

Good morning / afternoon, my name is ... and I'm from **BMG Research**. I'm working for a research project called GoWell, on behalf of the University of Glasgow, which is investigating how neighbourhood regeneration and the Commonwealth Games have affected the health and quality of life of people living in the East End of Glasgow. This follows up on surveys done in 2012 and 2014.

Along with many other people in the East End of Glasgow, you should recently have received a letter and leaflet about this project. **(Show laminated letter and leaflet to jog memory)**.

SCRIPTING INSTRUCTION

1. If the contact is named (previous participant), **GO TO QA1**
2. If there is more than one named contact in one address, **GO TO QA2**
3. If there is no named contact, **GO TO QB**

QA1. In one of our earlier GoWell surveys, we interviewed [MERGE IN NAME OF PREVIOUS PARTICIPANT] from this address. Can we speak to [MERGE IN NAME]?

Interviewer instructions:

- The priority is to speak to the named previous participant.
- Try up to **3 times** to speak to the named previous participant if they are not available to speak to. These attempts need to be made at different times of the day/days of the week.
- If they no longer live at the address, or they do not wish to take part, ask to speak to the homeowner/leaseholder/tenant or their live-in partner, who is aged 16+ (using **SHOWCARD A**). An interview can be done with one 'new occupant' of the address.

[CLICK NEXT FOR THE INTRODUCTION PAGE - QB]

QA2. In one of our earlier GoWell surveys, we interviewed [MERGE IN BOTH NAMES OF PREVIOUS PARTICIPANTS] from this address. Can we speak to either of them?

Interviewer instructions:

- The priority is to speak to one of the named previous participants.
- Try up to **3 times** to speak to one of the named previous participants if they are not available to speak to. These attempts need to be made at different times of the day/days of the week.
- If they no longer live at the address, or they do not wish to take part, ask to speak to the homeowner/leaseholder/tenant or their live-in partner, who is aged 16+ (using **SHOWCARD A**). An interview can be done with one 'new occupant' of the address.

[CLICK NEXT FOR THE INTRODUCTION PAGE - QB]

QB. The survey will take about **30 minutes**. All responses will be strictly confidential and you do not have to answer any questions you do not want to. Individual responses will not be seen by anyone outside BMG Research and the GoWell Research Team.

As a thank you for taking part, you will be placed into a prize draw with the chance of winning a 1st prize of £150, or one of two second prizes of £50 each in shopping vouchers.

Are you willing to take part? [Make an appointment to call back if not convenient. If no, ask to speak to another eligible household member using SHOWCARD A]

GO TO [second] CALL OUTCOMES PAGE

SCRIPTING INSTRUCTION

Each respondent needs to be coded as one of the following.

NEW OCCUPANT (1) NEW HOUSEHOLDER @ 2016 PROPERTY	<input checked="" type="checkbox"/>
NEW OCCUPANT (2) ALTERNATIVE HOUSEHOLDER @ 2016 PROPERTY	<input checked="" type="checkbox"/>
REMAINDER (3) SAME NAMED PARTICIPANT @ 2016 PROPERTY (BACK CODED)	<input checked="" type="checkbox"/>
NEW PROPERTY (4) REFRESH SAMPLE (CODED DIRECTLY FROM DATABASE)	<input checked="" type="checkbox"/>
NEW PROPERTY (5) ATHLETES VILLAGE (CODED DIRECTLY FROM DATABASE)	<input checked="" type="checkbox"/>

Where the contact was originally named, ask the following to populate codes 1-3 above. Codes 4-5 can be automatically coded without asking below:

QC. Please now summarise the person you are going to conduct the interview with. **ALL S/C**

1. The original named person (previous participant), as shown on the contact sheet and CAPI. **[REMAINDER – CODE 3 ABOVE]**
2. The partner of the original named person. **[ALTERNATIVE HOUSEHOLDER – CODE 2 ABOVE]**
3. A new occupant of the property (not the partner of the original named person). **[NEW HOUSEHOLDER – CODE 1 ABOVE]**

INTERVIEWER: ASK RESPONDENT TO READ RESEARCH CONSENT FORM AND PRINT & SIGN CAPI UNIT

GoWell: Consent Form

I have read and understand the Information Sheet for the above study, have had the opportunity to ask questions and agree to take part in it.

I understand that access to my personal details and questionnaire responses will be restricted to the research team from BMG and GoWell (University of Glasgow). These details will not be passed onto any Housing Association, government body or any other person or organisation outside the study.

I understand that my participation is voluntary and that I can withdraw at any time without having to give a reason.

- By signing, you are agreeing to taking part in this study.

Name of participant	Date	Signature
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Name of Person taking consent (PRINT) <i>(if different from Interviewer)</i>	Date	Signature
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INFORMATION ABOUT THE LOCATION AND DWELLING

A SAMPLE AREA/SUB AREA [CODED AUTOMATICALLY FROM DATABASE]

SINGLE CODE

	Bridgeton	<input type="checkbox"/> 01
	Calton	<input type="checkbox"/> 02
	Camlachie	<input type="checkbox"/> 03
	Dalmarnock	<input type="checkbox"/> 04
	Gallowgate	<input type="checkbox"/> 05
	Parkhead	<input type="checkbox"/> 06
	Athletes' Village	<input type="checkbox"/> 07

B What floor does respondent live on? ALL S/C

SINGLE CODE

INTERVIEWER NOTE: IF THE HOME HAS MORE THAN ONE FLOOR, SELECT THE LOWEST LEVEL FLOOR CONTAINING THE LIVING ROOM (OR, IF THERE IS NO LIVING ROOM, THE MAIN LIVING AREA). I.E. NOT INCLUDING STORAGE CELLARS.

WRITE IN FLOOR NUMBER i.e. FIRST FLOOR = FLOOR '1', SECOND FLOOR = FLOOR '2' AND SO ON

Basement or semi-basement	<input type="checkbox"/> 01
Ground floor (street level)	<input type="checkbox"/> 02
Above ground floor (TICK & ↙)	<input type="checkbox"/> 03



... Floor number LIST

C What type of dwelling does the respondent live in? If you are unsure, ask the respondent. ALL S/C

SINGLE CODE

High-rise flat (block of 6 or more storeys)	<input type="checkbox"/> 01
Deck access / maisonette flat	<input type="checkbox"/> 02
Traditional sandstone tenement flat	<input type="checkbox"/> 03
Post-war or modern tenement flat	<input type="checkbox"/> 04
4-in-a-block flat	<input type="checkbox"/> 05
Terraced house	<input type="checkbox"/> 06
Semi-detached house	<input type="checkbox"/> 07
Detached house	<input type="checkbox"/> 08
Caravan/ chalet	<input type="checkbox"/> 09
Other (please specify ↙)	<input type="checkbox"/> 95

BACKCODE AND CLEAN

INTERVIEWER READ OUT: Many of the questions I am going to ask you have a choice of answers. Please always pick the one that is closest to what you believe

YOUR HOUSEHOLD

I'd like to begin by asking you some questions about you and anyone you share your home with. You don't have to give me their names but it would help if you can give me their initials, so that I can make sure I am asking questions about the right person. **SET THIS UP LIKE GOWELL 9430**


I a How many people live here including you? CIRCLE AS APPROPRIATE and ENTER INITIALS IF more than 9 occupants, omit youngest		I Self	2	3	4	5	6	7	8	9
Initials		initials	initials	initials	initials	initials	initials	initials	initials	initials
I b	And is ... male or female? ALL S/C	Male	1	1	1	1	1	1	1	1
		Female	2	2	2	2	2	2	2	2
I c	What is the relationship of (...) to you? They are your... ONE CODE ONLY PER Household (HH) MEMBER ALL S/C									
	Spouse/partner/cohabitee	×	01	01	01	01	01	01	01	01
	Son/daughter (including step/adopted)	×	02	02	02	02	02	02	02	02
	Grandson/granddaughter (including step/adopted)	×	03	03	03	03	03	03	03	03
	Parent/parent in-law	×	04	04	04	04	04	04	04	04
	Other relative	×	05	05	05	05	05	05	05	05
	Other non-relative	×	06	06	06	06	06	06	06	06
	DO NOT READ OUT REFUSED	×	98	98	98	98	98	98	98	98
I d	Can you go through each household member and give their age last birthday – starting with yourself? ALL LIST WRITE AGE IN COLUMN. If age is not given, code Refused & ASK I e									
I e	If refused 1d, ask if willing to give age range Q1d/REF S/C	Under 16	×	01	01	01	01	01	01	01
		16	02	02	02	02	02	02	02	02
		17-18	03	03	03	03	03	03	03	03
		19	04	04	04	04	04	04	04	04
		20-24	05	05	05	05	05	05	05	05
		25-29	06	06	06	06	06	06	06	06
		30-34	07	07	07	07	07	07	07	07
		35-39	08	08	08	08	08	08	08	08
		40-44	09	09	09	09	09	09	09	09
		45-49	10	10	10	10	10	10	10	10
		50-54	11	11	11	11	11	11	11	11
		55-59	12	12	12	12	12	12	12	12
		60-64	13	13	13	13	13	13	13	13
		65 and over	14	14	14	14	14	14	14	14
	DO NOT READ OUT REFUSED		98	98	98	98	98	98	98	98
I f	Who in the household takes part in sport on a regular basis? Tick if yes ALL S/C (by regular we mean at least fortnightly or 20 times a year)									
I g	Which of these best describes ... current position? ALL(16+) S/C ASK FOR ALL IN HH AGED 16+. ACCEPT ONLY ONE ANSWER PER HH MEMBER.									
	Full-time paid work (including self-employed)	01	01	01	01	01	01	01	01	01
	Part-time paid work (including self-employed)	02	02	02	02	02	02	02	02	02
	Government or other training scheme	03	03	03	03	03	03	03	03	03
	Unemployed	04	04	04	04	04	04	04	04	04
	Retired	05	05	05	05	05	05	05	05	05
	Temporary sick	06	06	06	06	06	06	06	06	06
	Long-term sick/disabled without a job	07	07	07	07	07	07	07	07	07
	Looking after the home/family	08	08	08	08	08	08	08	08	08
	Full-time education	09	09	09	09	09	09	09	09	09
	DO NOT READ OUT REFUSED		98	98	98	98	98	98	98	98

