

Consent Form for 'Grey and Pleasant Land? An interdisciplinary exploration of the connectivity of older people in rural civic society'. Work Package 1

Please tick the appropriate boxes:

- I have read and understood the project information sheet dated 20/03/2009.
- I have been given the opportunity to ask questions about the project.
- I agree to take part in the project.
- I understand that my taking part is voluntary; I can withdraw from the study at any time until the survey data has been analysed and I will not be asked any questions about why I no longer want to take part.
- I understand that my words may be quoted in publications, reports, web pages, and other research outputs but my name will not be used unless I requested it above.
- I agree for the data I provided to be archived at the UK Data Archive.
- I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of that data and if they agree to the terms I have specified in this form.
- I understand that other researchers may use my words in publications, reports, web pages, and other research outputs according to the terms I have specified in this form.

Name of participant

Signature

Date

Name of researcher

Signature

Date

Grey and Pleasant Land? An Interdisciplinary Exploration of the Connectivity of Older People in Rural Civic Society
 Research being conducted by the Universities of Plymouth, Bournemouth, Cardiff, Swansea and the West of England,
 funded by the Research Councils. **Questionnaire code number** **Location (tick one box below):**

- Glos'shire Dorset Cornwall Mon'shire Powys Dyfed

Good morning. We are undertaking research into how people of sixty years of age and over are involved in the communities in which they live and what they think of their community in a number of different ways. (Surveyor: ask if this is therefore relevant to anyone in their household, and if so, ask to speak to an individual in the household aged 60 or over)

(Surveyor: If you are speaking to a couple, please ask them each to complete a separate questionnaire. The sample is of individuals and not households)

Surveyor: please note the gender of the interviewee Male Female

This questionnaire is in nine sections and it takes about half an hour to go through with you (confirm that this is acceptable). All of the responses will be treated as confidential and you will not be identified in any part of the findings. Thank you for agreeing to take part in this survey.

SECTION 1 - Socio-demographic information

Q1 How many people live in your household? Please include in your household anyone who is living in accommodation with you. *(Please tick **how many people** there are in each category)*

	1	2	3	4	5	6+
Myself <i>(tick "1")</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse/partner <i>(tick "1" if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people that I am related to (other than spouse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people that I am not related to (other than partner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2 What were the **main** reasons for moving to your current home? *(Please tick **as many boxes as appropriate**)*

- | | |
|---|---|
| <input type="checkbox"/> To be closer to family | <input type="checkbox"/> To return to my roots/birthplace |
| <input type="checkbox"/> To be closer to friends | <input type="checkbox"/> Because of cheaper house prices |
| <input type="checkbox"/> To be closer to services and amenities | <input type="checkbox"/> Downsizing |
| <input type="checkbox"/> To live in a place that is more attractive | <input type="checkbox"/> A more accessible dwelling |
| <input type="checkbox"/> To live in a place that has a better climate | <input type="checkbox"/> Assisted accommodation |
| <input type="checkbox"/> Because I/my spouse retired | <input type="checkbox"/> Other (please specify below) |

Other:

Q3 Which of the following do you see yourself as being? *(Please tick **one box only**)*

- | | | |
|--|--|--|
| <input type="checkbox"/> White - English | <input type="checkbox"/> Asian - English | <input type="checkbox"/> Black - English |
| <input type="checkbox"/> White - Welsh | <input type="checkbox"/> Asian - Welsh | <input type="checkbox"/> Black - Welsh |
| <input type="checkbox"/> White - Scottish | <input type="checkbox"/> Asian - Scottish | <input type="checkbox"/> Black - Scottish |
| <input type="checkbox"/> White - Northern Irish | <input type="checkbox"/> Asian - Northern Irish | <input type="checkbox"/> Black - Northern Irish |
| <input type="checkbox"/> White - other European | <input type="checkbox"/> Asian - other European | <input type="checkbox"/> Black - other European |
| <input type="checkbox"/> White other
(please specify below) | <input type="checkbox"/> Asian other
(please specify below) | <input type="checkbox"/> Black other
(please specify below) |
| <input type="checkbox"/> Other ethnic group (please specify below) | | |

Other:

Q4 For Wales only - Can you understand, speak, read or write Welsh? (*tick all that apply*)

