



UNIVERSITY  
of  
GLASGOW



# Transport, Housing and Wellbeing

## *Questionnaire*

*This questionnaire is STRICTLY CONFIDENTIAL and will only be seen by staff working on this project.*

**BARCODE**



INVESTOR IN PEOPLE

TRANSPORT HOUSING AND WELLBEING

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**This questionnaire has four sorts of question.**

- A. The first asks you to indicate the answer that applies to you by ticking a box next to the answer**

For example

Is your home built of sandstone?	Yes <input checked="checked" type="checkbox"/>	No <input type="checkbox"/>
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In the example someone has ticked the box next to “yes” showing that their home is built of sandstone.

- B. The second sort of question asks you simply to write an answer in the boxes provided.**

For example

How many times have you been shopping in the last month?	<input type="text" value="0"/>	<input type="text" value="7"/>
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In the example someone has said that they went shopping 7 times in the last month. If they had not been shopping they would have put 0 in the box.

- C. The third sort of question asks you to circle an answer**

For example

How often do you watch TV in the evenings?				
<i><b>I watch TV in the evenings</b></i>	<i>most of the time</i>	<i><b>a lot of the time</b></i>	<i>only occasionally</i>	<i>never</i>


In the example someone has said that they watch TV in the evenings “a lot of the time”.

- D. The other sort of question asks you to tell us what you think**

For example

What do you like about holidays?
<i>having a rest</i>
<i>doing something different</i>

In the example someone has said that they like holidays because they can have a rest and they can do something different.

There will be examples to help you answer the questions throughout the questionnaire. Please look out for  to tell you where to go next.

*Don't worry if you tick, write in or circle the wrong answer, just put a line through the incorrect answer and tick, write in, or circle the correct one.*

## About you

**Q1. Over the last 12 months would you say your health on the whole has been excellent, good, fair or poor?**

Please tick ONE box.

excellent	<input type="checkbox"/>	1	good	<input type="checkbox"/>	2	fair	<input type="checkbox"/>	3	poor	<input type="checkbox"/>	4
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**Q2. Are you registered as a disabled person?**

Please tick ONE box.

yes	<input type="checkbox"/>	1	no	<input type="checkbox"/>	2
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**Q3. Over the last 12 months, how many times have you consulted a GP or family doctor on your own behalf?**

This could be you visiting the surgery or the doctor visiting you at home.

Please WRITE the number of times in the boxes below.

Number of visits to GP or family doctor	<input type="text"/>	<input type="text"/>	time(s) in the last 12 months
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**Q4. Are you...?**

Please tick ONE box.

male	<input type="checkbox"/>	1	female	<input type="checkbox"/>	2
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**Q5. What is your age?**

This information is very important because people of different ages have different needs for housing and transport and also have different health problems.

Please WRITE your age in the boxes.

<input type="text"/>	<input type="text"/>	years
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**Q6. Can we just check, do you still stay at the address this questionnaire was sent to?**

Please tick 'yes' or 'no' and if you do NOT stay at the same address please write in your new postcode as in the example.

yes	<input type="checkbox"/>	1	no	<input type="checkbox"/>	2	e.g.	<table border="1"><tr><td></td><td>G</td><td>1</td><td>2</td><td>-</td><td>8</td><td>R</td><td>Z</td></tr><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr></table>		G	1	2	-	8	R	Z					-			
	G	1	2	-	8	R	Z																
				-																			

**Q7. Do you have a driving licence?**

Please tick ONE box.

yes – full	<input type="checkbox"/>	1	yes – provisional	<input type="checkbox"/>	2	no	<input type="checkbox"/>	3
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**Q8. On the whole how happy are you with your life in general? Look at the faces and TICK the box under the face which shows best how you feel.**

*Please tick ONE box.*



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

## Your health and wellbeing

**Q9. a) 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 affect you over a period of time.

*Please tick ONE box.*

yes

☐ 1

no

☐ 2


If **NO** go to **Q10** below



If **YES** go to part **b** below

**b) What is the matter with you? Please WRITE in all conditions you have.**


**c) Do any of these illnesses or disabilities limit your activities in any way?**

*Please tick ONE box.*

yes

☐ 1

no

☐ 2

**Q10. Loneliness can be a serious problem for some people and not others. At the present moment do you ever feel lonely?**

*Please tick ONE box.*

most of the time

quite often

only occasionally

seldom

never

I feel lonely

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

**Q11. Here is a set of questions about the way you have been feeling in general over the last 7 days.**

The choice of answers is often different for each question, so please read each one carefully and circle the answer which shows how you have been feeling.