INTERVIEWER NOTE: If they are unsure, code the option which occupies most of HH members time. Full time paid work is 30+ hours. Code 09 if in full time education, even if also working

YOUR HOME

2 Which of the following best describes how you occupy your home?

READ OUT OPTIONS - SINGLE CODE
ALL S/C

Rented from housing association / council	<input type="checkbox"/>	01
Rented from private landlord	<input type="checkbox"/>	02
Own my own home (includes mortgage)	<input type="checkbox"/>	03
Other 	<input type="checkbox"/>	95

(PLEASE SPECIFY)  ... **BACKCODE AND CLEAN**

3 How long in total have you lived in.....?

SINGLE CODE ONLY FOR EACH - ROUND DOWN TO NEAREST YEAR
ALL S/C FOR EACH

	a) your HOME	b) this AREA
Under 1 year	<input type="checkbox"/> 01	<input type="checkbox"/> 01
1 year	<input type="checkbox"/> 02	<input type="checkbox"/> 02
2 years	<input type="checkbox"/> 03	<input type="checkbox"/> 03
3 years	<input type="checkbox"/> 04	<input type="checkbox"/> 04
4 years	<input type="checkbox"/> 05	<input type="checkbox"/> 05
5 years	<input type="checkbox"/> 06	<input type="checkbox"/> 06
6 years	<input type="checkbox"/> 07	<input type="checkbox"/> 07
7-10 years	<input type="checkbox"/> 08	<input type="checkbox"/> 08
11-20 years	<input type="checkbox"/> 09	<input type="checkbox"/> 09
21+ years	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Don't know/can't recall	<input type="checkbox"/> 99	<input type="checkbox"/> 99
Refused	<input type="checkbox"/> 98	<input type="checkbox"/> 98

4 SHOWCARD 1 – Overall, how satisfied or dissatisfied are you with your current home? SINGLE CODE **ALL S/C**

Very satisfied	1
Fairly satisfied	2
Neither satisfied nor dissatisfied	3
Fairly dissatisfied	4
Very dissatisfied	5
Don't know	99

5 SHOWCARD 2 - How would you rate your current home in terms of its overall physical condition?

SINGLE CODE **ALL S/C**

Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor	DO NOT READ OUT Don't know
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99

6 SHOWCARD 3 - How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	DO NOT READ OUT Don't know
I feel in control of my home	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₉₉
My home makes me feel that I'm doing well in my life	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₉₉

RECENT MOVERS

THESE QUESTIONS (7-13) SHOULD BE ASKED OF THOSE RESIDENT FOR TWO YEARS OR LESS AT Q3(a) – codes 01, 02, 03

7 Can you tell me where were you living previously? (If refused, just collect postcode or area of the city)

**Q3a/1-3
CLEAN/PAF WHERE POSSIBLE**

Flat number _____

Building No. _____

Street _____

Town _____

Postcode _____

Q8a & b What are the main reasons you moved to your current home? Pick ONE main reason and up to TWO other reasons. DO NOT PROMPT **Q3a/1-3**

		8a) MAIN Reason S/C	8b) Any Other Reasons CODE UP TO 2
HOUSING Reasons		Pick <u>ONE</u>	Pick <u>UP TO 2</u>
A	Attractive or better quality property	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁
B	Right kind/ size/level of property	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₂
C	Cheaper energy (efficient design of homes/ district energy system)	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₃
D	To buy own house/flat or rent place of own	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₄
E	Wanted a garden	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₅
F	Environmentally friendly, low carbon properties	<input type="checkbox"/> ₀₆	<input type="checkbox"/> ₀₆
G	Good value property	<input type="checkbox"/> ₀₇	<input type="checkbox"/> ₀₇
NEIGHBOURHOOD Reasons			
H	Good location (e.g. near city centre, river, park etc)	<input type="checkbox"/> ₀₈	<input type="checkbox"/> ₀₈
I	Attractive design of village environment	<input type="checkbox"/> ₀₉	<input type="checkbox"/> ₀₉
J	Good local services/ amenities/ sports facilities	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₀
K	Moving back to former neighbourhood/ to be near former neighbours	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₁₁
L	To move to new or better community	<input type="checkbox"/> ₁₂	<input type="checkbox"/> ₁₂
M	Good road connections for car travel	<input type="checkbox"/> ₁₃	<input type="checkbox"/> ₁₃
N	Good public transport/ cycling/ walking connections	<input type="checkbox"/> ₁₄	<input type="checkbox"/> ₁₄
EMPLOYMENT Reasons			
O	To be close to work/ employment opportunities	<input type="checkbox"/> ₁₅	<input type="checkbox"/> ₁₅
PERSONAL Reasons			
P	To be nearer family / friends	<input type="checkbox"/> ₁₆	<input type="checkbox"/> ₁₆

Q	Health reasons (including move to ground floor)	<input type="checkbox"/> 17	<input type="checkbox"/> 17
R	Change in family circumstances/ size/ household/ left home	<input type="checkbox"/> 18	<input type="checkbox"/> 18
OTHER Reason			
W	please specify BACKCODE AND CLEAN	<input type="checkbox"/> 95	<input type="checkbox"/> 95

9a Did you have a prior connection to this area before moving to your current home? SINGLE CODE **Q3a/I-3 S/C**
 IF RESPONDENT QUERIES 'AREA': By area, I mean the local area within a 5 to 10 minute walk from your home.

Yes 01 GO TO Q9b
 No 02 GO TO Q10

9b If yes, what was the connection? DO NOT PROMPT – CODE ALL THAT APPLY **Q9a/IM/C**

Other family or partner's family currently living in the area	1
Family or partner's family previously lived in the area	2
Friends currently living in the area	3
Friends previously lived in the area	4
Working in the area	5
Previously worked in the area	6
Educated in the area	7
Other (please specify) BACKCODE AND CLEAN	95

10 How would you rate this neighbourhood compared with your previous one (Area X)? READ OUT OPTIONS - SINGLE CODE **Q3a/I-3 S/C**

Much better	1
Better	2
Same	3
Worse	4
Much worse	5
Don't know	6
Not provided	97

11 SHOWCARD 4 - How happy or unhappy are you with your decision to move here? SINGLE CODE **Q3a/I-3 S/C**

Very happy	Fairly happy	Neither happy nor unhappy	Fairly unhappy	Very unhappy	DO NOT READ OUT Don't know
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99

12 What are your hopes and expectations for life in your new home and the future of this area? **Q3a/1-3 CLEAN**

RECORD VERBATIM

STATE ONE THING

No comment/ refused 98
Don't know 99

13 Do you have any concerns about living in your new home or the future of this area? **Q3a/1-3 CLEAN**

RECORD VERBATIM

STATE ONE THING

No comment/ refused 98
Don't know 99

YOUR NEIGHBOURHOOD or LOCAL AREA

INTERVIEWER READ OUT: Now I am going to ask you about your local neighbourhood, I mean the local area within a 5 to 10 minute walk from your home.



