

SECTION A: HOUSEHOLD QUESTIONS

Fieldwork researcher name

Household ID

Firstly, how many people (including you) live here all together as members of this household? 1
2
3
4
5
6
More than 6

FW: Please specify how many members there are in the household _____

And how many members of the household are taking part in the study today? _____

What is your full name? First name: _____
Surname: _____

Sex Male
Female

Your date of birth: DD MM YYYY

FW: If date of birth has been entered as 01 and month of birth as 07, please indicate if this is the correct date and month of birth Date Yes No
Month Yes No

FW: So just to check, you are (automatic calculation of age) years old or will be this year? If incorrect age shows, check DOB has been entered correctly.

Now I would like to take a list of the names, sex, date of birth of all the people who live with you on most days in your house.

What is the name of the next person in your household? First name: _____
Surname: _____

Are they... Male
Female

What is Person 2's date of birth? DD MM YYYY

FW: If date of birth has been entered as 01 and month of birth as 07, please indicate if this is the correct date and month of birth Date Yes No
Month Yes No

FW check: Person 2 is (age) years old or will be this year? If incorrect, check dob is entered correctly.

How is Person 2 related to you? Husband or wife
Partner/same sex civil partner
Son or daughter
Step-child
Brother or sister
Step-brother or step-sister
Mother or father
Step-mother or step-father
Guardian
Grandchild
Grandparent
Relation-other
Unrelated (including foster child)

What is the name of the next person in your household?

First name: Surname: _____

Are they...

Male
Female

What is Person 3's date of birth?

DD MM YYYY

FW: If date of birth has been entered as 01 and month of birth as 07, please indicate if this is the correct date and month of birth

Date Yes No
Month Yes No

FW check: Person 3 is (age) years old or will be this year? If incorrect, check dob is entered correctly.

How is Person 3 related to you?

Husband or wife
Partner/same sex civil partner
Son or daughter
Step-child
Brother or sister
Step-brother or step-sister
Mother or father
Step-mother or step-father
Guardian
Grandchild
Grandparent
Relation-other
Unrelated (including foster child)

What is the name of the next person in your household?

First name: _____
Surname: _____

Are they...

Male
Female

What is Person 4's date of birth?

DD MM YYYY

FW: If date of birth has been entered as 01 and month of birth as 07, please indicate if this is the correct date and month of birth

Date Yes No
Month Yes No

FW check: Person 4 is (age) years old or will be this year? If incorrect, check dob is entered correctly.

How is Person 4 related to you?

Husband or wife
Partner/same sex civil partner
Son or daughter
Step-child
Brother or sister
Step-brother or step-sister
Mother or father
Step-mother or step-father
Guardian
Grandchild
Grandparent
Relation-other
Unrelated (including foster child)

What is the name of the next person in your household?

First name: _____
Surname: _____

Are they...

Male
Female

What is Person 5's date of birth?

DD MM YYYY

FW: If date of birth has been entered as 01 and month of birth as 07, please indicate if this is the correct date and month of birth

Date Yes No
Month Yes No

FW check: Person 5 is (age) years old or will be this year? If incorrect, check dob is entered correctly.

How is Person 5 related to you?

Husband or wife
Partner/same sex civil partner
Son or daughter
Step-child
Brother or sister
Step-brother or step-sister
Mother or father
Step-mother or step-father
Guardian
Grandchild
Grandparent
Relation-other
Unrelated (including foster child)

What is the name of the next person in your household?

First name: _____
Surname: _____

Are they...

Male
Female

What is Person 6's date of birth?

DD MM YYYY

FW: If date of birth has been entered as 01 and month of birth as 07, please indicate if this is the correct date and month of birth

Date Yes No
Month Yes No

FW check: Person 6 is (age) years old or will be this year? If incorrect, check dob is entered correctly.

How is Person 6 related to you?

Husband or wife
Partner/same sex civil partner
Son or daughter
Step-child
Brother or sister
Step-brother or step-sister
Mother or father
Step-mother or step-father
Guardian
Grandchild
Grandparent
Relation-other
Unrelated (including foster child)

FW: if there are ore household members, please take details on separate sheet of paper

FW: Does the main adult have children (including step, adopted or fostered?) Yes
No

Now a few questions about your home and where you live

How long have you lived at your current address? Years _____
Months _____

What type of accommodation is this? House of bungalow
Flat, maisonette or apartment

Is the house bungalow Detached
Semi-detached
Terraced (including end terrace)

Is the flat, maisonette or apartment... In a purpose buit block of flats or tenement
Part of a converted or shared house (incluuding bedsits)
In a commercial building (for example, in an office building, hotel or over a shop)
Other

'Other', please specify (e.g. mobile home) _____

What floor do you live on? _____

Is there a lift? Yes
No

Is the lift working? Yes
No

Is this households accommodation self contained (this means that all rooms, including the kitchen, bathroom and toilet, are behind a door that only this housheold can use? Yes
No

How many rooms are available for use by this household (do not count bathrooms, toiets, halls, landings or rooms that can only be used for strage). Count all other rooms, for example, kitchens, living rooms, untility rooms, bedrooms, studies, conservatories. If two rooms have been converted into one, count then as one room.