<input type="checkbox"/> Speak Welsh (1st language)	<input type="checkbox"/> Understand spoken Welsh	<input type="checkbox"/> Write Welsh
<input type="checkbox"/> Speak Welsh (2nd language)	<input type="checkbox"/> Read Welsh	<input type="checkbox"/> None of the above

If 'none' go to Question 6

Q5 For Wales only - Can you tell me the extent to which you speak Welsh in the following situations? (*Please tick one box per row*)

	Always	Mostly	Sometimes	Occasionally	Never	N/A
At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With family (<i>other than any I live with</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At shops, pubs or other public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2 - Community Belonging

The following questions are about how you feel about the community in which you live.

Q6 I would like to ask you what gives you a **sense of belonging in your community**. I'm going to read a list. For each one, tell me how important each is in giving you a sense of belonging to your community. (*Please tick one box in each of the rows below*).

	Very important	Fairly important	Not very important	Not at all important	Don't know
Social Integration:					
Having friends nearby (SCP5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing people in your community (SCP2c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having clubs and organisations that you belong to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a place of worship (SCP2f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having people in my community recognise me and talk to me (SCP7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(in Wales only) Having people to speak Welsh with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social support:					
Having family nearby (SCP4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having good neighbours (SCP6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having good access to social services and other support agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having others who will do things for you (SCP9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing things for others (SCP8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriateness of the environment:					
Being close to amenities and services (SCP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living in a community that has good weather/climate (SCP16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being in a community that is easy to get around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having low levels of crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aesthetics and emotional aspects of the environment:					
Living in a community that is a quiet place to live (SCP16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being surrounded by beautiful physical landscape (SCP17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a feeling of space around you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 I would like to ask you some questions about the community in which you live. I'm going to read a list of possible views about communities. For each one, tell me how strongly you agree or disagree with the statement. *(Please tick **one box** in each of the rows below)*

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
People around here are willing to help their neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This is a close knit community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe to go out on my own after it gets dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in this community can be trusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in this community generally get along together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I live in a community which cares for people when they become sick or frail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe and secure in my own home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can get information which enables me to make choices about public services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to find out about opportunities for paid work if I want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to become a volunteer if I want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to find out about what health care services & information are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community is clean and tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public services around here enable older people to live at home for as long as they wish to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to find out what leisure activities are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good sports & leisure facilities in my local community for people of my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get help in my home when I need to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good adult learning classes for people of my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Churches and Voluntary Groups support older people well in this area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8 Are there any issues that have concerned **you** about your local community over the past two years? *(Please tick **one box per row**)*

	Very concerned	Quite concerned	Not concerned	No view	N/A in community
Farming practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural landscape not being protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too much new housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not enough local housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure of local services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development of tourism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development of quarries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development of wind farms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development of golf courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People moving into the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building new roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8 (continued)

	Very concerned	Quite concerned	Not at all concerned	No view	N/A in community
Poor quality public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hunting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travellers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other issues (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other:

SECTION 3 - Activities

Q9 Which hobbies do you do at least once a month, how far do you travel to do them and do you normally do them alone or with others? **Surveyor: prompt with this list if necessary (rather than reading it out) and then code the response in closest category in the list. (Tick 3 boxes per for row each hobby mentioned by the respondent)**

	Most days	At least once a week	At least once a month	At home	Less than a mile away	1-5 miles away	6-10 miles away	> 10 miles away	Alone	With others
Gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collecting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crosswords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports (watching)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports (participating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking in the countryside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Countryside trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other outdoor activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing arts (music, drama)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other:

Q10 Do you undertake any activities which involve assisting others? Yes No

Q11 Do you undertake any voluntary work? Yes No

Q12 If you **don't** undertake voluntary work, would you like to? Yes No

Q13 Do you belong to or take part in any of the activities organised by any of the following groups and societies? *(please tick as many boxes as appropriate according to how far away these groups are located)*

	Less than a mile away	1-5 miles away	6-10 miles away	More than 10 miles away
Residents' Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Watch Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place of worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Town, Parish or Community Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Branch of political party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Branch of trade union or professional association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campaign (for example, save the Post office)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature conservation group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buildings preservation group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary or charity group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14 Have you participated in any other following activities in the past 12 months? *(Please tick as many boxes as appropriate)*