For example...

<b><i>I feel tired and flat</i></b>	<i>most of the time</i>	<i>a lot of the time</i>	<i>only occasionally</i>	<i>never</i>
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The person answering has been feeling tired and flat a lot of the time over the last week, so he or she has circled 'a lot of the time.'

**NOW ANSWER THE QUESTIONS BELOW. PLEASE DON'T MISS ANY OUT.**

<b>I feel tense or 'wound up'</b>	most of the time	a lot of the time	only occasionally	never
<b>I still enjoy the things I used to</b>	just as much as ever	not quite as much	only a little	hardly at all
<b>I get a sort of frightened feeling as if something awful is about to happen</b>	a lot, and quite badly	sometimes, but not too badly	a little, but it doesn't worry me	never
<b>I can laugh and see the funny side of things</b>	as much as I always could	not quite as much as I used to	a lot less than I used to	never
<b>Worrying thoughts go through my mind</b>	a great deal of the time	a lot of the time	from time to time, but not often	only occasionally
<b>I feel cheerful</b>	never	not often	sometimes	most of the time
<b>I can sit at ease and feel relaxed</b>	nearly all the time	usually	not often	never
<b>I feel as if I am slowed down</b>	nearly all the time	very often	sometimes	never
<b>I get a sort of frightened feeling like 'butterflies' in the stomach</b>	never	occasionally	quite often	very often
<b>I have lost interest in my appearance</b>	completely	I don't care nearly as much as I should	I don't take quite as much care as I used to	I take as much care as ever
<b>I feel restless as if I have to be on the move</b>	very much indeed	quite a lot	not very much	never
<b>I look forward with enjoyment to things</b>	as much as I ever did	less than I used to	a lot less than I used to	never
<b>I get sudden feelings of panic</b>	very often	quite often	only occasionally	never
<b>I can enjoy a book or TV program</b>	often	sometimes	not often	hardly at all

## Your feelings about yourself

**Q12.** Your feelings about yourself are an important part of your health and wellbeing. Please answer the questions as in the example below.

For example

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>
<i>I am a healthy person</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

In the example someone has ticked the third box saying that they disagree that they are a healthy person.

For EACH of the following statements please indicate how much you agree or disagree with them by ticking the box that applies.

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>
When I make up my mind to do something I expect to be successful	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
On the whole I am satisfied about myself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I wish I could have more respect for myself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I feel I am a person of worth, at least equal to others	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I take a positive attitude towards myself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Nowadays there seem to be a lot of problems that I can't solve however hard I try	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I am able to do things as well as most people	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I often feel I have little control over the things that happen to me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
All in all I am inclined to think I am a failure	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
At times I think I am no good at all	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I feel I have a number of good qualities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I certainly feel useless at times	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I feel I do not have much to be proud of	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I can achieve all my goals if I put my mind to it	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

## Your home

**Q13.** Please tick the box under the face which shows how best you feel about your house or flat.

*Please tick ONE box.*



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

**Q14.** Below are some opinions that people might have about their home. How strongly do you agree or disagree with each one?

*Please tick ONE box for EACH statement.*

	strongly agree	agree	neither agree nor disagree	disagree	disagree strongly
I feel I have privacy in my home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I can get away from it all in my home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I can do what I want, when I want with my home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Most people would like a home like mine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel in control of my home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel safe in my home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My home makes me feel I'm doing well in life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I worry about losing my home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My home life has a sense of routine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My home expresses my personality and values	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## Your Household

We would like to find out about your **household**. A household is either one person living alone **OR** a group of people (not necessarily related) living at the same address with common housekeeping – sharing either a living room or sitting room, or at least one meal a day. We are interested in this because different households have different needs for transport and housing.

### Q15. Do you live alone?


Please tick **ONE** box.

yes

☐ <sub>1</sub>

no

☐ <sub>2</sub>

 If **YES** you live alone please go to **Q17** on page 7

 If **NO** you stay with other people please go to **Q16** below

### Q16. Please tell us about everybody else in your household (that is anyone who has your home as their main or only home and either shares one meal a day with you or shares the living accommodation with you).

This information is completely confidential.