How many rooms are bedrooms? _____

Do you have at least one flight of stairs within your house/apartment? Yes
No

Does your household own or rent this accommodation? Rents with or without housing benefit
Lives here rent free
Part owns and part rents (shared ownership)
Owns with mortgage or loan
Owns outright
Other

'Other': please specify _____

If you do not own the property, who is your landlord?

- Housing association, housing co-operative, charitable trust, registered social landlord
- Council (local authority)
- Private landlord or letting agency
- Employer of a household member
- Relative or friend of a household member
- Other

'Other': please specify _____

Does this household have a garden or communal space that you can use? Yes
No

Is this garden/communal space large enough and suitable for children to run around? Yes
No

In total, how many cars or vans are owned or available for use by members of this household?
Include and company car(s) or van(s) available for private use. _____

In total, how many motorbikes or mopeds are owned or available for use by members of this household? None
1
2
3
4 or more

And finally, does your household own a dog? Yes
No

SECTION B: MAIN ADULT / PARTNER / OTHER ADULT QUESTIONNAIRE

The following questions are about you, your neighbourhood, work and/or study, lifestyle/habits, and any physical activities you may do. If there are any questions which you do not understand, please ask the researcher who will be happy to help. Please remember there are no right or wrong answers!

Your ethnicity

Please type in the name of the country in which you were born _____

What is your ethnic group?

- White
- Mixed/multiple ethnic groups
- Asian/British Asian
- Black/African/Caribbean/Black British
- Other ethnic group

- White
 - English/Welsh/Scottish/Northern Irish/British
 - Irish
 - Gypsy or Irish Traveller
 - Any other WHITE background

Please specify _____

- Mixed/multiple ethnic groups
 - White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other MIXED/MULTIPLE ethnic background

Please specify _____

- Asian/British Asian
 - Indian
 - Pakistani
 - Bangladeshi
 - Chinese
 - Any other ASIAN background

Please specify _____

- Black/African/Caribbean/Black British
 - African
 - Caribbean
 - Any other BLACK/AFRICAN/CARIBBEAN background

Please specify _____

- Other ethnic group
 - Arab
 - Any OTHER ethnic group

Please specify _____

Your Qualifications

Which of these qualifications do you have. Tick all that apply

If your qualification is not listed, tick the box that contains its nearest equivalent. If you have qualifications gained outside the UK, tick the 'Foreign Qualifications' box and the nearest UK equivalent if known.

- 1-4 O Levels/CSEs/GCSEs (any grades), Entry Level, Foundation Diploma
- 1-5 NVQ Level 1, Foundation GNVQ, Basic Skills
- 5+ O Levels (passes)/CSEs (grade 1)/GCSEs (grades A*-C), School Certificate, 1 A Level/2-3 AS Levels/VCEs, Higher Diploma
- NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, ONC, OND, BTEC National, RSA Advanced Diploma
- Apprenticeship
- 2+ A Levels/VCEs, 4+ AS Levels, Higher School Certificate, Progression/Advanced Diploma
- NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma
- Degree (for example BA, BSc), Higher degree (for example MA, PhD, PGCE)

- NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level
- Professional qualifications (for example teaching, nursing, accountancy)
- Other vocational/work related qualifications
- Foreign qualifications
- No qualifications

Employment

What is your current employment status? Tick all that apply.

- In full-time employment (including full-time self employed)
- In part-time employment (including part-time self employed)
- Seeking work
- Government Scheme (e.g. Helping Finding Work, Voluntary Schemes, Training Schemes, etc)
- Looking after home and family
- Retired
- Full-time student
- Part-time student
- Not working due to long term sickness or disability
- Other (including unpaid voluntary work)

Please specify _____

What is your full and specific job title? (For example, Primary School Teacher, Car Mechanic, District Nurse, etc)

Briefly describe what you do in your main job

At your workplace, what is the main activity of your employer or business? For example, Primary Education, Repairing Cars, Contract Catering, Computer Servicing. If you are civil servant, type in 'Government'. If you are a local government officer, type in 'Local Government' and give the name of your department within the local authority.

- Do you
- Travel to a place of work/your place of study
 - Mainly work/study at or from home
 - No fixed work/study place

What is the name and address of your workplace?
(question appears if employed)

Postcode _____

What is the name and address if your place of study?
(question appears if studying)

Postcode _____

Travelling to work and / or your place of study

Over the next seven days starting from tomorrow, on which days will you be travelling to work and/or your place of study?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- None

Usual Travel Times (Please enter times in either 12 hour or 24 hour format. If using 12 hour format, please specify am or pm)

What time do you **USUALLY** leave home to go to work/your place of study? (For example, please enter as 7am or 7:30am or 07:30) _____

What time do you **USUALLY** arrive at work/your place of study? (For example, enter as 8am, 8:00am or 08:00) _____

What time do you **USUALLY** leave your work/place of study? (For example, enter as 5pm or 5:00pm or 17:00) _____

What time do you **USUALLY** arrive home? (For example, enter as 6pm, 6:00pm, or 18:00) _____

Will these times be more or less the same over the next seven days when you travel to work/your place of study? Yes No

On the days your travel time will differ, please indicate the times you will travel to work/your place of study on those days. (Please specify am or pm if using 12 hour format).