- | | |
|--|---|
| <input type="checkbox"/> Attended a public meeting | <input type="checkbox"/> Completed a survey from a council or community group |
| <input type="checkbox"/> Contacted your local MP (or in Wales only: Welsh Assembly Member) | <input type="checkbox"/> Completed a survey from a commercial organisation |
| <input type="checkbox"/> Done voluntary work for a local charity or other organisation | <input type="checkbox"/> Voted in the most recent national elections |
| <input type="checkbox"/> Signed a petition | <input type="checkbox"/> Written a letter of complaint to a company or organisation |
| <input type="checkbox"/> Contacted your local councillor | <input type="checkbox"/> Taken part in a protest or street demonstration |
| <input type="checkbox"/> Provided care for neighbours, friends or relatives | <input type="checkbox"/> None of these |

Q15 This question is about barriers to participating in community activities we've discussed so far. Please select one of the following categories that best describes each of the potential barriers to participation below *(Please tick one box per row)*.

	No limit to participation	Moderate limit to participation	Severe limit to participation	Stops me getting involved
Lack of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of access to transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limitations in health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling unsafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't get on with those already involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q16 This question is about the extent to which you find people honest in various parts of our public services. Please select one of the following categories and use it to describe each of the following services (*Please tick **one box per row***)

	Very dishonest	Mostly dishonest	Both honest and dishonest	Mostly honest	Very honest	N/A in community	Don't know
Local government officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Village leaders (e.g. councillors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local religious leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers and school officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff of post office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judges and staff of courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff of other public bodies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4 - Social Relationships

This section is about your relationships with your family, friends and neighbours, **OTHER THAN THOSE WHO LIVE WITH YOU**

Q17 is about your social support. For the following questions, we would like to you choose one of the following responses (*Please tick **one box per row***)

	None	1	2	3	4	5	More than 5
How many relatives do you see or hear from at least once a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many relatives do you feel at ease with such that you can talk to about private matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many relatives do you feel close to such that you could ask them for help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many of your friends do you see or hear from at least once a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many friends do you feel at ease with such that you can talk about private matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many friends do you feel close to such that you could ask them for help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q18 is about friends, relatives and neighbours

	Daily	2-3 times a week	At least one a week	At least once a month	Less than once a month	Never/ N/A
How often do you see any of your children or other relatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have friends in this community how often do you have a chat or do something with one of your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you have a chat with or do something with your neighbours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19 To what extent do you feel that you belong in your community (*Please tick **one box** in each of the rows below*)

	Agree	Disagree	Don't know
I experience a general sense of loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel valued in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are plenty of people in my community I can lean on when I have problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are many people in my community I can trust completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are enough people in my community I feel close to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I miss having people around in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel excluded within my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20 Are you as involved as you would like to be in your community? Yes No

SECTION 5 - Transport and access to services

Q21 When did you last do the following? (*Tick one box per row. Please note that some responses are not applicable to certain parts of the question.*)

	In last week	In last month	In last year	In last 10 years	More than 10 years ago	Not since I was a child (n/a for d & e)	Have never used (n/a for f)	Never had a licence (e only)	Not able to walk (f only)	Choose not to walk (f only)
a) Ride a bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Use a public or community transport bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Use a taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Use a mobility scooter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Drive a car/motorbike/moped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Walk for 15 mins or more for leisure, health or just to get somewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q22 Looking back over the past 12 months, how often has not driving affected how you socialize with others, like visiting friends and family? (*Please tick **one box***)

Never Some of the time All of the time Not applicable (I do drive)
 Rarely Most of the time Don't know

Q23 Do you, or does your household own or have the use of a car or other motor vehicle? Yes No

If 'no' go to question 26

Q24 If yes to Q23, what is your car annual mileage (estimate)? (*Please tick **one box***)

<input type="checkbox"/> Less than 1,000 miles	<input type="checkbox"/> 3000 - 4999 miles	<input type="checkbox"/> 15,000 - 19,999 miles
<input type="checkbox"/> 1000 - 1999 miles	<input type="checkbox"/> 5000 - 9999 miles	<input type="checkbox"/> 20,000 miles or more
<input type="checkbox"/> 2000 - 2999 miles	<input type="checkbox"/> 10,000 - 14,999 miles	<input type="checkbox"/> Don't know