- a) In the first column **WRITE** their relationship to you (e.g. sister or lodger). We do **NOT** need to know their name,
- b) in the second column **TICK** the box that indicates whether they are male or female,
- c) in the third **WRITE** their age in the box and
- d) **TICK** the fourth column if they have a long-standing illness, disability or infirmity.

a) relationship to you	b) male	female	c) age	d) do they have a long-standing illness, disability or infirmity?
Person 1	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>3</sub>
Person 2	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>3</sub>
Person 3	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>3</sub>
Person 4	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>3</sub>
Person 5	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>3</sub>
Person 6	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>3</sub>
Person 7	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>3</sub>
Person 8	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>3</sub>
Person 9	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>3</sub>
Person 10	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		<input type="checkbox"/> <sub>3</sub>



**Q17. Would you describe your home as a...?**

Please tick ONE box.

detached house	<input type="checkbox"/> 01	flat in a traditional <b>sandstone</b> tenement	<input type="checkbox"/> 06
semi detached house	<input type="checkbox"/> 02	flat in a <b>modern</b> tenement (not sandstone)	<input type="checkbox"/> 07
terraced house	<input type="checkbox"/> 03	flat in a low rise block (4 floors or less)	<input type="checkbox"/> 08
flat 'four in a block'	<input type="checkbox"/> 04	flat in a high rise block (5 or more floors)	<input type="checkbox"/> 09
flat in a conversion	<input type="checkbox"/> 05	something else (please tick box and describe below)	<input type="checkbox"/> 10

**Q18. On what floor of your building is your main living accommodation?**

Please tick ONE box.

ground floor / street level	<input type="checkbox"/> 1	above ground floor	<input type="checkbox"/> 3
basement or semi basement	<input type="checkbox"/> 2	If above ground floor please write floor level in here e.g. 5th	<input type="text"/>

**Q19. Does your household own or rent the accommodation?**

We would like to know about your household, so if you stay in a friend's home or your parents' home, for example, please tick whether THEY own or rent the accommodation.

Please tick ONE box that applies to your household.

rented from the Council	<input type="checkbox"/> 1	being bought with a mortgage	<input type="checkbox"/> 5
rented from Glasgow Housing Association (GHA)	<input type="checkbox"/> 2	owned outright	<input type="checkbox"/> 6
rented from a housing association, cooperative or charitable trust	<input type="checkbox"/> 3	partly bought and partly rented (i.e. shared ownership)	<input type="checkbox"/> 7
rented from a private landlord or letting agency	<input type="checkbox"/> 4	something else (please tick box and describe below)	<input type="checkbox"/> 8



If your home is **RENTED**, please go to **Q21 on page 8**



If your home is **OWNED** (or being bought), please go to **Q20** below

**Q20. Is this home an ex-council or housing association property?**

Please tick ONE box.

yes	<input type="checkbox"/> 1	no	<input type="checkbox"/> 2	don't know	<input type="checkbox"/> 3
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**Q21. Please count the number of rooms your household has for its own use.**

*Do not count:*

Bathrooms, toilets, halls or landings, or rooms that can only be used for storage such as cupboards.

*Do count:*

All other rooms, for example kitchens, bedrooms, living rooms, utility rooms and studies.

*If two rooms have been converted into one, count them as one room.*

*Please WRITE the number in the boxes below.*

The total number of rooms is	<input type="text"/>	<input type="text"/>
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**Q22. How many years have you lived in your current home?**

*Please WRITE in the boxes below.*

<input type="text"/>	<input type="text"/>
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**Q23. How many hours do you usually spend at home on a typical day (including time spent asleep)?**

We would like to know about a typical weekday (Monday to Friday) and a typical day at the weekend (Saturday or Sunday).

*Please WRITE the number of hours in the boxes.*

typical weekday	<input type="text"/>	<input type="text"/>	hours per day (out of 24 hours)
typical weekend day	<input type="text"/>	<input type="text"/>	hours per day (out of 24 hours)

**Q24. Compared with other houses and flats in your street is your home...?**

*Please tick ONE box.*

worth more	<input type="checkbox"/>	<sub>1</sub>	worth about the same amount	<input type="checkbox"/>	<sub>2</sub>	worth less	<input type="checkbox"/>	<sub>3</sub>
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**Q25. Compared with other houses and flats in your street is your home...?**

*Please tick ONE box.*

in better condition	<input type="checkbox"/>	<sub>1</sub>	about the same	<input type="checkbox"/>	<sub>2</sub>	worse condition	<input type="checkbox"/>	<sub>3</sub>
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**Q26. Do you have a garden or yard?**