Monday:

What time will you leave home to go to work/your place of study? _____

What time will you arrive at work/your place of study? _____

What time will you leave work/your place of study? _____

What time will you arrive home? _____

Tuesday:

What time will you leave home to go to work/your place of study? _____

What time will you arrive at work/your place of study? _____

What time will you leave work/your place of study? _____

What time will you arrive home? _____

Wednesday:

What time will you leave home to go to work/your place of study? _____

What time will you arrive at work/your place of study? _____

What time will you leave work/your place of study? _____

What time will you arrive home? _____

Thursday:

What time will you leave home to go to work/your place of study? _____

What time will you arrive at work/your place of study? _____

What time will you leave work/your place of study? _____

What time will you arrive home? _____

Friday:

What time will you leave home to go to work/your place of study? _____

What time will you arrive at work/your place of study? _____

What time will you leave work/your place of study? _____

What time will you arrive home? _____

Saturday:

What time will you leave home to go to work/your place of study? _____

What time will you arrive at work/your place of study? _____

What time will you leave work/your place of study? _____

What time will you arrive home? _____

Sunday:

What time will you leave home to go to work/your place of study? _____

What time will you arrive at work/your place of study? _____

What time will you leave work/your place of study? _____

What time will you arrive home? _____

Will the next seven days be a **USUAL** working/study week? Yes No

On the days that you will travel to work/your place of study in the week that starts tomorrow, how will you be travelling to and from work/your place of study? Tick all that apply.

| | Travel TO work | Travel FROM work |
|---------------------------|--------------------------|--------------------------|
| Underground (Tube) | <input type="checkbox"/> | <input type="checkbox"/> |
| Train (Overground) | <input type="checkbox"/> | <input type="checkbox"/> |
| Bus, minibus or coach | <input type="checkbox"/> | <input type="checkbox"/> |
| Taxi | <input type="checkbox"/> | <input type="checkbox"/> |
| Motorcycle or moped | <input type="checkbox"/> | <input type="checkbox"/> |
| Driving a car or van | <input type="checkbox"/> | <input type="checkbox"/> |
| Passenger in a car or van | <input type="checkbox"/> | <input type="checkbox"/> |
| Bicycle | <input type="checkbox"/> | <input type="checkbox"/> |
| Walk | <input type="checkbox"/> | <input type="checkbox"/> |
| Jog | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |
| Please specify | <input type="checkbox"/> | <input type="checkbox"/> |

On the days that you will travel to work/your place of study in the week that starts tomorrow, how will you be travelling to and from work/your place of study? Tick all that apply.

| | Travel TO study | Travel FROM study |
|---------------------------|--------------------------|--------------------------|
| Underground (Tube) | <input type="checkbox"/> | <input type="checkbox"/> |
| Train (Overground) | <input type="checkbox"/> | <input type="checkbox"/> |
| Bus, minibus or coach | <input type="checkbox"/> | <input type="checkbox"/> |
| Taxi | <input type="checkbox"/> | <input type="checkbox"/> |
| Motorcycle or moped | <input type="checkbox"/> | <input type="checkbox"/> |
| Driving a car or van | <input type="checkbox"/> | <input type="checkbox"/> |
| Passenger in a car or van | <input type="checkbox"/> | <input type="checkbox"/> |
| Bicycle | <input type="checkbox"/> | <input type="checkbox"/> |
| Walk | <input type="checkbox"/> | <input type="checkbox"/> |
| Jog | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |
| Please specify | <input type="checkbox"/> | <input type="checkbox"/> |

Is there a safe place to leave bicycles at your work/place of study? Yes
No
Don't know

Your household income

We would like to ask you about your household income from all sources and earnings after tax and other deductions (including any benefits). You can choose to answer this question in one of three ways: weekly, monthly, or yearly. Please indicate the easiest way for you to answer this question:

- Weekly
- Monthly
- Yearly
- Don't know my household income
- Do not wish to answer

How much is your household income approximately per week? Less than £90
£90 to less than £200
£200 to less than £350
£350 to less than £600
£600 to less than £900
£900 or more

How much is your household income approximately month? Less than £390
£390 to less than £870
£870 to less than £1,500
£1,500 to less than £2,600
£2,600 to less than £3,900
£3,900 or more

- How much is your household income approximately per year?
- Less than £4,700
- £4,700 to less than £10,400
- £10,400 to less than £18,200
- £18,200 to less than £31,200
- £31,200 to less than £46,800
- £46,800 or more

About Your Health

- How is your health in general?
- Very good
- Good
- Fair
- Bad
- Very bad

- Do you have any particular problems with your health?
- Yes
- No

Please specify what the most important problem is (e.g. asthma)

- Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
- Yes, limited a lot
- Yes, limited a little
- No

- Are you currently pregnant?
- Yes
- No

- How far along in your pregnancy are you? You can answer in weeks or months.
- Weeks
- Months
- Unsure

Under each heading, please tick ONE box that best describes your health TODAY

Mobility

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

Self-care

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities

Pain/Discomfort

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort

Anxiety/Depression

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed

We would like to know how good or bad your health is TODAY. The following scale is numbered from 0-100 where 0 means the WORST health you can imagine, and 100 means the BEST health you can imagine. In the box below the scale, enter a number between 0 and 100 of how you would describe your health TODAY.

| | | | | | | | | | | | | |
|----------------------------------|----|----|----|----|----|----|----|----|----|---------------------------------|--|-----------------------|
| The worst health you can imagine | | | | | | | | | | The best health you can imagine | | Please indicate _____ |
| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | | |

The following four questions ask about your feelings about aspects of your life. There are no right or wrong answers. For each of these questions, please give an answer on a scale of 1 to 10.