Q25 Over the past 5 years, do you consider that your personal dependency on personal transport (car or other motorised vehicle that you need a licence to drive) has changed? (*Please tick **one box***)

Increased greatly Stayed the same Decreased greatly
 Increased slightly Decreased slightly

Q26 To what extent do you experience problems in getting to the following facilities and services? *(please tick one box per row)*

	No problems	Some problems	Quite difficult	Very difficult	N/A
Doctor's surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentist's surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank or building society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash point or ATM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community centre or village hall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure centre or sports facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place of worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petrol station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library/mobile library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage for car repairs/MOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museums/galleries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q27 How would you rate the **quality** of the following services in your local area *(Please tick one box per row)*

	Good	Fair	Poor	Don't know	N/A in community
Doctor, hospital or other health service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banks and building societies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure facilities or sports facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6 - Use of media and telecommunications

Q28 How often do you make use of the following media *(Please tick **one box per row**)*

	Daily	At least once a week	A few times a month	About once a month	A few times a year	Never
Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q29 Do you have use of a computer? *(Please tick **up to one box in each row**)*

	At home	Elsewhere
Yes, with broadband connection to the Internet	<input type="checkbox"/>	<input type="checkbox"/>
Yes, with dial up connection to the Internet	<input type="checkbox"/>	<input type="checkbox"/>
Yes, but not connected to the Internet	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

If 'No' , go to question 32

Q30 If Yes to question 29, how often do you use it? *(Please tick **one box**)*

<input type="checkbox"/> Daily	<input type="checkbox"/> At least once a week	<input type="checkbox"/> Less frequently
<input type="checkbox"/> Most days	<input type="checkbox"/> At least once a month	<input type="checkbox"/> Never

Q31 If you use it at least once a week, what do you use it for? *(Please tick **all relevant boxes**)*

	On my own computer	On another computer
Emailing	<input type="checkbox"/>	<input type="checkbox"/>
Video conferences	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>
Online banking	<input type="checkbox"/>	<input type="checkbox"/>
Finding out information (travel/tickets)	<input type="checkbox"/>	<input type="checkbox"/>
Finding out information (weather)	<input type="checkbox"/>	<input type="checkbox"/>
Finding out information (financial)	<input type="checkbox"/>	<input type="checkbox"/>
Finding out information (health)	<input type="checkbox"/>	<input type="checkbox"/>
Finding out information (other)	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment	<input type="checkbox"/>	<input type="checkbox"/>
Browsing	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>

Other:

Q32 Do you have another person who allows you access to a computer or who has used the Internet on your behalf? *(Please tick one box)*

- Yes, someone looks things up for me. I do not use the computer myself
 Yes, I use their computer myself
 No

Q33 Do you know of any public access Internet and do you feel able to go to use that? *(Please tick one box)*

- NO I do not know of such access
 YES I know of such access but would not feel confident about using the computer
 YES I know of such access and would feel confident about using it
 YES and I have used it
 YES but have no interest in using it

Q34 How often do you use a mobile telephone? *(Please tick as many boxes as appropriate)*

- Don't own one Weekly Never
 Daily Less than once a week

SECTION 7 - Health

Q35 Are you registered as disabled? Yes No

Q36 Overall, how would you rate your health during the past 4 weeks? *(Please tick one box)*

- Very good Good Fair Poor Very poor

Q37 During the past 4 weeks how much did physical problems limit your usual physical activities (such as walking or climbing stairs)? *(Please tick one box)*

- Not at all To some extent Could not do any physical activity
 Very little Quite a lot

Q38 During the past 4 weeks, how much energy did you have? *(Please tick one box)*

- A lot Quite a lot Some A little None

Q39 During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)? *(Please tick one box)*

- Not at all Slightly Moderately Quite a lot Very much

SECTION 8- Employment, education and income

This section asked questions about your employment, education and income. I know that this information is very personal, and once again you have my assurance that this information is confidential. None of your details will be given to anyone else. We need this information to find out whether people have difficulties in covering all the expenses that are required for an acceptable standard of daily living.

