

**Co-Motion Questionnaire (First)**

Thank you for agreeing to take part in Co-Motion research project. Please fill in this questionnaire before you are due to meet the Co-Motion researcher, and return it to us in the pre-paid envelope.

If you have any queries about the questionnaire or about meeting the researcher, please get in touch:

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| --- | --- | --- | --- | --- | --- | --- |
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Part 1

Please tick to indicate the extent to which you agree or disagree with each of the following statements:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Strongly agree | Agree somewhat | Neither agree nor disagree | Disagree somewhat | Strongly disagree |
| 1 | I enjoy my life overall |  |  |  |  |  |
| 2 | I am happy much of the time |  |  |  |  |  |
| 3 | I look forward to things |  |  |  |  |  |
| 4 | Life gets me down |  |  |  |  |  |
| 5 | I have a lot of physical energy |  |  |  |  |  |
| 6 | Pain affects my well-being |  |  |  |  |  |
| 7 | My health restricts me looking after myself or my home |  |  |  |  |  |
| 8 | I am healthy enough to get out and about |  |  |  |  |  |
| 9 | My family, friends or neighbours would help me if needed |  |  |  |  |  |
| 10 | I would like more companionship or contact with other people |  |  |  |  |  |
| 11 | I have someone who gives me love and affection |  |  |  |  |  |
| 12 | I’d like more people to enjoy life with |  |  |  |  |  |
| 13 | I have my children around which is important |  |  |  |  |  |
| 14 | I have social or leisure activities/hobbies that I enjoy doing |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Strongly agree | Agree somewhat | Neither agree nor disagree | Disagree somewhat | Strongly disagree |
| 15 | I try to stay involved with things |  |  |  |  |  |
| 16 | I do paid or unpaid work or activities that give me a role in life |  |  |  |  |  |
| 17 | I am healthy enough to have my independence |  |  |  |  |  |
| 18 | I can please myself what I do |  |  |  |  |  |
| 19 | The cost of things compared to my pension/income restricts my life |  |  |  |  |  |
| 20 | I have a lot of control over the important things in my life |  |  |  |  |  |
| 21 | I have responsibilities to others that restrict my social or leisure activities |  |  |  |  |  |
| 22 | I feel safe where I live |  |  |  |  |  |
| 23 | The local shops, services and facilities are good overall |  |  |  |  |  |
| 24 | I get pleasure from my home |  |  |  |  |  |
| 25 | I find my neighbourhood friendly |  |  |  |  |  |
| 26 | I take life as it comes and make the best of things |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Strongly agree | Agree somewhat | Neither agree nor disagree | Disagree somewhat | Strongly disagree |
| 27 | I feel lucky compared to most people |  |  |  |  |  |
| 28 | I tend to look on the bright side |  |  |  |  |  |
| 29 | If my health limits social/leisure activities, then I will compensate and find something else I can do |  |  |  |  |  |
| 30 | I have enough money to pay for household bills |  |  |  |  |  |
| 31 | I have enough money to pay for household repairs or help needed in the house |  |  |  |  |  |
| 32 | I can afford to buy what I want to |  |  |  |  |  |
| 33 | I cannot afford to do things I would enjoy |  |  |  |  |  |
| 34 | Religion, belief or philosophy is important to my quality of life |  |  |  |  |  |
| 35 | Cultural/religious events/festivals are important to my quality of life |  |  |  |  |  |
| 36 | I can get to the places I want to go to |  |  |  |  |  |
| 37 | It’s important to me to get out and about |  |  |  |  |  |

Part 2

38. How is your health in general?

(Please tick one)

|  |  |
| --- | --- |
| Very good |  |
| Good |  |
| Fair |  |
| Bad |  |
| Very bad |  |

39. 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? (Include problems related to old age)

(Please tick one)

|  |  |
| --- | --- |
| Yes, limited a lot |  |
| Yes, limited a little |  |
| No |  |

Roughly how far are you able to walk without a break?

|  |  |  |
| --- | --- | --- |
| 40 | * On a good day |  |
| 41 | * On a bad day |  |

How often do you use the following transport options?

