbox"/> 4 Theft from vehicles                      | <input type="checkbox"/> 15 Prostitution or kerb crawling       |
| <input type="checkbox"/> 5 Speeding, joyriding or dangerous driving | <input type="checkbox"/> 16 Gun crime                           |
| <input type="checkbox"/> 6 Presence of drug users                   | <input type="checkbox"/> 17 Litter or rubbish                   |
| <input type="checkbox"/> 7 Presence of drug dealers                 | <input type="checkbox"/> 95 Other <i>Please write in below</i>  |
| <input type="checkbox"/> 8 Problem/noisy neighbours                 |   |
| <input type="checkbox"/> 9 Troublesome teenagers or children        |   |
| <input type="checkbox"/> 10 Vandalism and graffiti                  | <input type="checkbox"/> 96 No problems                         |
| <input type="checkbox"/> 11 Hooliganism or drunkenness              | <input type="checkbox"/> 97 Don't know                          |

**13** To what extent do you agree, or disagree with the following statements? PLEASE CROSS X ONE BOX ON EACH ROW

	Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly	No opinion	Have not lived in area for 2 years
a I feel safe in my own home during the day .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 6	
b I feel safe in my own home after dark .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 6	
c I feel safer in my own home than 2 years ago .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d I feel safe in my neighbourhood during the day .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 6	
e I feel safe in my neighbourhood after dark .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 6	
f I feel safer in my neighbourhood than 2 years ago .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 7
g I am satisfied with my neighbourhood as a place to live .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 6	
h My neighbourhood has improved over the last 2 years .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 7
i Crime in my neighbourhood has increased over the last 2 years .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 7
j My neighbourhood is one where people from different backgrounds can live harmoniously .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 6	
k I can influence decisions affecting my neighbourhood as an individual .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 6	
l By acting together people in my neighbourhood can influence decisions that affect the local area ....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 6	

**14** Have you been the victim of any of the following in the past year?  
PLEASE CROSS **x** ALL BOXES THAT APPLY

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Theft from your person (mugging, bag snatch etc) | <input type="checkbox"/> 9 Racial abuse or assault                      |
| <input type="checkbox"/> 2 Theft from your vehicle                          | <input type="checkbox"/> 10 Sexual harassment or assault                |
| <input type="checkbox"/> 3 Theft of your vehicle                            | <input type="checkbox"/> 95 Other <b>Please write in below</b>          |
| <input type="checkbox"/> 4 House burglary                                   |   |
| <input type="checkbox"/> 5 Bicycle theft                                    |   |
| <input type="checkbox"/> 6 Violence   |   |
| <input type="checkbox"/> 7 Vandalism / damage to property                   | <input type="checkbox"/> 96 None of the above – <b>Please go to Q16</b> |
| <input type="checkbox"/> 8 Credit card fraud / misuse of bank cards         | <input type="checkbox"/> 98 Prefer not to say                           |

**15** Did you report this crime to the police? (IF MORE THAN ONE CRIME IN LAST YEAR ANSWER FOR MOST RECENT CRIME) PLEASE CROSS **x** ONE BOX ONLY

- 1 Yes                                      2 No                                      3 Not sure

**Now, we would like to ask you some questions about your general health, physical activity and diet**

**GENERAL HEALTH**

**16** Over the last twelve months would you say your health on the whole has been . . .  
PLEASE CROSS **x** ONE BOX ONLY

- 1 Good                                      2 Fairly good                                      3 Not good                                      4 Prefer not to say

**17** Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do (Including problems which are due to old age)? PLEASE CROSS **x** ONE BOX ONLY

- 1 Yes **Please go to Q18**                                      2 No **Please go to Q19**                                      3 Prefer not to say **Please go to Q19**

**18** Does this long term illness, health problem or disability affect your.... PLEASE CROSS **x** ONE BOX ONLY

- 1 Physical health                                      2 Mental health                                      3 Both

**19** During the last month, how much would you say that . . .  
PLEASE CROSS **x** ONE BOX ON EACH ROW

	All the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	Don't know
a .. you felt full of life .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b .. you felt very nervous.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c .. you had a lot of energy .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d .. you have felt happy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e .. you felt downhearted and low .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f .. you felt so down in the dumps that nothing could cheer you up .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
g .. you felt tired or worn out .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
h .. your social activities have been limited by your health .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
i .. you felt calm and peaceful .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Questions 19 and 20: These questions are derived from a validated measure. This measure is subject to intellectual property rights and may not be reproduced without prior permission being sought from the publishers. Interested parties should either consult WMRO or WMPHO in the first instance or consult the supplementary technical report.