Q40 What is the highest level of education or qualification that you have achieved? *(Please tick one box only)*

- Never attended school A levels Masters degree or PhD
 No qualifications Vocational qualification such as City & Guilds, NVQ or BTEC Unsure
 11 Plus Other
 O levels, CSEs or GCSEs Bachelor degree

Q41 Please would you tell us if you or your spouse/partner are currently working, or the last time you worked in paid employment? *(Please tick up to one box in each column)*

	Self	Spouse/ Partner
Currently working full time	<input type="checkbox"/>	<input type="checkbox"/>
Currently working part time	<input type="checkbox"/>	<input type="checkbox"/>
Worked less than 3 years ago	<input type="checkbox"/>	<input type="checkbox"/>
Less than 5 but more than 3 years ago	<input type="checkbox"/>	<input type="checkbox"/>
Less than 10 but more than 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>
Less than 20 but more than 10 years ago	<input type="checkbox"/>	<input type="checkbox"/>
More than 20 years ago	<input type="checkbox"/>	<input type="checkbox"/>
Never worked	<input type="checkbox"/>	<input type="checkbox"/>

Q42 Which of the following best describes you and your spouse/partner's current or previous main occupation?

Interviewer to ask job and then code separately. *(Please tick up to one box in each column)*

http://www.statistics.gov.uk/methods_quality/ns_sec/downloads/SOC2000_Vol1_V5.pdf PP19 - 36)

	Self	Spouse/ Partner
Managers and Senior Officials <i>(corporate, production, finance)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Occupations <i>(science, engineering, teaching, doctor, research, legal, public service, planners, architects)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Associate Professional and Technical Occupations <i>(draftsperson, IT delivery, nurses, technician)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative and Secretarial Occupations	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Trades Occupations <i>(plumber, electrician)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Service Occupations <i>(nursery, vet nurses, leisure industry, hairdresser, housekeeping)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Sales and Customer Service Occupations <i>(retail)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Process, Plant and Machine Operatives <i>(factory, mining, transport)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Elementary Occupations <i>(unskilled manual, unskilled processing, administrative assistance)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Q43 What kind of pension do you have? *(Please tick as many boxes as appropriate)*

- | | |
|---|--|
| <input type="checkbox"/> Private employer related | <input type="checkbox"/> Spouse/partner's employer related pension |
| <input type="checkbox"/> Additional Voluntary Contributions (AVCs) | <input type="checkbox"/> State pension |
| <input type="checkbox"/> Independent pension (not employer related) | |

Q44 Do you have any income at all from the following sources? *(Please tick as many boxes as appropriate)*

- | | |
|---|--|
| <input type="checkbox"/> Income from employment | <input type="checkbox"/> Income from other people (e.g. children) |
| <input type="checkbox"/> Rental income from property | <input type="checkbox"/> Other income such as fees and royalties |
| <input type="checkbox"/> Interest from a bank of building society account | <input type="checkbox"/> State payments other than state pension e.g. Disability allowance, housing benefit etc (please specify below) |
| <input type="checkbox"/> Dividends from shares | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Other investment income (please specify below) | |

Details:

Q45 I would be grateful if you would answer some more general questions about income and wealth (*Please tick one box per row*)

	Yes	No
Are you able to make regular savings (of at least £10 a month)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have enough money to keep your home in a decent state of repair?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to replace worn furniture?	<input type="checkbox"/>	<input type="checkbox"/>
Can you afford to replace or repair broken electrical goods, such as a fridge, washing machine, TV or radio?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a small amount of money to spend on yourself each week?	<input type="checkbox"/>	<input type="checkbox"/>
Can you afford to have a holiday away from home once a year (not staying with relatives in their home)?	<input type="checkbox"/>	<input type="checkbox"/>

Q46 Would you mind telling us the nature of the housing in which you live (*Please tick as many boxes as appropriate*)

- | | |
|--|--|
| <input type="checkbox"/> Owned outright by a member of your household (freehold) | <input type="checkbox"/> Shared Ownership (part rent, part mortgage) |
| <input type="checkbox"/> Owned by a member of your household with a mortgage or loan (freehold) | <input type="checkbox"/> Rented from a local authority |
| <input type="checkbox"/> Owned outright by a member of your household (leasehold) | <input type="checkbox"/> Rented from a housing association |
| <input type="checkbox"/> Owned by a member of your household with a mortgage or loan (leasehold) | <input type="checkbox"/> Rented from a private landlord |
| <input type="checkbox"/> Owned with equity release | <input type="checkbox"/> Rented from a relative |
| | <input type="checkbox"/> Sheltered accommodation |
| | <input type="checkbox"/> Employer owned |
| | <input type="checkbox"/> Other (please specify below) |