14 SHOWCARD 5 - How satisfied or dissatisfied are you with this neighbourhood as a place to live? ALL S/C

SINGLE CODE

Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	DO NOT READ OUT Don't know
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99

15 SHOWCARD 6 - How would you rate the quality of the following services in or near your local area?

READ OUT SERVICES - SINGLE CODE FOR EACH **ALL S/C FOR EACH**

	Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor	DO NOT READ OUT Don't know
A Shops	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
B Sports facilities	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
C Youth and leisure services	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
D Parks/green spaces	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
E Children's play areas	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
F Public transport	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
G Paths and pavements	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
H Cycleways and tracks	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
I Street cleaning	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
J Street lighting	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
K Policing	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99

16 Are there any other services or amenities you would like to see improved in your local area?

SINGLE CODE **ALL S/C**

Yes 01
No 02

If YES, which ones? (please specify)

CLEAN

17 SHOWCARD 7 - How much do you agree or disagree with the following statements?

READ OUT STATEMENTS - SINGLE CODE FOR EACH **ALL S/C FOR EACH**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	DO NOT READ OUT Don't know
A Living in this neighbourhood helps make me feel that I'm doing well in my life	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
B Many people in Glasgow think this neighbourhood has a bad reputation	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
C People who live in this neighbourhood think highly of it	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
D On your own, or with others, you can influence decisions affecting your local area	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
E This is a good area to bring up children	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
F It is likely that someone would intervene if a group of youths were harassing someone in the local area	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
G People around here look after the local area.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
H People in this area live active and healthy lives.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99

18 SHOWCARD 8 - Could you tell me whether you think that each of the following things is a serious problem, a slight problem or not a problem in your local neighbourhood?

READ OUT LIST - SINGLE CODE FOR EACH **ALL S/C FOR EACH**

	Not a problem	Slight problem	Serious problem	DO NOT READ OUT Don't know
A Vandalism, graffiti and other deliberate damage to property or vehicles	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 99
B People being drunk or rowdy in public places	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 99
C Rubbish or litter lying around	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 99
D Vacant or derelict buildings and land sites	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 99
E The amount or speed of traffic	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 99
F Bad smells, poor air quality	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 99
G Violence, including assaults and muggings	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 99
H People using or dealing drugs	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 99

19 SHOWCARD 9 - How would you rate the quality of your neighbourhood in terms of the following things...?

READ OUT LIST - SINGLE CODE FOR EACH **ALL S/C FOR EACH**

	Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor	DO NOT READ OUT Don't know
Attractive buildings	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
Attractive environment	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99
Quiet and peaceful environment	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99

20 SHOWCARD 10 - How safe would you, or do you, feel walking alone in this neighbourhood after dark?

SINGLE CODE **ALL S/C**

Very safe	Fairly safe	Neither safe nor unsafe	Fairly unsafe	Very unsafe	DO NOT PROMPT Never walk alone after dark
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06

21 During the past 7 days, on how many days did you walk for more than 20 minutes at a time in your local neighbourhood: ALL S/C

SINGLE CODE ONLY

None	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08

22 How much would you say the crime rate in your local area has changed since two years ago (or since you moved to the area, if a shorter time than this)? Would you say there is more, less or about the same amount of crime?

SINGLE CODE FOR EACH IF MORE/LESS, PROBE: A little or a lot? **ALL S/C**

A lot more	A little more	About the same	A little less	A lot less	DO NOT READ OUT Don't know
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 99

23 SHOWCARD 11 - To what extent do the following apply to you?

READ OUT STATEMENTS - SINGLE CODE FOR EACH **ALL S/C FOR EACH**

		A great deal	A fair amount	Not very much	Not at all
A	I feel part of the community	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
B	I visit neighbours in their home	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
C	I stop and talk to people in my neighbourhood	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
D	I feel proud of this local area	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
E	I feel proud of the city of Glasgow	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04

24 Overall, has this area got better or worse to live in over the last 2 years (or since you moved to the area, if a shorter time

INTERVIEWER NOTE:
IF RESPONDENT SAYS THEY HAVEN'T LIVED IN THE AREA THAT LONG, THEN ASK THEM TO CONSIDER SINCE THEY MOVED TO THE AREA

than this)?

READ OUT OPTIONS - SINGLE CODE **ALL S/C**

The area has got better	The area has stayed the same	The area has got worse	DO NOT READ OUT Don't know
<input type="checkbox"/> ₀₁ ↙	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃ ↙	<input type="checkbox"/> ₉₉

25A If answered code 01, ask: **Why do you say that the area is better?**

Q24/1 CLEAN

No comment/ refused 98
Don't know 99

25B If answered code 02, ask: **Why do you say that the area has stayed the same?** **Q24/2 CLEAN**

No comment/ refused 98
Don't know 99

25C If answered code 03, ask: **Why do you say that the area is worse ?** **Q24/3 CLEAN**

No comment/ refused 98
Don't know 99

26 **Thinking about how often you personally contact your relatives and friends (not counting the people you live with), how often do you do any of the following?**

READ OUT OPTIONS - SINGLE CODE FOR EACH **ALL S/C FOR EACH**

	Most days	Once a week or more	Once or twice a month	Less often than once a month	Never	DO NOT READ OUT Don't know
A Meet up with relatives	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₉₉
B Meet up with friends	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₉₉

27 **Thinking now about your relatives, friends and neighbours, (again, not counting the people you live with), can you tell me around how many people you could ask to give you advice and support in a crisis?**

READ OUT OPTIONS - SINGLE CODE **ALL S/C**

None	One or two	More than two	Would not ask	DO NOT READ OUT Don't know
<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₉₉

28 **SHOWCARD 12- How mixed do you think your neighbourhood is in terms of the following?** READ OUT STATEMENTS - SINGLE CODE FOR EACH **ALL S/C FOR EACH**

		Very mixed	Fairly mixed	Hardly mixed at all	DO NOT READ OUT Don't know	Not provided
a	The social background of the residents	1	2	3	99	97
b	The ethnic background of the residents	1	2	3	99	97

29 Thinking about the people in your local neighbourhood that you have most contact or connections with. Would you say that these people are...? READ OUT STATEMENTS - SINGLE CODE **ALL S/C**

All people who rent their homes	1
Mostly people who rent their homes, but some who own their homes	2
A mixture of renters and owners	3
Mostly people who own their own homes, but some who rent their homes	4
All people who own their homes	5
Don't know	99

30 Would you say that you know...? READ OUT STATEMENTS - SINGLE CODE **ALL S/C**

Most of the people in your neighbourhood	1
Many people in your neighbourhood	2
Some of the people in your neighbourhood	3
Very few of the people in your neighbourhood	4
No-one in your neighbourhood	5
Not provided	97

31 To what extent do you agree that this neighbourhood is a place where people from different backgrounds get on well together? READ OUT STATEMENTS - SINGLE CODE **ALL S/C**

Generally agree	1
Generally disagree	2
All same backgrounds	3
Don't know	99

SUSTAINABLE ATTITUDES AND BEHAVIOURS

32

SHOWCARD 13 - Now, I'm going to read out a number of things people have told us they do. Please could you tell me how often you do each of the following?

READ OUT STATEMENTS – SINGLE CODE FOR EACH **ALL S/C FOR EACH**

		Haven't done that	Sometimes done that	Rarely done that	Often done that	DO NOT READ OUT Don't know
A	Avoid filling the kettle with more water than you are going to use	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₉₉
B	Choose products with less packaging	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₉₉
C	Sort household waste for recycling	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₉₉

YOUR HEALTH and WELLBEING

INTERVIEWER READ OUT: I am now going to ask you some questions about your health and your general wellbeing. I would just like to remind you that all the information you give in this and the other sections of this questionnaire will be treated completely confidentially.

33 In general, would you say your health is...? ALL S/C

READ OUT OPTIONS - SINGLE CODE

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

34 SHOWCARD 14 - Now I'm going to ask you about a couple of activities that you might do during a typical day. Does your health now limit you a lot, a little or not at all in doing these activities?

READ OUT ACTIVITIES - SINGLE CODE FOR EACH **ALL S/C FOR EACH**

		Yes, limited a lot	Yes, limited a little	No, not limited at all
A	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
B	Climbing several flights of stairs	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃

INTERVIEWER READ OUT: I'm now going to ask you about your physical and emotional health in the past four weeks and the effect of these on your daily activities.

35 SHOWCARD 15 - During the past four weeks how much of the time have you...? ALL S/C FOR EACH

READ OUT STATEMENTS - SINGLE CODE FOR EACH

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
A	Accomplished less than you would like as a result of your physical health	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
B	Been limited in the kind of work or other regular daily activities you do as a result of your physical health	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
C	Accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
D	Done work or other regular daily activities less carefully than usual as a result of any emotional problems, such as feeling depressed or anxious	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

36 SHOWCARD 16 - Still thinking about the past four weeks, how much did pain interfere with your normal work, including both work outside the home and housework? ALL S/C

SINGLE CODE

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

INTERVIEWER READ OUT: The next questions are about how you feel and how things have been with you during the past four weeks.