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**PHYSICAL ACTIVITY**

**20** The following questions are about activities you might do during a typical day. Would you say that your health would limit or prevent you from undertaking each of these activities if you were to do them now. If so, how much? PLEASE CROSS **x** ONE BOX ON EACH ROW

	Yes, would limit me a lot	Yes, would limit me a little	No, would not limit me	Don't know
a Vigorous activities such as running, lifting heavy objects, participating in strenuous sports .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c Lifting or carrying groceries .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d Climbing several flights of stairs .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e Climbing one flight of stairs .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f Bending, kneeling or stooping .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g Walking more than a mile .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h Walking half a mile .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i Walking 100 yards .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j Bathing or dressing yourself .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**21** On a scale of 0 to 10, where 0 is not at all important and 10 is extremely important, how important is physical activity to you? PLEASE CROSS **x** ONE BOX

- 0   1   2   3   4   5   6   7   8   9   10   11   Don't know

**22** How many days per week on average do you spend a total of 30 minutes on physical activity at a 'moderate' pace (i.e. similar level to brisk walking)? PLEASE CROSS **x** ONE BOX ONLY

- 1   2   3   4   5   6   7   8   None   9   Don't know

**23** And how many days per week on average do you do activity lasting 20 minutes or more that makes you sweat or out of breath? PLEASE CROSS **x** ONE BOX ONLY

- 1   2   3   4   5   6   7   8   None   9   Don't know

**24** Please tell us the type and amount of physical activity involved in your present work. PLEASE CROSS **x** ONE BOX ONLY

- 1 I spend most of my time at work sitting (such as in an office)
- 2 I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)
- 3 My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers, etc.)
- 4 My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)
- 5 I am not currently in work

**25** Do any of the following prevent you from undertaking (more) physical activity? PLEASE CROSS **x** ALL BOXES THAT APPLY

- 1 Illness or disability
  - 2 Lack of opportunities or facilities
  - 3 Cost of facilities
  - 4 Lack of time
  - 5 Family commitments
  - 6 Don't enjoy exercise
  - 7 Don't know the type of physical activity that would suit me
  - 95 Other **Please write in below**
- 
- 96 No reason in particular
  - 97 Don't know

**26** During the last week, how many hours did you spend on each of the following? PLEASE CROSS **x** ONE BOX ON EACH ROW

	Less than 1 hour	At least 1 hour but less than 3 hours	3 hours or more	None	Don't know
a Physical exercise such as swimming, jogging, aerobics, football, tennis, etc. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b Cycling, including cycling to work and during leisure time .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c Walking, including walking to work, shopping, for pleasure, etc. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d Housework/childcare .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e DIY or gardening.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**27** On a scale of 0 to 10, where 0 is not at all confident and 10 is extremely confident, how confident are you that you could start being more physically active?  
PLEASE CROSS **x** ONE BOX

- 0   1   2   3   4   5   6   7   8   9   10   11   Don't know

**DIET**

**28** To what extent do you agree that you have a healthy diet overall?  
PLEASE CROSS **x** ONE BOX ONLY

- |  |                            |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|  | Agree strongly             | Agree slightly             | Neither agree nor disagree | Disagree slightly          | Disagree strongly          | Don't know                 |
|  | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |

**29** How many portions of fresh fruit or vegetables would you say you eat on a typical day (including frozen or tinned vegetables)? PLEASE CROSS **x** ONE BOX ONLY

- 1 At least five portions
- 2 At least three portions, but less than five portions
- 3 At least one portion, but less than three portions
- 4 Less than one portion
- 5 None
- 6 Don't know

A portion of fruit or vegetables is:

- an apple, orange or two smaller fruits (plums, kiwis), or a handful of dried fruit
- A bowl of salad or fresh fruit salad
- 2 tablespoons of chopped vegetables or 3 tablespoons of stewed or tinned fruit
- a small glass of fruit juice (not squash)

**30** In a typical week, how often would you say that you eat fried food?  
PLEASE CROSS **x** ONE BOX ONLY

- 1 At least three times      2 At least once, but less than three times      3 Less than once      4 Never

**31** In a typical week, how often would you say that you have a takeaway meal, or eat in a café or restaurant?  
PLEASE CROSS **x** ONE BOX ONLY

- 1 At least three times      2 At least once, but less than three times      3 Less than once      4 Never