Overall, how satisfied are you with your life nowadays?

| | | | | | | | | | |
|------------|---|---|---|---|---|---|---|---|------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not at all | | | | | | | | | Completely |

Overall, to what extent do you feel that the things you do in your life are worthwhile

| | | | | | | | | | |
|------------|---|---|---|---|---|---|---|---|------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not at all | | | | | | | | | Completely |

Overall, how happy did you feel YESTERDAY

| | | | | | | | | | |
|------------|---|---|---|---|---|---|---|---|------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not at all | | | | | | | | | Completely |

Overall how anxious did you feel YESTERDAY

| | | | | | | | | | |
|------------|---|---|---|---|---|---|---|---|------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Completely | | | | | | | | | Not at all |

Some questions about how you have been feeling in the LAST WEEK.

For each item below, please tick the box to the response that comes closest to how you have been feeling over the last week. Don't take too long over the answers: your immediate reaction will probably be the most accurate.

I feel tense and 'wound up' Most of the time
A lot of the time
From time to time, occasionally
Not at all

I feel as if I am slowed down Nearly all of the time
Very often
Sometimes
Not at all

I still enjoy the things I used to enjoy Definitely as much
Not quite as much
Only a little
Hardly at all

I get a sort of frightened feeling like 'butterflies' in the stomach Not at all
Occasionally
Quite often
Very often

I get a sort of frightened feeling as if something awful is going to happen Very definitely
Yes, but not too badly
A little, but it doesn't worry me
Not at all

- I have lost interest in my appearance Definitely
I don't take as much care as I should
I might not take quite as much care
I take just as much care
- I feel restless, as if I have to be on the move Very much indeed
Quite a lot
Not very much
Not at all
- Worrying thoughts go through my mind A great deal of the time
A lot of the time
From time to time, but not too often
Only occasionally
- I look forward with enjoyment to things As much as I ever did
Rather less than I used to
Definitely less than I used to
Hardly at all
- I feel cheerful Not at all
Not often
Sometimes
Most of the time
- I get sudden feelings of panic Very often indeed
Quite often
Not very often
Not at all
- I can sit at ease and feel relaxed Definitely
Usually
Not often
Not at all
- I can enjoy a good book or radio or TV programme Often
Sometimes
Not often
Very seldom
- I feel lonely All of the time
Often
Sometimes
Never

Smoking

- Do you currently smoke? Yes
No

How many cigarettes do you smoke on average, in a day? _____

Drinking

- Do you drink alcohol? Yes
No

Which of the following do you USUALLY drink in an AVERAGE week?

- Small glass of wine
- Standard glass of wine
- Large glass of wine
- Pint of beer
- Bottled beer
- Can of beer
- Alcopops
- Spirits

How many small glasses of wine do you drink in an AVERAGE week?

How many standard glasses of wine do you drink in an AVERAGE week?

How many large glasses of wine do you drink in an AVERAGE week?

How many pints of beer do you drink in an AVERAGE week?

How many bottles of beer do you drink in an AVERAGE week?

How many cans of beer do you drink in an AVERAGE week?

How many bottles of alcopops do you drink in an AVERAGE week?

How many shots of spirits do you drink in an average week?

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| This area is a place I enjoy living in | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| This area has good local transport | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| This area has good leisure things for people like myself, leisure centres or community centres for example | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vandalism, graffiti or deliberate damage to property is a problem in my local area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My neighbourhood is generally free from litter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There is too much traffic in my neighbourhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My neighbourhood is attractive to look at (e.g. there are attractive buildings, green space, landscaping views) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I enjoy walking in my neighbourhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Safety in your neighbourhood | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| There is a lot of crime in my neighbourhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The level of crime in my neighbourhood makes it unsafe to walk on the streets <u>during the day</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The level of crime in my neighbourhood makes it unsafe to walk on the streets <u>at night</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There are threatening groups of young people in my neighbourhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Our neighbourhood streets have good lighting <u>at night</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| You often see people out on walks or riding their bicycles in my neighbourhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often do you go to...

| | Daily/ Almost daily | At least weekly | Less than weekly | Never |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| The local shop: grocery shop, bakery, butcher, etc | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The supermarket | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Local services such as bank, post office or library | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The restaurant, cafe, pub or bar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The fast-food restaurant or take-away | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The bus-stop, tube or train stop | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The sport and leisure facility such as the swimming pool, sports field or fitness centre | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The open recreation area such as a park or other open space | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A place of worship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---|------------------------------|-----------------------------|
| Do you USUALLY WALK or CYCLE to the local shop, grocery shop, bakery, butcher etc? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you USUALLY WALK or CYCLE the supermarket? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you USUALLY WALK or CYCLE to local services such as a bank, post office or library? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you USUALLY WALK or CYCLE to the restaurant, cafe, pub or bar? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you USUALLY WALK or CYCLE to the fast-food restaurant or take-away? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you USUALLY WALK or CYCLE to the bus stop, tube or train station? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you USUALLY WALK or CYCLE to the sport and leisure facility such as swimming pool, sports field or fitness centre? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you USUALLY WALK or CYCLE to an open recreation area such as a park or other open space? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you USUALLY WALK or CYCLE to your place of worship? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Physical Activity

This section is about the kinds of physical activities that people do as part of their everyday lives.