37 SHOWCARD 15 - How much of the time during the past four weeks (have you) ...? ALL S/C FOR EACH

READ OUT STATEMENTS - SINGLE CODE FOR EACH

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
A	Felt calm and peaceful	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
B	Had a lot of energy	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
C	Felt downhearted and depressed	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
D	Has your physical health or emotional problems interfered with your social activities, like visiting friends, relatives	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

38 Do you have any longstanding illness, disability or infirmity? ('Longstanding' means anything that has troubled you or is likely to affect you, over a period of time).

SINGLE CODE **ALL S/C**

Yes	<input type="checkbox"/>	01
No	<input type="checkbox"/>	02
REFUSED	<input type="checkbox"/>	98

39a Do you have any responsibilities as a carer in your family? Do not include any normal childcare responsibilities.

SINGLE CODE **ALL S/C**

Yes	<input type="checkbox"/>	01 ↩ 39b
No	<input type="checkbox"/>	02 → 40

39b If yes, ask: How often, if at all, are you the carer for...?

READ OUT OPTIONS - SINGLE CODE FOR EACH **Q39a/I S/C FOR EACH**

	Every day	A few times a week	Occasionally	not applicable
A A sick or disabled child	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
B A sick or disabled adult	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
C An elderly person	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04

40 In the last 12 months have you spoken to your GP or other health professional about feeling stressed, anxious or depressed?

SINGLE CODE **ALL S/C**

Yes	<input type="checkbox"/>	01
No	<input type="checkbox"/>	02
Refused	<input type="checkbox"/>	98

41 SHOWCARD 17 - Below are some statements about feelings and thoughts. Tell me the frequency with which each describes your experience over the last two weeks. ALL S/C FOR EACH

READ OUT STATEMENTS - SINGLE CODE FOR EACH

	All of the time	Often	Some of the time	Rarely	Never
A I've been feeling optimistic about the future	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
B I've been feeling useful	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
C I've been feeling relaxed	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
D I've been dealing with problems well	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
E I've been thinking clearly	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
F I've been feeling close to other people	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
G I've been able to make up my own mind about things	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05

INTERVIEWER READ OUT: I would now like to ask you some questions about things that may affect your health, like smoking, drinking and life-style.

42 Do you, or have you ever, smoked? If asked, this refers to any kind of smoking including cigarettes, roll ups, pipe tobacco, cigars, shisha or e-cigarettes. ALL S/C

READ OUT OPTIONS - SINGLE CODE

INTERVIEWER NOTE:

IF ASKED THIS REFERS TO ANY KIND OF TOBACCO SMOKING, INCLUDING CIGARETTES, ROLL UPS, PIPE TOBACCO OR CIGARS

I smoke daily	<input type="checkbox"/> ₀₁	→ 43
I smoke occasionally now but not every day	<input type="checkbox"/> ₀₂	→ 43
I've smoked in the past but not now	<input type="checkbox"/> ₀₃	→ 45
I've never smoked	<input type="checkbox"/> ₀₄	→ 45

43 Have you changed your smoking habits over the past 2 years?

READ OUT OPTIONS - SINGLE CODE **Q42/I-2 S/C**

Yes, I smoke more now <input type="checkbox"/> ₀₁	Yes, but I now smoke less <input type="checkbox"/> ₀₂	No, I still smoke around the same amount <input type="checkbox"/> ₀₃	DO NOT READ OUT
			Not sure <input type="checkbox"/> ₉₉ REFUSED <input type="checkbox"/> ₉₈

44 Which of the following phrases best describes your future smoking habits? Q42/I-2 S/C

READ OUT - SINGLE CODE

I intend to give up smoking within the next 6 months <input type="checkbox"/> ₀₁
I intend to give up smoking but NOT in the next 6 months (or not sure when) <input type="checkbox"/> ₀₂
I don't intend to give up smoking <input type="checkbox"/> ₀₃

45 SHOWCARD 18 - How often do you drink alcohol? ALL S/C

SINGLE CODE

Never <input type="checkbox"/> ₀₁	Less than once a month <input type="checkbox"/> ₀₂	More than once a month but not weekly <input type="checkbox"/> ₀₃	1-2 days per week <input type="checkbox"/> ₀₄	3-5 days per week <input type="checkbox"/> ₀₅	6-7 days per week <input type="checkbox"/> ₀₆	DO NOT READ OUT
						REFUSED <input type="checkbox"/> ₉₈

46 Have you changed your drinking habits over the past 2 years? ALL S/C

READ OUT OPTIONS - SINGLE CODE

Yes, I drink more now <input type="checkbox"/> ₀₁	Yes, I now drink less than I used to <input type="checkbox"/> ₀₂ (includes those who have given up in the last 2 years)	No, I still drink around the same amount <input type="checkbox"/> ₀₃ (includes those who have not drunk alcohol for at least 2 years)	DO NOT READ OUT
			Not sure <input type="checkbox"/> ₉₉ REFUSED <input type="checkbox"/> ₉₈

47 INTERVIEWER NOTE: Only ask if currently drinks alcohol (Q45/2-6

S/C).

Which of the following statements best describes your future drinking habits?

READ OUT - SINGLE CODE

I intend to reduce the amount I drink over the next six months <input type="checkbox"/> ₀₁	I intend to reduce the amount I drink but NOT over the next six months <input type="checkbox"/> ₀₂	I do not intend to reduce the amount I drink <input type="checkbox"/> ₀₃
--	---	--

48 How often Per Day do you usually eat items of fruit as a snack?

WRITE NUMBER IN BOX - If LESS THAN ONE, code as '0' - IF DON'T KNOW code as 99 **ALL LIST**

49 How often Per Day do you usually eat items such as cakes, pastries, chocolate, biscuits and crisps?

WRITE NUMBER IN BOX - If LESS THAN ONE, code as '0' - IF DON'T KNOW code as 99 **ALL LIST**

50 How many fizzy drinks do you usually consume Per Day?

WRITE NUMBER IN BOX - If LESS THAN ONE, code as '0' - IF DON'T KNOW code as 99 **ALL LIST**

NOTE FOR FIELDWORKERS: Mixers included - Does NOT include beer or cider
1 unit = 330ml, or approximately 'a can', 'small bottle' or 'half pint.'
3 units = 1 litre

51 On how many of the last 7 days did you eat any of your main meals from a take-away or fast-food seller? **ALL S/C**

READ OUT - SINGLE CODE

None	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆	<input type="checkbox"/> ₀₇	<input type="checkbox"/> ₀₈

PHYSICAL ACTIVITY

INTERVIEWER READ OUT: Thinking about the physical activities you do as part of your work, at home, getting from place to place, and in your spare time for recreation, exercise or sport. Think only about those activities you did for at least 10 minutes at a time.

52a During the past 7 days, on how many days did you do **VIGOROUS** physical activities like heavy lifting, digging, aerobics, fast cycling or fast swimming?

SINGLE CODE ONLY **ALL S/C**

None	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆	<input type="checkbox"/> ₀₇	<input type="checkbox"/> ₀₈
→ 53a	↙ 52b	↙ 52b	↙ 52b	↙ 52b	↙ 52b	↙ 52b	↙ 52b

52b How much time did you usually spend doing **VIGOROUS** physical activities on **ONE** of those days? **Q52a/2-8 CLEAN**

WRITE NUMBER IN BOX - Convert hours to minutes e.g 1.5 hours = 90 minutes

Minutes per day

53a During the past 7 days, on how many days did you do **MODERATE** physical activities like carrying light loads, sweeping, or bicycling or swimming at a regular pace? **DO NOT INCLUDE WALKING**

SINGLE CODE **ALL S/C**

None	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆	<input type="checkbox"/> ₀₇	<input type="checkbox"/> ₀₈
↓ 54a	↙ 53b	↙ 53b	↙ 53b	↙ 53b	↙ 53b	↙ 53b	↙ 53b

53b How much time did you usually spend doing **MODERATE** physical activities on **ONE** of those days? **Q53a/2-8 CLEAN**

WRITE NUMBER IN BOX - Convert hours to minutes e.g 1.5 hours = 90 minutes

Minutes per day

54a During the past 7 days, on how many days did you **WALK** for at least 10 minutes at a time? **ALL S/C**

SINGLE CODE

None	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆	<input type="checkbox"/> ₀₇	<input type="checkbox"/> ₀₈
↓ 55	↙ 54b	↙ 54b	↙ 54b	↙ 54b	↙ 54b	↙ 54b	↙ 54b

54b How much time did you usually spend **WALKING** on **ONE** of those days? **Q54a/2-8 CLEAN**

WRITE NUMBER IN BOX - Convert hours to minutes e.g 1.5 hours = 90 minutes

Minutes per day

SPORTS & OTHER ACTIVITIES

INTERVIEWER READ OUT: I am now going to ask you about taking exercise. Exercise is any activity which you do to improve your health and fitness. This can include walking where you have decided to do it for health or fitness reasons.