**ALCOHOL CONSUMPTION**

**32** Do you currently drink alcohol?  
PLEASE CROSS **x** ONE BOX ONLY

- 1 Yes **Please continue**      2 No **Please go to Q36**

**33** On how many days last week did you have an alcoholic drink?  
PLEASE CROSS **x** ONE BOX ONLY

- 1   2   3   4   5   6   7   8 None **Please go to Q36**   9 Don't know

**34** Which of the following types of drink did you have in the past week?  
PLEASE CROSS **x** ALL BOXES THAT APPLY UNDER Q34 BELOW

**35** For those drinks you had in the past week, could you please indicate a) the total amount you drank last week, and b) the most you drank at any one time. PLEASE WRITE IN UNDER Q35 a / b BELOW

**Q34**  
Drunk in  
last week

- 1 Beer, lager, stout or cider .....
- 2 Shandy mixes .....
- 3 Alcopops (e.g. Reef, Bacardi Breezer etc) .....
- 4 Spirits or liquors (e.g. gin, whisky, rum, brandy) .....
- 5 Sherry or Martini (port, vermouth, Cinzano) .....
- 6 Wine (include Babycham and champagne).....

**Q35A**  
Total for week

pints
and/or
bottles
pints
bottles
measures
measures
glasses

**Q35B**  
Most in one  
sitting

pints
and/or
bottles
pints
bottles
measures
measures
glasses

**SMOKING**

**36** Please indicate which of the following apply to you.  
PLEASE CROSS **x** ALL BOXES THAT APPLY

- 1 I currently smoke cigarettes
- 2 I currently smoke cigars, cigarillos, a pipe, or chew tobacco/pan
- 3 I used to smoke tobacco products, but have given up
- 4 I have never smoked tobacco products

***Please go to Q37***  
***Please go to Q37***  
***Please go to Q39***  
***Please go to Q40***

**37** How many cigarettes do you smoke in a typical day?  
PLEASE CROSS **x** ONE BOX ONLY

- 1 Less than one cigarette per day
- 2 Between 1 and 9 cigarettes per day
- 3 Between 10 and 19 cigarettes per day
- 4 Between 20 and 29 cigarettes per day
- 5 Between 30 and 39 cigarettes per day
- 6 At least 40 cigarettes per day

**38** Would you like to give up smoking?  
PLEASE CROSS **x** ONE BOX ONLY

- 1 Yes
- 2 No
- 3 Unsure

**PLEASE NOW GO TO Q40**

**39** IF YOU HAVE GIVEN UP SMOKING: How long is it since you last smoked?  
PLEASE WRITE IN BELOW

	Years		months		weeks		days
--	-------	--	--------	--	-------	--	------

**40**

Which of the following statements apply to you?  
PLEASE CROSS **x** ALL BOXES THAT APPLY

- 1 I currently live with someone who smokes in the home
- 2 I currently live with someone who smokes, but only outside the home
- 3 I spend time with people who are smoking in my workplace (physically inside the workplace)
- 4 I spend time with people who are smoking in pubs/clubs
- 95 I spend time in other places where there are people smoking *Please write in the location(s) below*

- 96 I very rarely spend time anywhere that people are smoking

**In this section, we would like to ask you about current, past and future employment, including travel to work details**

**EMPLOYMENT**

**41**

Do you do any regular, unpaid, voluntary work?  
PLEASE CROSS **x** ONE BOX ONLY

- 1 No
- 2 Not regularly, but occasionally
- 3 Yes, less than two hours a week
- 4 Yes, between two and five hours a week
- 5 Yes, between six and ten hours a week
- 6 Yes, more than 10 hours a week

**42**

Which of the following best describes you?  
PLEASE CROSS **x** ONE BOX ONLY

- 1 In full-time paid work, working 30 or more hours per week
- 2 In more than one job, which together add to 30 or more hours a week
- 3 In part-time paid work, working less than 30 hours per week
- 4 Doing paid work on a self-employed basis or within your own business
- 5 Retired
- 6 Unemployed, and claiming Jobseekers' Allowance
- 7 Unemployed, but not claiming Jobseekers' Allowance
- 8 Full time carer, looking after the home, children and/or other dependants
- 9 Long term sick/disabled away from work
- 10 A student or on a training course

**43**

What is your present occupation? **If you are not currently working what was your most recent occupation?**  
PLEASE WRITE IN THE JOB TITLE BELOW, AND DETAILS OF THE MAIN DUTIES THE JOB INVOLVED

JOB TITLE

RESPONSIBILITIES/DUTIES

- 997 Have never had a paid job

**Please answer Q44 and Q45 if you are currently working, otherwise skip to Q46**

**44**

On a normal day, how long does it take you to get to your usual place of work?  
PLEASE CROSS **x** ONE BOX ONLY