(Please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Daily | Weekly | Occasionally | Never |
| 42 | Walking |  |  |  |  |
| 43 | Cycling |  |  |  |  |
| 44 | Mobility scooter |  |  |  |  |
| 45 | Driving car |  |  |  |  |
| 46 | Getting a lift from household member |  |  |  |  |
| 47 | Getting a lift from someone else |  |  |  |  |
| 48 | Bus |  |  |  |  |
| 49 | Taxi |  |  |  |  |
| 50 | Motorbike |  |  |  |  |
| 51 | Community transport |  |  |  |  |
| 52 | Hospital transport |  |  |  |  |
| 53 | Coach |  |  |  |  |
| 54 | Train |  |  |  |  |
| 55 | Plane |  |  |  |  |

56. Which one of the following transport options makes most difference to your life?

(Please tick one)

|  |  |
| --- | --- |
| Walking |  |
| Cycling |  |
| Mobility scooter |  |
| Driving car |  |
| Getting a lift from household member |  |
| Getting a lift from someone else |  |
| Bus |  |
| Taxi |  |
| Motorbike |  |
| Community transport |  |
| Hospital transport |  |
| Coach |  |
| Train |  |
| Plane |  |

57. In total, how many cars or vans are owned, or available for use, by members of this household?

(Please tick one)

|  |  |
| --- | --- |
| None |  |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 or more |  |

58. Do you have any of the following?

(Please tick all that apply)

|  |  |
| --- | --- |
| Over 60s bus pass |  |
| Other bus pass |  |
| Discount rail card |  |
| Disabled parking badge |  |

What’s the furthest you travelled from home yesterday?

(Please give a place name or a very rough estimate of the distance)

|  |  |
| --- | --- |
| 59 |  |

What’s the furthest you travelled from home last week?

(Please give a place name or a very rough estimate of the distance)

|  |  |
| --- | --- |
| 60 |  |

What’s the furthest you travelled from home last year?

(Please give a place name or a very rough estimate of the distance)

|  |  |
| --- | --- |
| 61 |  |

62. How do you get information about travel?

(Please tick all that apply)

|  |  |
| --- | --- |
| Radio/TV |  |
| Paper timetables |  |
| Paper maps |  |
| Internet |  |
| Smartphone/tablet |  |
| Phoning up |  |
| Friends/family |  |
| No need for information |  |

How often do you use any of the following equipment?

(Please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Daily | Weekly | Occasionally | Never |
| 63 | Glasses/contact lenses |  |  |  |  |
| 64 | Magnifying glass or other low-vision aid |  |  |  |  |
| 65 | Hearing aid |  |  |  |  |
| 66 | Cane or walking stick |  |  |  |  |
| 67 | Walker or Zimmer frame |  |  |  |  |
| 68 | Crutches |  |  |  |  |
| 69 | Manual wheelchair |  |  |  |  |
| 70 | Electric wheelchair |  |  |  |  |

How often do you use the following technologies?

(Please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Daily | Weekly | Occasionally | Never |
| 71 | Cash machines |  |  |  |  |
| 72 | Ticket machines |  |  |  |  |
| 73 | Card payment |  |  |  |  |
| 74 | Online shopping or banking |  |  |  |  |
| 75 | Other internet |  |  |  |  |
| 76 | Email |  |  |  |  |
| 77 | Skype |  |  |  |  |
| 78 | Mobile phone |  |  |  |  |
| 79 | Smartphone or tablet with internet/apps |  |  |  |  |

Part 3

80. What is your gender?

(Please tick one)

|  |  |
| --- | --- |
| Male |  |
| Female |  |

81.What is your year of birth?