55 **SHOWCARD 19** - Which of these statements best describes your behaviour just now? **ALL S/C**

SINGLE CODE

I currently do not exercise and I <i>do not intend</i> to start in the next six months	<input type="checkbox"/> ₀₁
I currently do not exercise but am <i>thinking about starting</i> to exercise in the next six months	<input type="checkbox"/> ₀₂
I currently exercise a bit but not weekly	<input type="checkbox"/> ₀₃
I currently exercise weekly but have only <i>begun</i> to do so <i>in the past six months</i>	<input type="checkbox"/> ₀₄
I currently exercise weekly and have done so for <i>longer</i> than six months	<input type="checkbox"/> ₀₅

56a **SHOWCARD 20** - I am now going to read out a list of activities, please tell me which ones you have done in the last 4 weeks?

56b If yes, was this as a member of a club?
Q56a S/C FOR EACH (WHERE CHOSEN)

	CODE ALL ACTIVITIES THAT APPLY	ALL M/C	↓	YES	NO			
A	Aerobics / Keep Fit / Gymnastics / Dance (for fitness)	<input type="checkbox"/>	01	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
B	Badminton / tennis	<input type="checkbox"/>	02	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
C	Cycling	<input type="checkbox"/>	03	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
D	Dancing (other types)	<input type="checkbox"/>	04	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
E	Exercises (e.g. press-ups, sit-ups)	<input type="checkbox"/>	05	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
F	Football / rugby	<input type="checkbox"/>	06	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
G	Gym (workout) / Exercise Bike / Weight Training	<input type="checkbox"/>	07	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
H	Running / jogging	<input type="checkbox"/>	08	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
I	Squash	<input type="checkbox"/>	09	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
J	Swimming	<input type="checkbox"/>	10	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
K	Athletics	<input type="checkbox"/>	11	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
L	Aquarobics / Aquafit / Exercise Class in Water	<input type="checkbox"/>	12	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
M	Basketball	<input type="checkbox"/>	13	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
N	Bowls	<input type="checkbox"/>	14	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
O	Boxing	<input type="checkbox"/>	15	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
P	Canoeing / Kayaking	<input type="checkbox"/>	16	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
Q	Climbing	<input type="checkbox"/>	17	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
R	Cricket	<input type="checkbox"/>	18	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
S	Curling	<input type="checkbox"/>	19	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
T	Fishing / Angling	<input type="checkbox"/>	20	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
U	Golf	<input type="checkbox"/>	21	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
V	Hillwalking / Rambling	<input type="checkbox"/>	22	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
W	Hockey	<input type="checkbox"/>	23	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
X	Horse riding	<input type="checkbox"/>	24	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
Y	Ice skating	<input type="checkbox"/>	25	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
Z	Martial arts (including Tai Chi)	<input type="checkbox"/>	26	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
AA	Netball	<input type="checkbox"/>	27	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
AB	Powerboating / Jet skiing	<input type="checkbox"/>	28	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
AC	Rowing	<input type="checkbox"/>	29	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
AD	Sailing / Windsurfing	<input type="checkbox"/>	30	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
AE	Shinty/ Gaelic football	<input type="checkbox"/>	31	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
AF	Skateboarding / Inline skating	<input type="checkbox"/>	32	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
AG	Snooker / Billiards/pool	<input type="checkbox"/>	33	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
AH	Skiing / Snowboarding	<input type="checkbox"/>	34	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
AI	Subaqua	<input type="checkbox"/>	35	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
AJ	Surfing / Body boarding	<input type="checkbox"/>	36	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
AK	Table tennis	<input type="checkbox"/>	37	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
AL	Tenpin bowling	<input type="checkbox"/>	38	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
AM	Volleyball	<input type="checkbox"/>	39	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
AN	Waterskiing	<input type="checkbox"/>	40	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
AO	Yoga / Pilates	<input type="checkbox"/>	41	If activity ticked @ 56a complete 56b	<input type="checkbox"/>	01	<input type="checkbox"/>	02
AP	Other	<input type="checkbox"/>	95					

CLEAN (PLEASE SPECIFY) ✍ ...

57 SHOWCARD 21 - Looking at this card, are there any particular reasons why you haven't done any or more sport in the past 4 weeks?

CODE ALL THAT APPLY **ALL M/C**

It costs too much	<input type="checkbox"/> _01	I might feel out of place	<input type="checkbox"/> _08
No one to do it with	<input type="checkbox"/> _02	Changing facilities not good enough	<input type="checkbox"/> _09
Never occurred to me	<input type="checkbox"/> _03	Lack of transport/can't easily get to it	<input type="checkbox"/> _10
Not really interested	<input type="checkbox"/> _04	Not enough information on what's available	<input type="checkbox"/> _11
Fear of injury	<input type="checkbox"/> _05	It's difficult to find the time	<input type="checkbox"/> _12
I wouldn't enjoy it	<input type="checkbox"/> _06	Other (specify): BACKCODE AND CLEAN	<input type="checkbox"/> _95
Health isn't good enough	<input type="checkbox"/> _07	No reason/ don't know	<input type="checkbox"/> _99

58a SHOWCARD 22 - Have you done any of the following in the past two years?
 CODE ALL THAT APPLY **ALL M/C**

I have taken up a new sport	<input type="checkbox"/> _01	I am thinking about doing more sport or physical activity	<input type="checkbox"/> _04
I am thinking about taking up a new sport	<input type="checkbox"/> _02	I am more interested in sport and physical activity in general	<input type="checkbox"/> _05
I am doing more sport or physical activity	<input type="checkbox"/> _03	None of these	<input type="checkbox"/> _06

58b IF CODED 1-5 AT Q58a: Were you influenced to do or think more about that sport or activity in any way by...? CODE ALL THAT APPLY **Q58a/1-5 M/C**

a) The Glasgow Commonwealth Games in 2014	<input type="checkbox"/> _01
b) Some other factor (please specify below): CLEAN	<input type="checkbox"/> _95
c) None of these	<input type="checkbox"/> _96

59 a SHOWCARD 23 - How often do you use or go to any of the following facilities? READ OUT FACILITIES - SINGLE
 CODE FOR EACH **ALL S/C FOR EACH**

59 b If yes, was that in the East End?
Q59a/2-4 M/C


	Never use	Once / A few times a year	About once a month	At least once a week		
A Park, green area, sports field or play area	<input type="checkbox"/> _01	<input type="checkbox"/> _02	<input type="checkbox"/> _03	<input type="checkbox"/> _04	If answered 2, 3 or 4, ask 59b	<input type="checkbox"/> _01
B River, loch, canal, beach or sea-shore	<input type="checkbox"/> _01	<input type="checkbox"/> _02	<input type="checkbox"/> _03	<input type="checkbox"/> _04	If answered 2, 3 or 4, ask 59b	<input type="checkbox"/> _02
C Woodland, forest or the countryside	<input type="checkbox"/> _01	<input type="checkbox"/> _02	<input type="checkbox"/> _03	<input type="checkbox"/> _04	If answered 2, 3 or 4, ask 59b	<input type="checkbox"/> _03
D Pub/Social club	<input type="checkbox"/> _01	<input type="checkbox"/> _02	<input type="checkbox"/> _03	<input type="checkbox"/> _04	If answered 2, 3 or 4, ask 59b	<input type="checkbox"/> _04
E Community centre	<input type="checkbox"/> _01	<input type="checkbox"/> _02	<input type="checkbox"/> _03	<input type="checkbox"/> _04	If answered 2, 3 or 4, ask 59b	<input type="checkbox"/> _05 ASK ↙ 60a&60b
F Sports hall, gym or fitness centre	<input type="checkbox"/> _01	<input type="checkbox"/> _02	<input type="checkbox"/> _03	<input type="checkbox"/> _04	If answered 2, 3 or 4, ask 59b	<input type="checkbox"/> _06 ASK → 61a&61b
G Swimming pool	<input type="checkbox"/> _01	<input type="checkbox"/> _02	<input type="checkbox"/> _03	<input type="checkbox"/> _04	If answered 2, 3 or 4, ask 59b	<input type="checkbox"/> _07 ASK → 62a&62b

60a IF YOU WENT TO A COMMUNITY CENTRE (Q59b/5), ASK: The last time you used it, which community centre did you use? Q59b/5 S/C

60b What was the main thing you did there?