*Please tick ONE box.*

no	<input type="checkbox"/>	<sub>1</sub>	yes, communal or shared with at least one other household	<input type="checkbox"/>	<sub>2</sub>	yes, not shared with any other household	<input type="checkbox"/>	<sub>3</sub>
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**Q27. Do you have a dog in your household?**

*Please tick ONE box.*

yes	<input type="checkbox"/>	<sub>1</sub>	no	<input type="checkbox"/>	<sub>2</sub>
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**Q28. The next question is about problems that people can have with their homes. To what extent, in your opinion, is each of the following a problem in your home?**

*Please tick ONE box for EACH problem.*

	a serious problem	a minor problem	not a problem
damp or condensation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
keeping your home warm in winter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
too little space (feeling crowded)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
too much space (too large)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
noise from other household members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
noise from your neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
noise from the street	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
poor state of repair	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**Q29. Is it ever difficult for your household to meet the cost of...?**

*Please tick ONE box on EACH line.*

	very often	quite often	only occasionally	never	not applicable
rent or mortgage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
repairs, maintenance and factor charges for your home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
gas, electricity and other fuel bills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
telephone bill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
bills for council tax, insurance etc. that come up from time to time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
food	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q30. We are interested in your views about home ownership, even if you rent your home. What do you think are the three BEST things about owning a home?**

*Please answer this question even if you rent your home.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Q31. What do you think are the three WORST things about owning a home?**

Please answer this question even if you rent your home.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Q32. We are interested in your views about renting a home, even if you own your home. What do you think are the three BEST things about renting a home?**

Please answer this question even if you own your home.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Q33. What do you think are the three WORST things about renting a home?**

Please answer this question even if you own your home.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Your Neighbourhood

**Q34. Please TICK the box under the face which shows best how you feel about living in your neighbourhood?**

Please tick ONE box.



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

**Q35. Do you feel part of your local community?**

Please tick ONE box.

very much	<input type="checkbox"/>	a little	<input type="checkbox"/>	not at all	<input type="checkbox"/>
	1		2		3

**Q36.** How well placed do you think your home is for...? Please tick ONE box for EACH statement.

	very well placed	fairly well placed	not very well placed	not at all well placed
getting to work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
general food stores	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
your doctor's surgery	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
the nearest hospital with a casualty department	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
primary schools	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
secondary schools	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
safe play areas	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
public transport/ buses and trains	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
libraries (including mobile libraries)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
chemist or pharmacy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
somewhere green and pleasant to walk or sit (apart from your own garden)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
public recreation or sports facilities (e.g. swimming pool, sports centre)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q37.** Around where you live would you say that any of the following are a serious problem, a minor problem or not a problem? Please tick ONE box for EACH problem

	a serious problem	a minor problem	not a problem
vandalism	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
litter and rubbish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
smells and fumes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
assaults or muggings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
burglaries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
disturbance by children or youngsters	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
speeding traffic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
discarded needles or syringes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
uneven or dangerous pavements	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
nuisance from dogs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
reputation of neighbourhood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
poor public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
noise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
the people round here	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**Q38. How many people are there in your neighbourhood with whom you exchange small favours?**

An example would be leaving a key to let a repair man in.

Please *WRITE* the number of people in the boxes.

I exchange favours with	<input type="text"/>	<input type="text"/>	people who live in my neighbourhood.
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**Q39. How many of your neighbours do you know by name?**








Please *WRITE* the number of people in the boxes.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Your transport

**Q40. Please TICK the box under the face which shows best how you feel about the means of transport that you normally use to get around.**

Please tick *ONE* box.

						
<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

**Q41. How many cars or vans are owned, or available for use, by members of your household?**

Include company cars/vans if private use allowed and exclude vans used solely for carrying goods.

Please tick *ONE* box.

none	<input type="checkbox"/> 0	one	<input type="checkbox"/> 1	two	<input type="checkbox"/> 2	three	<input type="checkbox"/> 3	four or more	<input type="checkbox"/> 4	
									<input type="text"/>	<input type="text"/>

If four or more please *WRITE* number in here

 If there are **NONE** please go to **Q44** on page 13

 If there are **ONE OR MORE** please go to **Q42** below

**Q42. Can we just check, are ALL of these cars and vans owned by or leased to people who live in your household, rather than owned by or leased to someone living somewhere else?**

Please tick <i>ONE</i> box.	yes	<input type="checkbox"/> 1	no	<input type="checkbox"/> 2
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**Q43. Please tell us about the cars and vans that are owned or leased to your household.**

Please start with the car or van you use most. So if you have one car, please just fill in details for car or van 1.