Were you sick or injured last week, or did anything stop you from doing your normal physical activities? Yes
No

How do you get to your accommodation? Mainly use the stairs
Mainly use the lift
A bit of both
Not applicable (i.e. live on ground floor)

Is there a bicycle in your household that you could ride if you wanted to? Yes
No
Not sure

Is it in a roadworthy condition? Yes
No
Not sure

When was the last time you rode a bicycle? Within the last week
Within the last month
Within the last year
More than one year ago
Never

Which of the following did you do LAST WEEK from (Monday-Sunday)

- | | | |
|---|------------------------------|-----------------------------|
| Went to a park, playground or playing field | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Went to watch a sport | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Went to the gym | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Went swimming | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Went cycling | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Went jogging or running | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Went walking for exercise | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Took part in any other sporting activity | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Which sporting activity did you do in the last week?

Tick all that apply.

- | | |
|----------------------------|--------------------------|
| Basketball | <input type="checkbox"/> |
| Cricket | <input type="checkbox"/> |
| Dance | <input type="checkbox"/> |
| Football | <input type="checkbox"/> |
| Gymnastics | <input type="checkbox"/> |
| Ice-skating | <input type="checkbox"/> |
| Martial Arts (e.g. karate) | <input type="checkbox"/> |
| Rugby | <input type="checkbox"/> |
| Skateboarding | <input type="checkbox"/> |
| Tennis | <input type="checkbox"/> |
| Yoga | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Please specify _____

The following questions will ask you about the time spent being vigorously and moderately active in the LAST 7 DAYS. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and garden work, to get from place to place and in your spare time for recreation, exercise or sport.

First, think about the VIGOROUS activities you did in the LAST 7 DAYS. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do VIGOROUS physical activities like heavy lifting, digging, aerobics or fast bicycling?

None 1 2 3 4 5 6 7

How much time did you usually spend doing VIGOROUS physical activities on one of those days?

Hours per day _____ Minutes per day _____ Not sure

Now think about the MODERATE activities that you did in the LAST 7 DAYS. Moderate activities refer to the activities that take moderate physical effort and make you breathe somewhat harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do MODERATE physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

None 1 2 3 4 5 6 7

During the last 7 days, on how many days did you do MODERATE physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

Hours per day _____ Minutes per day _____ Not sure

Think about the time you spent WALKING in the LAST 7 DAYS. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise or leisure.

During the last 7 days, on how many days did you WALK for at least 10 minutes at a time?

None 1 2 3 4 5 6 7

How much time did you usually spend WALKING on one of those days?

Hours per day _____ Minutes per day _____ Not sure

Think about the time you spent SITTING on weekdays during the last 7 days. Include any time spent at work, at home, whilst doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television.

During the LAST 7 DAYS, how much time did you spend SITTING in total on a week day

Hours per day _____ Minutes per day _____ Not sure

Will your activities over the next seven days be typical for you?

Yes
No

Costs of Undertaking Physical Activity

Some questions about money you may have spent to do physical activity

In the LAST 3 MONTHS, did you pay for any membership fees to do physical activity?

Yes
No

How much did you spend? £ _____

Did you receive any vouchers/money off towards the cost?

Yes
No

How much did you receive in this period (i.e. in the last 3 months)? £ _____

In the LAST 3 MONTHS, did you pay for any individual classes, entrance fees or groups to do physical activity (e.g. to go to a swimming pool, other sports facility)? (If not included in the membership fees in previous question).

Yes
No

In the LAST 3 MONTHS, how many times did you go to any individual or group classes or pay entrance fees to do physical activity? _____

How much did you spend? £ _____

Did you receive any vouchers/money off towards the cost?

Yes
No

How much did you receive in this period (i.e. in the last 3 months)? £ _____

In the LAST 3 MONTHS, did you pay for shoes or clothing to do physical activity?

Yes
No

In the LAST 3 MONTHS, how many pairs of shoes/items of clothing did you pay for? _____

How much did you spend? £ _____

Did you receive any vouchers/money off towards the cost?

Yes
No

How much did you receive in this period (i.e. in the last 3 months)? £ _____

In the LAST 3 MONTHS, did you have to pay for equipment to do physical activity?

Yes
No

In the LAST 3 MONTHS, how many items of equipment did you pay for? _____

How much did you spend? £ _____

Did you receive any vouchers/money off towards the cost?

Yes
No

How much did you receive in this period (i.e. in the last 3 months)? £ _____

In the LAST 3 MONTHS, did you have to pay for childcare to enable you to do your physical activity?