DO NOT READ PROMPT - CODE ONLY IF MENTIONED - SINGLE CODE

Bridgeton Community Centre/ Bridgeton Community Learning Campus	<input type="checkbox"/>	01
Calton Community Centre/ Calton/ Calton Heritage and Learning Centre	<input type="checkbox"/>	02
The new Dalrnock Legacy Hub (community centre)	<input type="checkbox"/>	03
Helensea / Parkhead Community Centre	<input type="checkbox"/>	04
G31/ Bambury/ Camlachie Community Centre	<input type="checkbox"/>	05
The Cuningar Loop Woodland Park	<input type="checkbox"/>	06
Other (specify):	<input type="checkbox"/>	95


 **BACKCODE AND CLEAN**

 **Q59b/5 CLEAN**

61a **IF YOU WENT TO A SPORTS CENTRE etc (Q59b/6),**
ASK: The last time you used it, which sports hall, gym or
fitness centre did you use? Q59b/6 S/C

DO NOT READ PROMPT - CODE ONLY IF MENTIONED - SINGLE CODE

Emirates	<input type="checkbox"/>	01
Crownpoint Sports Centre	<input type="checkbox"/>	02
Tollcross	<input type="checkbox"/>	03
Gorbals	<input type="checkbox"/>	04
Other (specify):	<input type="checkbox"/>	95

 **BACKCODE AND CLEAN**


61b **What was the main thing you did there?**

 **Q59b/6 CLEAN**

62a **IF YOU WENT TO A SWIMMING POOL (Q59b/7),**
ASK: The last time you used it, which swimming pool
did you use? Q59b/7 S/C

DO NOT READ PROMPT - CODE ONLY IF MENTIONED - SINGLE CODE

Tollcross	<input type="checkbox"/>	01
Whitehill	<input type="checkbox"/>	02
Gorbals	<input type="checkbox"/>	03
Other (specify):	<input type="checkbox"/>	95

 **BACKCODE AND CLEAN**

62b **What was the main thing you did there?**

 **Q59b/7 CLEAN**

63 **SHOWCARD 23 - In the last 12 months how often have you been to any of these events or places? ALL S/C FOR EACH**

READ OUT OPTIONS - SINGLE CODE FOR EACH

		Never use	Once/ A few times a year	About once a month	At least once a week	
A	Cinema	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	
B	Library	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	IF ANSWERED 2,3 or 4 ASK ↩ 64a & b
C	Classical concert / Opera	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	
D	Live music event	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	
E	Play / Musical / Pantomime	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	
F	Dance show	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	
G	Historic place	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	
H	Comedy Club	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	
I	Museum or Exhibition	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	
J	Street performance / Art in parks	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	
K	Cultural Festival	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	
L	Book Festival	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	

64a IF USED LIBRARY (Q63b/2-4), ASK: The last time you used it, which library did you use? **Q63b/2-4 S/C**

DO NOT READ PROMPTS - CODE ONLY IF MENTIONED - SINGLE CODE

	Parkhead	<input type="checkbox"/> ₀₁
	Bridgeton/ Olympia	<input type="checkbox"/> ₀₂
	Dennistoun	<input type="checkbox"/> ₀₃
	Other (specify):	<input type="checkbox"/> ₉₅

 **BACKCODE AND CLEAN**

64b What was the main thing you did there?

 **Q63b/2-4 CLEAN**

65 Have you visited any of the following in the last 12 months?


READ OUT - SINGLE CODE EACH OPTION **ALL S/C FOR EACH**

		Yes	No			Yes	No
A	Platform Arts Centre at The Bridge	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	I	Science Centre	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
B	Kelvingrove Art Gallery & Museum	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	J	Hydro Arena / SECC	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
C	Gallery of Modern Art	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	K	King's Theatre	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
D	Riverside Museum	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	L	Theatre Royal	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
E	People's Palace	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	M	Olympia Building at Bridgeton Cross	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
F	St Mungo's Museum	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂				

66 **SHOWCARD 23** - In the last 12 months how often have you done any of these activities? **ALL S/C FOR EACH**

READ OUT OPTIONS - SINGLE CODE FOR EACH

Never Once / A few times About once a At least once a


			a year	month	week
A	Read for pleasure	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
B	Danced	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
C	Performed in a play or choir	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
D	Played a musical instrument / made music	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
E	Painting/ drawing / sculpture	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
F	Photography / making films	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
G	Online social networks	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
H	Crafts such as knitting, wood, pottery etc	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
K	Creative writing	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
L	Going to bingo	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄
M	Other cultural activity ↓ (please specify) 	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

CLEAN

INTERVIEWER READ OUT: The next questions are about any participation in group or voluntary activities.

67 SHOWCARD 26 - In the past 12 months, have you been involved with any of the groups listed on the showcard? ALL M/C

CODE ALL THAT APPLY

A	Hobbies / Social Clubs	<input type="checkbox"/> ₀₁	I	Political groups	<input type="checkbox"/> ₀₉
B	Sports or exercise groups (as coach or participant)	<input type="checkbox"/> ₀₂	J	Trade union groups	<input type="checkbox"/> ₁₀
C	Local community group	<input type="checkbox"/> ₀₃	K	Religious groups, including going to a place of worship	<input type="checkbox"/> ₁₁
D	Groups for children or young people	<input type="checkbox"/> ₀₄	L	Musical groups	<input type="checkbox"/> ₁₂
E	Adult education groups	<input type="checkbox"/> ₀₅	M	Book Club	<input type="checkbox"/> ₁₃
F	Groups for older people	<input type="checkbox"/> ₀₆	N	Other: (specify):  BACKCODE AND CLEAN	<input type="checkbox"/> ₉₅
G	Environmental or wildlife groups	<input type="checkbox"/> ₀₇	O	Not involved in any groups	<input type="checkbox"/> ₉₆
H	Health, welfare, disability groups	<input type="checkbox"/> ₀₈			


68a In the past 12 months, have you done any voluntary work - that is, have you helped an organisation, group or individual in an unpaid capacity?

PROMPT IF NECESSARY: THAT COULD INCLUDE ORGANISING A GROUP, HELPING TO RUN AN EVENT, PROVIDING HELP OR SUPPORT TO OTHER PEOPLE (NOT FAMILY MEMBERS), RAISING MONEY, CAMPAIGNING ETC... - SINGLE CODE **ALL S/C**

Yes	<input type="checkbox"/> ₀₁	68b
No	<input type="checkbox"/> ₀₂	69

68b SHOWCARD 27 - Was your voluntary work connected to any of the following areas? Q68a/I M/C

READ OUT OPTIONS – CODE ALL THAT APPLY

A	The Community	<input type="checkbox"/> 01	G	The Environment	<input type="checkbox"/> 08
B	Young people	<input type="checkbox"/> 02	H	The Arts	<input type="checkbox"/> 09
C	Older people	<input type="checkbox"/> 03	I	Museums or Galleries	<input type="checkbox"/> 10
D	Sports activities	<input type="checkbox"/> 05	J	Heritage or Conservation	<input type="checkbox"/> 11
E	Animals or Wildlife	<input type="checkbox"/> 06	K	Libraries or Archives	<input type="checkbox"/> 12
F	Church or Religious group	<input type="checkbox"/> 07	L	Schools or education	<input type="checkbox"/> 13
			M	Health or mental health	<input type="checkbox"/> 14
				Other (specify):  BACKCODE	<input type="checkbox"/> 95
				AND CLEAN _____	

MODES OF TRAVEL

INTERVIEWER READ OUT: This section is about different modes of travel.

69 If in full-time or part-time work, or in full-time education or training (Q1g/1-2,9):
What is the address of your main place of work or college? Q1g/1-2,9 CLEAN
 If more than one job/location, use main. If uncertain of address ask for what area of the city.



70a **ASK if working or studying (Q1g/1-2,9 S/C)**
What is the MAIN MODE
 you use to travel to work or college?

70b Do you use any other mode of travel on that journey? If you walk for at least 15 minutes for part of your journey, this counts as a mode of travel. **Q1g/1-2,9 M/C**

70c **ASK ALL**
What is your MAIN MODE of travel for short shopping or leisure trips of less than a mile? **ALL S/C**

		(A) Main Work / College SINGLE CODE	(B) Other Work / College CODE ALL THAT APPLY	(C) Main Leisure & Social SINGLE CODE
A	Not applicable	<input type="checkbox"/> 01	<input type="checkbox"/> 01	ASK ALL
B	Walking	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 01
C	Bicycle	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 02
D	Bus	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 03
E	Train	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 04
F	Underground	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 05
G	Ferry	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 06
H	Car or van	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 07
I	Motorcycle / moped	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 08
J	Taxi / minicab	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 09
K	Other: Specify ↴	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95

BACKCODE AND CLEAN

BACKCODE AND CLEAN

BACKCODE AND CLEAN

INTERVIEWER READ OUT: I'd now like to ask about your views about the Glasgow 2014 Commonwealth Games.