Please **WRITE** in the make and the model, the year of manufacture and also the amount you think it is worth as in the example shown.

	a) make	b) model	c) year of manufacture	d) amount worth
Example	Ford	Fiesta	2002	£ 1800
Car or van 1				£
Car or van 2				£
Car or van 3				£
Car or van 4				£

From the list of cars above, which is the household's **MAIN** car or van?

e) Which car or van is it...?

Please tick **ONE** box

car or van 1 ☐ <sub>1</sub> car or van 2 ☐ <sub>2</sub> car or van 3 ☐ <sub>3</sub> car or van 4 ☐ <sub>4</sub>

f) Was this car or van acquired...?

Please tick **ONE** box

new ☐ <sub>1</sub> second-hand ☐ <sub>2</sub> as a company car ☐ <sub>3</sub>

g) Compared with other cars or vans in your neighbourhood is this car or van worth more, about the same or less?

Please tick **ONE** box

worth more ☐ <sub>1</sub> worth about the same ☐ <sub>2</sub> worth less ☐ <sub>3</sub>

**Some** of the next questions talk about **public transport**. By public transport we mean buses, coaches, trains and underground trains.

**Q44. How do you usually travel to the following?** Please tick **ALL** that you usually use for **EACH** destination.

	I don't go	car or van	public transport	taxi	walk	cycle
health appointments	<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>
supermarket	<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>
sports facilities	<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>
family/friends	<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>
days out	<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>
evenings out	<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>
work/college	<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>
taking children to school	<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>

**Q45. How easy is it for you to travel to the following using your usual form of transport?**

Please tick ONE box for EACH destination.

	I don't go	very easy	quite easy	quite difficult	very difficult
health appointments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
supermarket	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
sports facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
family/friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
days out	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
evenings out	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
work/college	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
taking children to school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q46. How often is there a car or van available when you need to drive it or have a lift?**

Please tick ONE box.

always	<input type="checkbox"/> 1	most of the time	<input type="checkbox"/> 2	some of the time	<input type="checkbox"/> 3	occasionally	<input type="checkbox"/> 4	never	<input type="checkbox"/> 5
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👉 If you **NEVER** travel by car or van please go to **Q50** on page 15

👉 If you **EVER** travel by cars and vans please go to **Q47** below

**Q47. How long would you spend in a car or van on a typical day?**

Please don't include time spent as part of your paid work.

If on a typical day you spend no time please write 0.

Please WRITE in the boxes the number of hours and minutes you would spend out of 24 hours

typical weekday	<input type="text"/>	<input type="text"/>	hours	<input type="text"/>	<input type="text"/>	mins
typical weekend day	<input type="text"/>	<input type="text"/>	hours	<input type="text"/>	<input type="text"/>	mins

**Q48. When you travel by car are you USUALLY...?**

Please tick ONE box.

a driver	<input type="checkbox"/> 1	a passenger	<input type="checkbox"/> 2	sometimes a driver, sometimes a passenger	<input type="checkbox"/> 3
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**Q49. The next question looks at feelings people might have about travelling by car or van. How much do you agree or disagree with each statement?**

Please answer all the questions if you ever, even if only occasionally, travel by car or van.

Please tick **ONE** box for **EACH** statement.

	strongly agree	agree	neither agree nor disagree	disagree	disagree strongly
I feel I have privacy when I'm in a car or van	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel I can get away from stresses as I travel by car or van	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I can travel where I want, when I want by car or van	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Most people would like a car or van like the one that I usually use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel in control when I travel by car or van	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel safe when I travel by car or van	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
When I travel by car or van it makes me feel I'm doing well in life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I worry about the car or van I use having to be sold	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Travelling by car or van fits in well with the routine of my daily life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Travelling by car or van expresses my personality and values	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q50. Do you EVER travel by public transport?**

That is buses, coaches, trains and underground trains.

Please tick **ONE** box.

very often	<input type="checkbox"/> 1	quite often	<input type="checkbox"/> 2	sometimes	<input type="checkbox"/> 3	occasionally	<input type="checkbox"/> 4	never	<input type="checkbox"/> 5
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👉 If you **NEVER** travel by public transport please go to **Q53** on page 16

👉 If you **EVER** travel by public transport please go to **Q51** below

**Q51. How long would you spend on public transport on a typical day?**

Please don't include time spent as part of your paid work.