Other:

Q47 Over the past 5 years have you experienced any of these housing related problems? (*Please tick as many boxes as appropriate*)

	Yes	No
Obtaining an affordable property to buy in the area	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining a property to rent from a private landlord in the local area	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining a property to rent from the Council or housing association in the local area	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining suitable sheltered accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Condition of the property	<input type="checkbox"/>	<input type="checkbox"/>
Heating the property	<input type="checkbox"/>	<input type="checkbox"/>
Difficult neighbours	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>

Other:

Q48 Taking everything together, how well would you say you (and your spouse/partner) are managing financially these days? (*Please tick one box*)

- | | | |
|---|---|--|
| <input type="checkbox"/> Living comfortably | <input type="checkbox"/> Just about getting by | <input type="checkbox"/> Finding it very difficult |
| <input type="checkbox"/> Doing all right | <input type="checkbox"/> Finding it quite difficult | |

SECTION 9 - Other demographic details

Q49 Would you mind telling me your age? *(Please tick one box)*

<input type="checkbox"/> 60	<input type="checkbox"/> 65	<input type="checkbox"/> 70	<input type="checkbox"/> 75	<input type="checkbox"/> 80	<input type="checkbox"/> 85	<input type="checkbox"/> 90	<input type="checkbox"/> 95	<input type="checkbox"/> 100+
<input type="checkbox"/> 61	<input type="checkbox"/> 66	<input type="checkbox"/> 71	<input type="checkbox"/> 76	<input type="checkbox"/> 81	<input type="checkbox"/> 86	<input type="checkbox"/> 91	<input type="checkbox"/> 96	
<input type="checkbox"/> 62	<input type="checkbox"/> 67	<input type="checkbox"/> 72	<input type="checkbox"/> 77	<input type="checkbox"/> 82	<input type="checkbox"/> 87	<input type="checkbox"/> 92	<input type="checkbox"/> 97	
<input type="checkbox"/> 63	<input type="checkbox"/> 68	<input type="checkbox"/> 73	<input type="checkbox"/> 78	<input type="checkbox"/> 83	<input type="checkbox"/> 88	<input type="checkbox"/> 93	<input type="checkbox"/> 98	
<input type="checkbox"/> 64	<input type="checkbox"/> 69	<input type="checkbox"/> 74	<input type="checkbox"/> 79	<input type="checkbox"/> 84	<input type="checkbox"/> 89	<input type="checkbox"/> 94	<input type="checkbox"/> 99	

Q50 Would you mind telling me your marital status? *(please tick one box only)*

<input type="checkbox"/> Single (never married)	<input type="checkbox"/> Separated	<input type="checkbox"/> Relationship with partner
<input type="checkbox"/> Married (first marriage)	<input type="checkbox"/> Divorced	<input type="checkbox"/> Other
<input type="checkbox"/> Re-married	<input type="checkbox"/> Widowed	

Q51 Would you mind telling us your post code?

Q52 How long have you lived in your current community? *(Please tick one box)*

<input type="checkbox"/> Less than a year	<input type="checkbox"/> 6 - 10 years	<input type="checkbox"/> 21 - 30 years	<input type="checkbox"/> Always lived here
<input type="checkbox"/> 1 - 5 years	<input type="checkbox"/> 11 - 20 years	<input type="checkbox"/> Over 30 years	

Q53 If there is one thing that you could change about your community, what would it be? *(Continue on back page if necessary)*

Q54 Is there anything at all that you would like to add to what you already have said about your involvement with your community and what you think of it? *(Continue on back page if necessary)*

Finally, later in this project, we would like to talk to a small number of people in slightly more detail about some of the issues raised in this questionnaire, once we have analysed it. If you would be willing to take part in this follow up survey we would be grateful if you would provide one or more of the following pieces of information which will be treated in the strictest confidence

Name

Address (including post code)

Telephone Number

Email address

Many thanks for your time and help with this questionnaire.