Yes
No

In the LAST 3 MONTHS, how many times did you pay for childcare to enable you to do your physical activity?

How much did you spend?

£ _____

Did you receive any vouchers/money off towards the cost?

Yes

No

How much did you receive in this period (i.e. in the last 3 months)?

£ _____

In the LAST 3 MONTHS, did you have to pay for anything else to do physical activity?

Yes

No

What else did you have to pay for?

How much did you spend?

£ _____

Did you receive any vouchers/money off towards the cost?

Yes

No

How much did you receive in this period (i.e. in the last 3 months)?

£ _____

Thinking about the last time you went to do physical activity, how long did it take you, in total, to travel TO and FROM the place where you went to do this activity?

Hours _____

Minutes _____

How much did you spend?

£ _____

Did you receive any vouchers/money off towards the cost?

Yes

No

How much did you receive in this period (i.e. in the last 3 months)?

£ _____

Some questions about your attitudes to exercise and health

This section asks for your personal opinions about exercise/physical activity. This includes things like walking, sports, running, swimming, cycling etc.

Please tick one box to indicate how strongly you agree or disagree with each statement

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Doing exercise is satisfying and rewarding for me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doing exercise regularly is good for me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exercising regularly can be helpful for my health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exercising regularly can help me to get out of doors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exercising regularly can help me control my weight or lose weight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Your belief in your ability to exercise

How sure are you that you would do each of the following:

| | Very sure | Pretty sure | A little sure | Not at all sure |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Exercise regularly (3 times a week for 20 minutes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exercise when you are feeling tired | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exercise when you are feeling under pressure to get things done | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exercise when you are feeling down and depressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exercise when you have too much work to do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exercise when there are other more interesting things to do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exercise when your family or friends do not provide any support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exercise when you really don't feel like it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exercise when you are away from home (e.g. visiting, on holiday) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In the LAST MONTH, how often did you:

| | Daily/ Almost daily | At least weekly | At least 2-3 times a week | At least monthly | Less than monthly/ Never |
|---|---------------------------|--------------------------|---------------------------------|--------------------------|--------------------------------|
| Set a goal for how much walking you would like to do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plan particular days or times when you would walk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walk with someone in your neighbourhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walk with your dog in your neighbourhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Set a goal for how much physical activity you would like to do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plan particular days or times when you would be physically active | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do physical activity with someone in your neighbourhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Social support and physical activity

In the last month, how often did the following people do physical activity, including walking, WITH YOU?

| | Daily/ Almost daily | At least weekly | At least 2-3 times a week | At least monthly | Less than monthly/ Never |
|---|---------------------------|--------------------------|---------------------------------|--------------------------|--------------------------------|
| Your spouse/partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Close family members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People at work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Close friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your neighbours or other people in your neighbourhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Television / Video / DVD / PC

| | | |
|--|------------------|--------------------------|
| How many hours on a <u>WEEK DAY</u> do you <u>USUALLY</u> spend watching television, videos or DVDs? | None | <input type="checkbox"/> |
| | 1 hour or less | <input type="checkbox"/> |
| | 1-2 hours | <input type="checkbox"/> |
| | 2-3 hours | <input type="checkbox"/> |
| | 3-4 hours | <input type="checkbox"/> |
| | 4-6 hours | <input type="checkbox"/> |
| | 6-8 hours | <input type="checkbox"/> |
| | 8-10 hours | <input type="checkbox"/> |
| | 11 hours or more | <input type="checkbox"/> |

| | | |
|---|------------------|--------------------------|
| How many hours on a <u>WEEKEND DAY</u> (Saturday <u>OR</u> Sunday) do you <u>USUALLY</u> spend watching television, videos or DVDs? | None | <input type="checkbox"/> |
| | 1 hour or less | <input type="checkbox"/> |
| | 1-2 hours | <input type="checkbox"/> |
| | 2-3 hours | <input type="checkbox"/> |
| | 3-4 hours | <input type="checkbox"/> |
| | 4-6 hours | <input type="checkbox"/> |
| | 6-8 hours | <input type="checkbox"/> |
| | 8-10 hours | <input type="checkbox"/> |
| | 11 hours or more | <input type="checkbox"/> |

| | | |
|---|----------------|--------------------------|
| How many hours on a <u>WEEK DAY</u> do you <u>USUALLY</u> spend playing <u>physically active</u> computer games (e.g. Wii Sport)? | None | <input type="checkbox"/> |
| | 1 hour or less | <input type="checkbox"/> |
| | 1-2 hours | <input type="checkbox"/> |
| | 2-3 hours | <input type="checkbox"/> |
| | 3-4 hours | <input type="checkbox"/> |
| | 4-6 hours | <input type="checkbox"/> |

- 6-8 hours
- 8-10 hours
- 11 hours or more

How many hours on a WEEKEND DAY (Saturday OR Sunday) do you USUALLY spend playing physically active computer games (e.g. Wii Sport)?

- None
- 1 hour or less
- 1-2 hours
- 2-3 hours
- 3-4 hours
- 4-6 hours
- 6-8 hours
- 8-10 hours
- 11 hours or more

How many hours on a WEEK DAY do you USUALLY spend playing other computer games (e.g. X-Box, PlayStation)?