- 1 Less than 10 minutes
- 2 At least 10 minutes but less than 20 minutes
- 3 At least 20 minutes but less than 30 minutes
- 4 At least 30 minutes but less than 1 hour
- 5 More than 1 hour but less than 2 hours
- 6 2 hours or more
- 7 It varies – I work in different places

**45** How do you normally travel to work for the main part of your journey?  
PLEASE CROSS ✕ ONE BOX ONLY

- |                            |                                      |                             |                                    |
|----------------------------|--------------------------------------|-----------------------------|------------------------------------|
| <input type="checkbox"/> 1 | In a car or van on my own            | <input type="checkbox"/> 7  | By bus                             |
| <input type="checkbox"/> 2 | Driving a car or van with passengers | <input type="checkbox"/> 8  | By train                           |
| <input type="checkbox"/> 3 | As a passenger in a car or van       | <input type="checkbox"/> 9  | By tram (Metro)                    |
| <input type="checkbox"/> 4 | On a motorcycle                      | <input type="checkbox"/> 95 | Other <i>Please write in below</i> |
| <input type="checkbox"/> 5 | On a bicycle                         |                             |                                    |
| <input type="checkbox"/> 6 | Walking                              |                             |                                    |
|                            |                                      | <input type="checkbox"/> 96 | None – I work at home              |

**46** What factors do you feel might prevent you from finding suitable employment or changing your job either now or in the future? PLEASE CROSS ✕ ALL BOXES THAT APPLY

- 1 A lack of available childcare
- 2 The cost of childcare
- 3 A lack of qualifications for the jobs I want to do
- 4 A lack of suitable skills for the jobs I want to do
- 5 A lack of appropriate work experience for the jobs I want to do
- 6 There are no suitable jobs to apply for
- 7 The rates of pay of jobs I could do are not high enough
- 8 Employers think I am too old or too young for the types of jobs I want to do
- 9 Potential employers are too far away
- 10 I have responsibilities in looking after other members of the family
- 11 There is a lack of suitable public transport
- 12 Discrimination on the grounds of race, religion, disability or gender
- 13 Poor employment history (e.g. sacked, or have not stayed in jobs for very long)
- 14 Don't want to look for a new job
- 15 I have retired
- 16 Don't need to work
- 95 Other *Please write in below*

- 96 No reasons
- 97 Don't know

**The next questions are about your qualifications and learning**

**QUALIFICATIONS AND LEARNING**

**47** Do you have any of the following qualifications in English or Maths?  
PLEASE CROSS ✕ ALL BOXES THAT APPLY

	None of these	O level pass	CSE grade 1	GCSE grade A-C	Key skills communication level 2	A higher qualification such as A level, a degree, or diploma
a English.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b Maths.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**48** Which of these qualifications do you have? PLEASE CROSS ✕ ALL BOXES THAT APPLY

- 1 1+ O levels/CSEs/GCSEs (any grades)
- 2 5 + O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate
- 3 1+ A levels/AS levels
- 4 2+ A levels, 4 + AS levels. Higher School Certificate
- 5 First degree (e.g. BA, BSc)
- 6 Higher Degree (e.g. MA, PhD, PGCE, post-graduate certificates, diplomas)
- 7 NVQ level 1, Foundation GNVQ
- 8 NVQ level 2, Intermediate GNVQ, BTEC General, Apprenticeship, Foundation Modern Apprenticeship
- 9 NVQ level 3, Advanced GNVQ, BTEC National, Advanced Apprenticeship, Advanced Modern Apprenticeship
- 10 NVQ level 4, HNC, HND
- 11 NVQ level 5
- 95 Other qualifications (e.g. City and guilds, RSA/OCR) **Please write in below**

96 No qualifications

**49** Do you have any of these professional qualifications? PLEASE CROSS ✕ ALL BOXES THAT APPLY

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Qualified teacher status (for schools) | <input type="checkbox"/> 4 Qualified nurse, midwife, health visitor |
| <input type="checkbox"/> 2 Qualified medical doctor               | <input type="checkbox"/> 5 Other professional qualifications        |
| <input type="checkbox"/> 3 Qualified dentist                      | <input type="checkbox"/> 6 No professional qualifications           |

**50** How long is it since you last participated in any training or learning activity since leaving school? Learning activity can include a taught or self-taught course, and can be something related to work (e.g. training), or hobbies, or can be academic-based. PLEASE CROSS ✕ ONE BOX ONLY