(Please write in)

|  |  |
| --- | --- |
| Year |  |

82. What is your marital status?

(Please tick one)

|  |  |
| --- | --- |
| Never married |  |
| Married/civil partnership |  |
| Separated but still legally married |  |
| Divorced |  |
| Widowed |  |

83. What is your ethnicity?

(Please tick one)

|  |  |
| --- | --- |
| White |  |
| Mixed |  |
| Asian/Asian British |  |
| Black/African/Caribbean/Black British |  |
| Other (please specify) |  |

84. Which of these qualifications do you have?

(Please tick all that apply)

|  |  |
| --- | --- |
| School Certificate |  |
| O’ level/s and/or CSE/s |  |
| A’ levels |  |
| Professional qualification eg accountancy, nursing |  |
| Other vocational qualifications |  |
| Degree |  |
| Higher degree |  |
| Foreign qualifications |  |
| None of the above |  |

85. What is your current employment status?

(Please tick one)

|  |  |
| --- | --- |
| Working |  |
| Not working because retired |  |
| Not working because long-term sick or disabled |  |
| Not working because looking after home and family |  |

86. If you are working at the moment, how many hours a week do you work?

(Please write in)

|  |  |
| --- | --- |
| Hours |  |

87. If you have worked but have now stopped, how many years ago was this? (Please write in)

|  |  |
| --- | --- |
| Years |  |

88. If you have worked, what is the job title of your main or typical job? (Please write in)

|  |  |
| --- | --- |
| Job title |  |

89. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health or disability, or problems related to old age?

(Please tick one)

|  |  |
| --- | --- |
| Yes |  |
| No |  |

90. If so, for how many hours a week? (Please write in)

|  |  |
| --- | --- |
| Hours |  |

91. Do you look after children at all?

(Please tick one)

|  |  |
| --- | --- |
| Yes |  |
| No |  |

92. If so, for roughly how many hours a week?

(Please write in)

|  |  |
| --- | --- |
| Hours |  |

93. Do you do any voluntary work?

(Please tick one)

|  |  |
| --- | --- |
| Yes |  |
| No |  |

94. If so, for roughly how many hours a week?

(Please write in)

|  |  |
| --- | --- |
| Hours |  |

95. Including all sources (eg work, pension, tax credits, benefits, investments), what is your approximate weekly income?

(Please tick one)

|  |  |
| --- | --- |
| Up to £99 |  |
| £100 and up to £199 |  |
| £200 and up to £299 |  |
| £300 and up to £399 |  |
| £400 and up to £499 |  |
| £500 and up to £599 |  |
| £600 and up to £699 |  |
| £700 and up to £799 |  |
| £800 and up to £899 |  |
| £900 and up to £999 |  |
| £1000 and above |  |

96. How satisfied are you with this area as a place to live?

(Please tick one)

|  |  |
| --- | --- |
| Very satisfied |  |
| Fairly satisfied |  |
| Neither satisfied nor dissatisfied |  |
| Fairly dissatisfied |  |
| Very dissatisfied |  |

97. How satisfied are you with this accommodation?

(**97) Including all sources (e.g. work, pension, tax credits, benefits, investments) what is your *approximate weekly* or *annual* income?**

*Please tick*

**

|  |  |
| --- | --- |
| Weekly |  |
| Up to £99 |  |
| £100 and up to £199 |  |
| £200 and up to £299 |  |
| £300 and up to £399 |  |
| £400 and up to £499 |  |
| £500 and up to £599 |  |
| £600 and up to £699 |  |
| £700 and up to £999 |  |
| £800 and up to £899 | |
| £900 and up to £999 | |
| £1000 and above |  |

(Please tick one)

|  |  |
| --- | --- |
| Very satisfied |  |
| Fairly satisfied |  |
| Neither satisfied nor dissatisfied |  |
| Fairly dissatisfied |  |
| Very dissatisfied |  |

98. Does your household own or rent this accommodation?

(Please tick one)

|  |  |
| --- | --- |
| Owns outright |  |
| Owns with a mortgage or loan |  |
| Part owns, part rents (shared ownership) |  |
| Rents from the council |  |
| Rents from a housing association |  |
| Rents from a private landlord or letting agency |  |
| Rents from an employer of a household member |  |
| Rents from a friend or relative |  |
| Lives here rent free |  |

Many thanks for filling in this questionnaire.

Please put the questionnaire in the pre-paid envelope provided, and return to Co-Motion Project, Centre for Housing Policy, University of York, FREEPOST, YO 202, York, YO10 5ZZ.

A Co-Motion researcher will be in touch with you about arranging to meet.