- None
- 1 hour or less
- 1-2 hours
- 2-3 hours
- 3-4 hours
- 4-6 hours
- 6-8 hours
- 8-10 hours
- 11 hours or more

How many hours on a WEEKEND DAY (Saturday OR Sunday) do you USUALLY spend playing other computer games (e.g. X-Box, PlayStation)?

- None
- 1 hour or less
- 1-2 hours
- 2-3 hours
- 3-4 hours
- 4-6 hours
- 6-8 hours
- 8-10 hours
- 11 hours or more

Do you have a TV in your bedroom?

- Yes No

Do you have a PC/laptop in your bedroom?

- Yes No

Do you USUALLY watch TV in your bedroom (this can include a computer where you can watch 'catch-up' TV, DVDs or download films)?

- Yes No

How many hours on a WEEK DAY do you USUALLY spend on a PC/laptop for work or study time only?

- None
- 1 hour or less
- 1-2 hours
- 2-3 hours
- 3-4 hours
- 4-6 hours
- 6-8 hours
- 8-10 hours
- 11 hours or more

How many hours on a WEEKEND DAY (Saturday OR Sunday) do you USUALLY spend on a PC/laptop for work or study time only?

- None
- 1 hour or less
- 1-2 hours
- 2-3 hours
- 3-4 hours
- 4-6 hours
- 6-8 hours
- 8-10 hours
- 11 hours or more

Your Eating Habits

FRUIT (fresh, frozen or tinned)

Please tell us how many portions of fruit (for example, an apple, an orange, some grapes) you USUALLY eat in a day (include fresh, frozen or tinned)

- I never have fruit
- I have fruit some days but not every day
- One portion a day
- Two portions a day
- Three portions a day
- Four portions a day

VEGETABLES (fresh, frozen or tinned)

Please tell us how many times you USUALLY eat vegetables or salad, either on their own or with other food in a day. DO NOT include potatoes or chips.

- I never have vegetables or salad
- I have vegetables and salad some days but not every day
- One portion a day
- Two portions a day
- Three portions a day
- Four portions a day

Do you USUALLY eat breakfast?

- Yes No

Do you USUALLY eat a meal at home watching television?

- Yes, everyday
- Yes, most days
- Yes, sometimes
- No, not usually

Do you USUALLY eat at least one meal at home as a family?

- Yes, everyday
- Yes, most days
- Yes, sometimes
- No, not usually

Your Sleeping Habits (Please specify am or pm if using 12 hour format)

What time do you USUALLY get up in the morning on a WEEK DAY?

(For example, enter as 7am or 7:30am or 07:30)

What time do you USUALLY go to sleep on a WEEK DAY?

(For example, enter as 11pm, 11:00pm or 23:00)

What time do you USUALLY get up in the morning on a WEEKEND DAY?

(For example, enter as 8am, 8:00pm or 08:00)

What time do you USUALLY go to sleep on a WEEKEND DAY?

(For example, enter as 12pm, 12:00pm or 00:00)

SECTION C: PARENT QUESTIONS

About your children

Do you have a child or children at primary school?

- Yes No

Do you have a child or children at secondary school?

- Yes No

Your Child(ren)'s School and Travel

The following questions are asked in relation to your child at primary and/or secondary school.

Would it be difficult for your primary school child/ren to WALK or RIDE A BICYCLE to school?

- Yes No

Would it be difficult for your secondary school child/ren to WALK or RIDE A BICYCLE to school?

- Yes No

| Is this because: (please tick all that apply in the relevant column) | Primary School Child | Secondary School Child |
|---|--------------------------|--------------------------|
| There are not enough footpaths | <input type="checkbox"/> | <input type="checkbox"/> |
| The school is too far away | <input type="checkbox"/> | <input type="checkbox"/> |
| Other commitments don't allow it | <input type="checkbox"/> | <input type="checkbox"/> |
| My child has a lot to carry | <input type="checkbox"/> | <input type="checkbox"/> |
| My child does not know the way to school | <input type="checkbox"/> | <input type="checkbox"/> |
| My child has commitments before school | <input type="checkbox"/> | <input type="checkbox"/> |
| My child has commitments after school | <input type="checkbox"/> | <input type="checkbox"/> |
| It is more convenient for me to drive my child to school on the way to somewhere else | <input type="checkbox"/> | <input type="checkbox"/> |
| My child would have to cross a busy road | <input type="checkbox"/> | <input type="checkbox"/> |
| There are no safe crossings for my child to use | <input type="checkbox"/> | <input type="checkbox"/> |
| There is a lot of traffic near the school | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |
| Please specify _____ | | |

| Children and the Local Neighbourhood | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| There are many places for children to go (alone or with someone) within easy walking distance of my home | | | | | |
| Primary school child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary school child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| From my home, it is easy for children to walk to public transport (bus, tube, train) alone or with someone | | | | | |
| Primary school child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary school child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There are major barriers to walking in our local area that make it hard for children to get from place to place (for example, major roads, railway lines, rivers) | | | | | |
| Primary school child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary school child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you agree or disagree with the following statements:

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| There is too much traffic for children to walk safely in our neighbourhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children would have to cross a busy road to walk or ride a bicycle to reach the local shops | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children would have to cross a busy road to walk or ride a bicycle to reach the local park | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children would need to cross a busy road to catch a bus or train | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There are no safe crossings for children to use if he/she walked or cycled to the local shop | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There are no safe crossings for children to use if he/she walked or cycled to reach the local park | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Concerns about Crime and Strangers in the Local Neighbourhood

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| The crime rate in my neighbourhood makes it unsafe for a child to go on walks alone or with someone <u>during the day</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| The crime rate in my neighbourhood makes it unsafe for a child to go on walks alone or with someone <u>at night</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am worried about letting a child play or walk alone or with someone in my neighbourhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I would be concerned to let a child outside because of the presence of strangers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TV and Computer Games

In general, how often do you (and/or your partner) restrict your child/children in the following activities:

| | Daily/ Almost daily | At least weekly | At least 2-3 times a week | At least monthly | Less than monthly / Never |
|--|---------------------------|--------------------------|------------------------------|--------------------------|---------------------------------|
| Watching TV/Video/DVD | | | | | |
| Primary school child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary aged child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using a computer | | | | | |
| Primary school child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary aged child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Playing non-physically active computer games (e.g. X-Box, PlayStation) | | | | | |
| Primary school child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary aged child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Playing physically active computer games (e.g. Wii Sports) | | | | | |
| Primary school child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary aged child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In general, how often do you (and/or your partner) allow your child/children to:

| | Never | Rarely | Sometimes | Often | Very often |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Play outside anywhere in the neighbourhood | | | | | |
| Primary school child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary aged child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walk or cycle to a friend's house | | | | | |
| Primary school child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary aged child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

During a typical week, how often do you (and/or your partner):

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Encourage your child/children to do a physical activity or play sports | | | | | |
| Primary school child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary aged child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do a physical activity or play sports with your child/children | | | | | |
| Primary school child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary aged child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Take your child/children to a place where they can do physical activities or play sports | | | | | |
| Primary school child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary aged child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How often do you watch your child/children participate in a physical activity or sport | | | | | |
| Primary school child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary aged child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tell your child/children that physical activity is good for his or her health | | | | | |
| Primary school child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary aged child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION D: FIELDWORK RESEARCHER

Is there anything else you would briefly like to tell us about where you live and taking part in the ENABLE London study?

Please check if participant contact details are correct. Enter any changes to address details here:

Are telephone numbers correct? Check home and mobile number. Enter any changes here:

Is the email address correct? If not, enter correctly:

Partner's mobile number (if applicable):

We will be following up some families in a year from now so that we are able to compare activities over the course of a year of those who move and do not move into new housing. The visit will be the same as what I have done today, an interview and issuing you with devices to wear for a week and then coming back to collect them. Would you be happy for us to contact you a year from now? By saying yes, you are agreeing for us to contact you and you would still be free to withdraw.

Yes No

If for any reason we are unable to contact you in a year's time, is there someone we can use as a second contact? We will only contact them if we are unable to get hold of you. (FW: Please specify name of 2nd contact and their relationship to main adult. If possible, ask for address, home and mobile numbers).

Referral recruitment

And finally, we are recruiting families into the study and wondered whether you know anyone, similar to yourself, i.e. from a similar household, who may be willing to be contacted to take part in the study (they don't have to be moving to East Village)? I can take their details today, or if you would like to speak with them first, I can leave you with some forms. Please include these in the envelope when you return your belt. For anyone you recommend and we visit, you will receive a shopping voucher.

ADDITIONAL QUESTIONS ADDED TO THE FOLLOW-UP QUESTIONNAIRE

Have you ever lived in East Village? Yes No

[If yes] Which month did you moved to East Village? _____
Which year did you move into East Village? _____

Which month did you move out of East Village? _____
Which year did you move out of East Village? _____

How often do you visit Westfield, Stratford City? Everyday
Once a week
2-3 times a month
Once a month
Less than once a month
Never visited it

How often do you do the following activities when you visit Westfield, Strtaford City? Tick all that apply.

| | Always | Usually | Sometimes | Never |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Shopping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cinema or bowling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Eating out | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meeting friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you do any other activity when you visit Westfield, Stratford City Yes No
 [If yes} Please specify what the other activity is _____

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| How often do you do this other activity when you visit Westfield, Stratford City? | Always | Usually | Sometimes | Never |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How often do you visit the Olympic Park?

| | |
|------------------------|--------------------------|
| Everyday | <input type="checkbox"/> |
| Once a week | <input type="checkbox"/> |
| 2-3 times a month | <input type="checkbox"/> |
| Once a month | <input type="checkbox"/> |
| Less than once a month | <input type="checkbox"/> |
| Never visited it | <input type="checkbox"/> |

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| How often do you do the following activities when you visit the Olympic Park? Tick all that apply. | Always | Usually | Sometimes | Never |
| Walking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cycling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Play sports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meeting friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you do any other activity when you visit the Olympic Park? Yes No
 [If yes} Please specify what the other activity is _____