If on a typical day you spend no time please write 0.

Please **WRITE** the number of hours and minutes you would spend out of 24 hours in the boxes.

typical weekday	<input type="text"/>	<input type="text"/>	hours	<input type="text"/>	<input type="text"/>	mins
typical weekend day	<input type="text"/>	<input type="text"/>	hours	<input type="text"/>	<input type="text"/>	mins

**Q52. This question is about general feelings about public transport. How much do you agree or disagree with each statement?**

Please answer all the questions if you ever, even if only occasionally, travel by public transport.

Please tick **ONE** box for **EACH** statement.

	strongly agree	agree	neither agree nor disagree	disagree	disagree strongly
I feel I have privacy when I travel by public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel I can get away from stresses when I travel by public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I can travel where I want, when I want by public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Most people would like to travel by the public transport that I use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel in control when I use public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel safe when I travel by public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
When I travel by public transport it makes me feel that I'm doing well in life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I worry about bus/train services being changed or dropped	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Public transport times fit in well with the routine of my daily life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Public transport expresses my personality and values	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q53. What do you think are the three BEST things about public transport?**

Please answer this question even if you never travel by public transport.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Q54. What do you think are the three WORST things about public transport?**

Please answer this question even if you never travel by public transport.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Q55. What do you think are the three BEST things about having a car?**

Please answer this question even if you never travel by car.

1.	_____
2.	_____
3.	_____

**Q56. What do you think are the three WORST things about having a car?**

Please answer this question even if you never travel by car.

1.	_____
2.	_____
3.	_____

## Work

Whether people work is often an important aspect of people's lives and may affect their transport and housing, so we would like to ask you about your situation.

**Q57. Which of these comes closest to how you would describe yourself at present?**

Please tick ONE box.

doing paid work full time	<input type="checkbox"/> 1	disabled, invalid or permanently sick	<input type="checkbox"/> 6
doing paid work part time	<input type="checkbox"/> 2	caring for home and family or dependants	<input type="checkbox"/> 7
on a government training scheme	<input type="checkbox"/> 3	full time student	<input type="checkbox"/> 8
retired	<input type="checkbox"/> 4	something else	<input type="checkbox"/> 9
unemployed	<input type="checkbox"/> 5	(please tick and describe below)	

**Q58. If you are NOT currently in paid work have you EVER been in paid work?**

Please tick ONE box.

yes	<input type="checkbox"/> 1	no	<input type="checkbox"/> 2
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 If you have **never done paid work** please go to **Q66** on page 19

 If you have **ever done paid work** please go to **Q59** on page 18

**Q59. Please WRITE the title of your present paid job (or if you are not currently working your most recent job), describe what you actually do (did) and what sort of employer you work or worked for**

Job title (e.g. assistant chef)
Job description (e.g. make puddings, supervise dish washing)
Type of employer (e.g. school)

**Q60. Which of these best describes your current work (or most recent work if not currently working)?**

*Please tick ONE box.*

self employed with paid employees	<input type="checkbox"/>	1	manager	<input type="checkbox"/>	3	employee	<input type="checkbox"/>	5
self employed with no paid employees	<input type="checkbox"/>	2	foreman/supervisor	<input type="checkbox"/>	4			

**Q61. What size of organisation do or did you work in?**

*Please tick ONE box.*

a large organisation (25 or more employees)	<input type="checkbox"/>	1	a small organisation (fewer than 25 employees)	<input type="checkbox"/>	2
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**Q62. How far away is or was your work from your home?**

*Please WRITE the number of miles in the boxes below.*

	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	mile(s)
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**Q63. How long does or did it take you to get to work?**

*Please WRITE the number of hours and minutes in the boxes below.*

	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	hours	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	mins
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**Q64. We are interested to know whether people who work in different places have different problems getting to work so we would like to know the post code of your workplace.**

If you do not know the whole postcode please just write in the parts that you do know.

*Please WRITE the postcode in the boxes below as in the example postcode, ML1 2AB.*

e.g.