71 SHOWCARD 28 - Glasgow hosted the 2014 Commonwealth Games. How do you feel about this now? ALL S/C

SINGLE CODE

Strongly against <input type="checkbox"/> ₀₁	Slightly against <input type="checkbox"/> ₀₂	Neither against nor supportive <input type="checkbox"/> ₀₃	Slightly supportive <input type="checkbox"/> ₀₄	Strongly supportive <input type="checkbox"/> ₀₅	DO NOT READ OUT Don't know <input type="checkbox"/> ₉₉
--	--	--	---	---	--

72 SHOWCARD 29 - How important were the following aspects of the Commonwealth Games for you? ALL S/C FOR EACH

READ OUT STATEMENTS – SINGLE CODE FOR EACH

		Very important	Important	Neither important nor unimportant	Unimportant	Very Unimportant
A	The medal winning performance of Scottish and Home Nations athletes	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
B	Seeing world-class athletes from around the world compete	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
C	The atmosphere and enjoyment of the sports events	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
D	The atmosphere and enjoyment of the cultural events and entertainment around the city	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
E	The integration of para-sports within the main Games	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

73 SHOWCARD 30 - In which of these ways, if any, did you get involved in the Commonwealth Games in the year leading up to, or at the time of the Games itself? ALL M/C

READ OUT OPTIONS – CODE ALL THAT APPLY

A	Watched the events on screen at one or more of the public live sites such as Glasgow Green, Kelvingrove Band Stand, George Square and BBC @ The Quay.	<input type="checkbox"/> ₀₁
B	Watched on TV, internet or listened on the radio at home or elsewhere	<input type="checkbox"/> ₀₂
C	Read about it in the paper	<input type="checkbox"/> ₀₃
D	Attended a ticketed Games sporting event or ceremony	<input type="checkbox"/> ₀₄
E	Took part in a Games related sports or physical activity	<input type="checkbox"/> ₀₅
F	Used a new or improved sports facility linked to the Games	<input type="checkbox"/> ₀₆
G	Went to a Games related cultural event including as part of Culture 2014, Festival 2014, Merchant City Festival	<input type="checkbox"/> ₀₇
H	Was a Clydesider Volunteer	<input type="checkbox"/> ₀₈
I	Was a Host City Volunteer	<input type="checkbox"/> ₀₉
J	Took part in a Games related community event or activity	<input type="checkbox"/> ₁₀
K	Spent time out and about in the city to experience the Games atmosphere	<input type="checkbox"/> ₁₁
L	Took part in or watched the Queen's Baton Relay	<input type="checkbox"/> ₁₂
M	DO NOT READ OUT None of these	<input type="checkbox"/> ₉₆
N	Other (specify) ↴	<input type="checkbox"/> ₉₅

 **BACKCODE AND CLEAN**

74 Do you think the Commonwealth Games has had a positive or negative effect upon you & your family?

READ OUT OPTIONS – SINGLE CODE **ALL S/C**

Positive effect

 ₀₁

Negative effect

 ₀₂

No effect

 ₀₃

DO NOT READ OUT

Don't know

 ₉₉

75a IF CODED 1 AT Q74a: What do you think was positive about it?

RECORD VERBATIM **Q74/1 CLEAN**

No comment/ refused 98
Don't know 99

75b IF CODED 2 AT Q74a: What do you think was negative about it?

RECORD VERBATIM **Q74/2 CLEAN**

No comment/ refused 98
Don't know 99

75c IF CODED 3 AT Q74a: Why do you think it has had no effect?

RECORD VERBATIM **Q74/3 CLEAN**

No comment/ refused 98
Don't know 99

76 Do you think the Commonwealth Games has had a positive or negative effect upon your local area?

READ OUT OPTIONS – SINGLE CODE **ALL S/C**

Positive effect

 ₀₁

Negative effect

 ₀₂

No effect

 ₀₃

DO NOT READ OUT

Don't know

 ₉₉

77a IF CODED 1 AT Q76a: What do you think was positive about it?

RECORD VERBATIM **Q76a/1 CLEAN**

No comment/ refused 98
Don't know 99

77b IF CODED 2 AT Q76a: What do you think was negative about it?

RECORD VERBATIM **Q76a/2 CLEAN**

No comment/ refused 98
Don't know 99

77c IF CODED 3 AT Q76a: Why do you think it has had no effect?

RECORD VERBATIM **Q76a/3 CLEAN**

No comment/ refused 98
Don't know 99

EMPLOYMENT

INTERVIEWER READ OUT: I would now like to ask you some questions about your employment and a few other things about you. Please remember that this information will be treated confidentially – it will help us describe our sample population but information about individuals will not be passed to anyone else.

78 SHOWCARD 31 - Overall, how satisfied or dissatisfied are you with your employment situation at the moment, whether you are working or not working just now? ALL S/C

SINGLE CODE

Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	DO NOT READ OUT Don't know
<input type="checkbox"/> _01	<input type="checkbox"/> _02	<input type="checkbox"/> _03	<input type="checkbox"/> _04	<input type="checkbox"/> _05	<input type="checkbox"/> _99

INTERVIEWER READ OUT: The next few questions ask about the period of time since 2012, so think about the two years before the Commonwealth Games, right up until now.

79a Has your employment situation changed in any of these ways at any time since 2012? **ALL S/C FOR EACH**

READ OUT – CODE ONE PER ROW

		Yes	No	DO NOT READ OUT Refused
A	Started paid employment following education or training	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₈
B	Started paid employment following a period of not being in paid work	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₈
C	Moved to more secure employment	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₈
D	Increased working hours or moved from full to part time	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₈
E	Been promoted or moved to a better job	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₈

79b IF YES TO ANY OF 79a: **SHOWCARD 32** - Did you get any help with these employment or job search activities from the following? **Q79a/I M/C**

CODE ALL THAT APPLY

A. Job Centre Plus	<input type="checkbox"/> ₀₁
B. Skills Development Scotland	<input type="checkbox"/> ₀₂
C. A local housing association	<input type="checkbox"/> ₀₃
D. Jobs and Business Glasgow	<input type="checkbox"/> ₀₄
E. A local community centre	<input type="checkbox"/> ₀₅
F. A local college	<input type="checkbox"/> ₀₆
G. Other employment support services	<input type="checkbox"/> ₀₇
DO NOT READ OUT: None of these	<input type="checkbox"/> ₉₆

80a Have you done any of the following at any time since 2012?

READ OUT OPTIONS – CODE ONE PER ROW **ALL S/C FOR EACH**

		Yes	No	DO NOT READ OUT Refused
A	Paid work	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₈
B	Actively searched for work	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₈
C	Applied for a job	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₈
D	Been interviewed for a job	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₈

80b IF CODED YES FOR ANY OF 80a: SHOWCARD 32 - Did you get any help with these employment or job search activities from the following?

CODE ALL THAT APPLY **Q80a/I M/C**

A. Job Centre Plus	<input type="checkbox"/> ₀₁
B. Skills Development Scotland	<input type="checkbox"/> ₀₂
C. A local housing association	<input type="checkbox"/> ₀₃
D. Jobs and Business Glasgow	<input type="checkbox"/> ₀₄
E. A local community centre	<input type="checkbox"/> ₀₅
F. A local college	<input type="checkbox"/> ₀₆
G. Other employment support services	<input type="checkbox"/> ₀₇
DO NOT READ OUT: None of these	<input type="checkbox"/> ₉₆

81a Have you done any of the following since 2012? If yes, was this related to the Commonwealth Games, to the regeneration of the East End, or to neither of these? ALL S/C FOR EACH

READ OUT OPTIONS – CODE ONE PER ROW

	Yes (related to Commonwealth Games/East Regeneration)	Yes (not related)	No	DO NOT READ OUT Don't know/ Can't recall
A Education or training course	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₉₉
B Apprenticeship programme	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₉₉
C Work experience	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₉₉
D Volunteering	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₉₉

81b IF CODED YES FOR ANY OF 81a: SHOWCARD 32 - Did you get any help with these employment or job search activities from the following?

CODE ALL THAT APPLY **Q81a/I M/C**

A. Job Centre Plus	<input type="checkbox"/> ₀₁
B. Skills Development Scotland	<input type="checkbox"/> ₀₂
C. A local housing association	<input type="checkbox"/> ₀₃
D. Jobs and Business Glasgow	<input type="checkbox"/> ₀₄
E. A local community centre	<input type="checkbox"/> ₀₅
F. A local college	<input type="checkbox"/> ₀₆
G. Other employment support services	<input type="checkbox"/> ₀₇
DO NOT READ OUT: None of these	<input type="checkbox"/> ₉₆

82a Since 2012, have you had any paid employment connected with either the building of, or working in, any of the following facilities in the East End? **ALL S/C FOR EACH**

READ OUT OPTIONS – CODE ONE ON EACH LINE		Yes	No	DO NOT READ OUT Don't know
A	New or refurbished sports and leisure centres	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
B	Transport infrastructure works including new roads, paths and cycle tracks and refurbished railway station	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
C	New housing	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
D	New community centres	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
E	New libraries	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
F	New offices or new business premises	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
G	Improvements to public spaces and green spaces	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉

82b IF CODED YES FOR ANY OF 82a: **SHOWCARD 32** - Did you get any help with these employment or job search activities from the following?