- |   |  |
|---|--|
| <input type="checkbox"/> 1 Not since leaving school                       | <input type="checkbox"/> 5 Between 1 and 3 years ago       |
| <input type="checkbox"/> 2 Currently involved                             | <input type="checkbox"/> 6 Between 3 and 5 years ago       |
| <input type="checkbox"/> 3 Within the past 4 weeks                        | <input type="checkbox"/> 7 More than 5 years ago           |
| <input type="checkbox"/> 4 More than 4 weeks ago but within the past year | <input type="checkbox"/> 8 Don't know / Unable to remember |

**51** How likely is it that you will start some new training or learning activity in the next 12 months? PLEASE CROSS ✕ ONE BOX ONLY

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Will definitely not start | <input type="checkbox"/> 4 Certain to start |
| <input type="checkbox"/> 2 Unlikely to start         | <input type="checkbox"/> 5 Don't know       |
| <input type="checkbox"/> 3 Fairly likely to start    |   |

**Finally, we would like to ask you some brief details about you and your household. This information allows us to look at responses given by different groups of people.**

**52** I am 1 Male 2 Female

**53** I am  years old

**54** How many adults (aged 16+) and children (aged under 16) are currently living in your household? PLEASE WRITE IN BELOW – exclude students living away from home in your totals

adults  children

**55**

What is your marital status?  
PLEASE CROSS **x** ONE BOX ONLY

- |   |  |
|---|--|
| <input type="checkbox"/> 1 Single (never married) | <input type="checkbox"/> 4 Separated (still legally married) |
| <input type="checkbox"/> 2 Married                | <input type="checkbox"/> 5 Divorced                          |
| <input type="checkbox"/> 3 Living with partner    | <input type="checkbox"/> 6 Widowed                           |

**56**

What is your ethnic group?  
PLEASE CROSS **x** ONE BOX ONLY

- |  |   |
|--|---|
| <b>WHITE</b>   | <b>BLACK OR BLACK BRITISH</b>               |
| <input type="checkbox"/> 1 White English                 | <input type="checkbox"/> 10 Black Caribbean |
| <input type="checkbox"/> 2 White Scottish                | <input type="checkbox"/> 11 Black African   |
| <input type="checkbox"/> 3 White Welsh                   | <input type="checkbox"/> 12 Black Other     |
| <input type="checkbox"/> 4 White Irish                   | <b>ASIAN OR ASIAN BRITISH</b>               |
| <input type="checkbox"/> 5 White Other                   | <input type="checkbox"/> 13 Indian          |
| <b>MIXED</b>   | <input type="checkbox"/> 14 Pakistani       |
| <input type="checkbox"/> 6 Mixed White & Black Caribbean | <input type="checkbox"/> 15 Bangladeshi     |
| <input type="checkbox"/> 7 Mixed White & Black African   | <input type="checkbox"/> 16 Asian Other     |
| <input type="checkbox"/> 8 Mixed White & Asian           | <input type="checkbox"/> 17 <b>Chinese</b>  |
| <input type="checkbox"/> 9 Mixed Other                   | <input type="checkbox"/> 18 <b>Other</b>    |

**57**

Which of the following best describes your home?  
PLEASE CROSS **x** ONE BOX ONLY

- |   |  |
|---|--|
| <input type="checkbox"/> 1 Bought outright                                    | <input type="checkbox"/> 7 Rented from employer or former employer |
| <input type="checkbox"/> 2 Being bought with a mortgage or loan               | <input type="checkbox"/> 8 Rented from a relative or friend        |
| <input type="checkbox"/> 3 Shared ownership (part purchased/part rented)      | <input type="checkbox"/> 95 Other <b>Please write in below</b>     |
| <input type="checkbox"/> 4 Rented from the Council                            |  |
| <input type="checkbox"/> 5 Rented from a Housing Association or Housing Trust |  |
| <input type="checkbox"/> 6 Rented from a private landlord                     |  |

**58**

What is your height and weight?  
PLEASE WRITE IN BELOW

**Height**
\_feet \_inches

or

\_centimetres
998 Don't know / prefer not to say**Weight**
\_stones \_pounds

or

\_kilogrammes
998 Don't know / prefer not to say

Many thanks for completing the questionnaire. Your name and address details will not be recorded with your answers, and hence everything you tell us will be confidential. No answers that you give will be attributed directly to you.

If you have any queries, or problems filling in the questionnaire, you can contact BMG Research on the following freephone number during office hours: 0800 358 0337.

Alternatively, you can e-mail us at: [lifestylesurvey@bmgresearch.co.uk](mailto:lifestylesurvey@bmgresearch.co.uk)

If you are concerned about whether BMG is a genuine market research agency, please call the Market Research Society on 0500 396 999 during office hours.