	M	L	1	-	2	A	B
				-			

**Q65. How much time do or did you spend travelling as part of your job on a typical day?**

Please WRITE the number of hours and minutes out of 24 hours in the boxes below.

			hours			mins
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**Q66. Do you have a spouse or partner who has ever been in paid work?**

Please tick ONE box.

yes

☐ 1

no

☐ 2

not applicable

☐ 3


If **NO (or not applicable)** please go to **Q71** on page 20



If **YES** please go to **Q67** below

**Q67. Which of these comes closest to how you would describe your spouse or partner's situation at present (if applicable)? Please tick ONE box.**

doing paid work full time	<input type="checkbox"/> 1	unemployed	<input type="checkbox"/> 6
doing paid work part time	<input type="checkbox"/> 2	disabled, invalid or permanently sick	<input type="checkbox"/> 7
on a government training scheme	<input type="checkbox"/> 3	caring for home and family or dependants	<input type="checkbox"/> 8
retired	<input type="checkbox"/> 4	something else (please tick and describe below)	<input type="checkbox"/> 9
full time student	<input type="checkbox"/> 5		

**Q68. Please WRITE the title of your spouse or partner's present paid work (or most recent paid job if they are not currently working) describe what they actually do (did) and the type of employer they work or used to work for.**

Job title (e.g. cleaner)
Job description (e.g. clean factory)
Type of employer (e.g. chemical manufacturer)

**Q69. Which of these best describes the current work or most recent work of your spouse or partner?**

Please tick ONE box.

self employed with paid employees	<input type="checkbox"/> 1	manager	<input type="checkbox"/> 3	employee	<input type="checkbox"/> 5
self employed with no paid employees	<input type="checkbox"/> 2	foreman/supervisor	<input type="checkbox"/> 4		

**Q70. What size of organisation does or did your spouse or partner work for?**

Please tick ONE box.	a large organisation (25 or more employees)	<input type="checkbox"/> <sub>1</sub>	a small organisation (fewer than 25 employees)	<input type="checkbox"/> <sub>2</sub>

## Money matters

**Q71. How much are the mortgage or rent payments for your home per month?**

Please don't include Council Tax payments.

Please do include amounts paid by the government as benefits.

Please WRITE the amount in the boxes.

£	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	per month
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**Q72. What is the total NET income of everyone in your household (including yourself) altogether per month?**

Please include benefits.

Please tell us about take-home pay (after tax and National Insurance).

Please WRITE the amount in the boxes.

£	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	per month
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**Q73. What proportion of your household income (including your own) would you say comes from benefits?**

Please tick ONE box.

none	<input type="checkbox"/> <sub>1</sub>	very little	<input type="checkbox"/> <sub>2</sub>	about a quarter	<input type="checkbox"/> <sub>3</sub>	about half	<input type="checkbox"/> <sub>4</sub>	about three quarters	<input type="checkbox"/> <sub>5</sub>	all	<input type="checkbox"/> <sub>6</sub>
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## Lifestyles

In this final section we would like to find out about aspects of people's lifestyles which may affect their health.

**Q74. Do you smoke now, even if it is just occasionally, or have you ever smoked in the past?**

Please tick ONE box.	smoke now	<input type="checkbox"/> <sub>1</sub>	in past only	<input type="checkbox"/> <sub>2</sub>	never	<input type="checkbox"/> <sub>3</sub>

**Q75. What about exercise? On how many days in an average month (4 weeks) do you do any sport or physical exercise (e.g. dancing or brisk walking) that makes you out of breath and sweat, and that you do for more than 20 minutes at a time?**

Please WRITE the number of days a month in the boxes.

	<input type="text"/>	<input type="text"/>	days in an average month
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**Q76.** During the last year, have you done any walks of 2 miles or more? These are walks which would usually take about 40 minutes. We are interested both in walks you took for pleasure and in walking for other reasons, like to and from work, or to the shops.


Please tick ONE box.

yes

☐ <sub>1</sub>

no

☐ <sub>2</sub>

 If **NO** please go to **Q78** below

 If **YES** please go to **Q77** below

**Q77.** If yes, is that mainly around your neighbourhood that is *in* the area, *outside* the area, or *both*?

Please tick ONE box.

in the area

☐ <sub>1</sub>

outside the area

☐ <sub>2</sub>

both

☐ <sub>3</sub>

**Q78.** Is there anything else that you would like to tell us?

If you have any other comments that you would like to make, please write it in the box below.

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**THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE.** We could not do this study without your help.

*Please could you just look back to check that you haven't missed any questions by mistake or turned two pages at once.*

Now please send it back to us in the envelope provided.