CODE ALL THAT APPLY **Q82a/1 M/C**

A. Job Centre Plus	<input type="checkbox"/> ₀₁
B. Skills Development Scotland	<input type="checkbox"/> ₀₂
C. A local housing association	<input type="checkbox"/> ₀₃
D. Jobs and Business Glasgow	<input type="checkbox"/> ₀₄
E. A local community centre	<input type="checkbox"/> ₀₅
F. A local college	<input type="checkbox"/> ₀₆
G. Other employment support services	<input type="checkbox"/> ₀₇
DO NOT READ OUT: None of these	<input type="checkbox"/> ₉₆

83a Since 2012, has any member of your household had any paid employment connected with either the building of, or working in, any of the following facilities in the East End? **Q1a/2+ S/C FOR EACH**

READ OUT OPTIONS – CODE ONE ON EACH LINE		Yes	No	DO NOT READ OUT Don't know
A	New or refurbished sports and leisure centres	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
B	Transport infrastructure works including new roads, paths and cycle tracks and refurbished railway station	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
C	New housing	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
D	New community centres	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
E	New libraries	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
F	New offices or new business premises	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
G	Improvements to public spaces and green spaces	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉

83b FOR EACH CODED YES AT 83a: SHOWCARD 33 - Which household member was this? Your...? CODE ONE **Q83a/I S/C**

Spouse/partner/cohabitee	<input type="checkbox"/> ₀₁
Son/daughter (including step/adopted)	<input type="checkbox"/> ₀₂
Grandson/granddaughter (including step/adopted)	<input type="checkbox"/> ₀₃
Parent/parent in-law	<input type="checkbox"/> ₀₄
Other relative	<input type="checkbox"/> ₀₅
Other non-relative	<input type="checkbox"/> ₀₆

83c IF CODED YES FOR ANY OF 83a: SHOWCARD 32 - Did they get any help with these employment or job search activities from the following?

CODE ALL THAT APPLY **Q83a/I M/C**

A. Job Centre Plus	<input type="checkbox"/> ₀₁
B. Skills Development Scotland	<input type="checkbox"/> ₀₂
C. A local housing association	<input type="checkbox"/> ₀₃
D. Jobs and Business Glasgow	<input type="checkbox"/> ₀₄
E. A local community centre	<input type="checkbox"/> ₀₅
F. A local college	<input type="checkbox"/> ₀₆
G. Other employment support services	<input type="checkbox"/> ₀₇
DO NOT READ OUT: None of these	<input type="checkbox"/> ₉₆
DO NOT READ OUT: Don't know	<input type="checkbox"/> ₉₉

84a Did you either gain employment, or get extra work/hours during the time of the Commonwealth Games? ALL S/C FOR EACH

READ OUT OPTIONS – CODE ONE ONE EACH LINE

	Yes	No	DO NOT READ OUT Don't know
Gained employment during the Games	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
Got extra hours/work during the Games	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃

84b IF CODED YES AT 84a: SHOWCARD 32 - Did you get any help with these employment or job search activities from the following?

CODE ALL THAT APPLY **Q84a/I M/C**

A. Job Centre Plus	<input type="checkbox"/> ₀₁
B. Skills Development Scotland	<input type="checkbox"/> ₀₂
C. A local housing association	<input type="checkbox"/> ₀₃
D. Jobs and Business Glasgow	<input type="checkbox"/> ₀₄
E. A local community centre	<input type="checkbox"/> ₀₅
F. A local college	<input type="checkbox"/> ₀₆
G. Other employment support services	<input type="checkbox"/> ₀₇
DO NOT READ OUT: None of these	<input type="checkbox"/> ₉₆

85a Did any member of your household either gain employment, or get extra work/hours during the time of the Commonwealth Games? Q1a/2+ S/C FOR EACH

READ OUT OPTIONS – CODE ONE ON EACH LINE

	Yes	No	DO NOT READ OUT Don't know
Gained employment during the Games	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
Got extra hours/work during the Games	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃

85b FOR EACH CODED YES AT 85a: SHOWCARD 33 - Which household member was this? Your...? CODE ONE Q85a/I S/C

Spouse/partner/cohabitee	<input type="checkbox"/> ₀₁
Son/daughter (including step/adopted)	<input type="checkbox"/> ₀₂
Grandson/granddaughter (including step/adopted)	<input type="checkbox"/> ₀₃
Parent/parent in-law	<input type="checkbox"/> ₀₄
Other relative	<input type="checkbox"/> ₀₅
Other non-relative	<input type="checkbox"/> ₀₆

85c IF CODED YES FOR ANY OF 85a: SHOWCARD 32 - Did they get any help with these employment or job search activities from the following?

CODE ALL THAT APPLY **Q85a/I M/C**

A. Job Centre Plus	<input type="checkbox"/> ₀₁
B. Skills Development Scotland	<input type="checkbox"/> ₀₂
C. A local housing association	<input type="checkbox"/> ₀₃
D. Jobs and Business Glasgow	<input type="checkbox"/> ₀₄
E. A local community centre	<input type="checkbox"/> ₀₅
F. A local college	<input type="checkbox"/> ₀₆
G. Other employment support services	<input type="checkbox"/> ₀₇
DO NOT READ OUT: None of these	<input type="checkbox"/> ₉₆
DO NOT READ OUT: Don't know	<input type="checkbox"/> ₉₉

ADDITIONAL INFORMATION

86 SHOWCARD 34 - Looking at the card, which option best describes how often you find it difficult to meet the cost of the following things...? ALL S/C FOR EACH

READ OUT OPTIONS – SINGLE CODE ON EACH LINE

		Very often	Quite often	Occasionally	Never	Not applicable	DO NOT READ OUT Don't know
A	Gas, electricity or other fuel bills	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₉₉
B	Food	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₉₉
C	Council tax	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₉₉
D	Credit card bills	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₉₉

87 SHOWCARD 35 - Taking everything into account, which of these phrases best describes how you and your household are managing financially these days? ALL S/C

SINGLE CODE

	Manage very well	<input type="checkbox"/> ₀₁
	Manage quite well	<input type="checkbox"/> ₀₂
	Get by alright	<input type="checkbox"/> ₀₃
	Don't manage very well	<input type="checkbox"/> ₀₄
	Have some financial difficulties	<input type="checkbox"/> ₀₅
	Are in deep financial trouble	<input type="checkbox"/> ₀₆
	DO NOT READ OUT Don't know	<input type="checkbox"/> ₉₉
	DO NOT READ OUT Refused	<input type="checkbox"/> ₉₈

88 Have you used a foodbank in the past year?

READ OUT OPTIONS - SINGLE CODE **ALL S/C**

Never use <input type="checkbox"/> _01	Once / A few times a year <input type="checkbox"/> _02	About once a month <input type="checkbox"/> _03	At least once a week <input type="checkbox"/> _04	DO NOT READ OUT Refused <input type="checkbox"/> _98
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89 SHOWCARD 36 - How satisfied or dissatisfied are you with your life overall?

READ OUT OPTIONS - SINGLE CODE **ALL S/C**

Very satisfied <input type="checkbox"/> _01	Fairly satisfied <input type="checkbox"/> _02	Neither satisfied nor dissatisfied <input type="checkbox"/> _03	Fairly dissatisfied <input type="checkbox"/> _04	Very dissatisfied <input type="checkbox"/> _05	DO NOT READ OUT Don't know or N/A <input type="checkbox"/> _99
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90 SHOWCARD 37 - To which of these groups do you consider you belong?

SINGLE CODE **ALL S/C**

White		Asian Scottish or Asian British	
A	Scottish <input type="checkbox"/> _01	K	Indian <input type="checkbox"/> _11
B	English <input type="checkbox"/> _02	L	Pakistani <input type="checkbox"/> _12
C	Northern Irish <input type="checkbox"/> _03	M	Bangladeshi <input type="checkbox"/> _13
D	Welsh <input type="checkbox"/> _04	N	Any other Asian background please specify <u> </u> BACKCODE <input type="checkbox"/> _14
E	Irish <input type="checkbox"/> _05	Black Scottish or Black British	
F	Any other White background please specify <u> </u> BACKCODE <input type="checkbox"/> _06	O	Caribbean <input type="checkbox"/> _15
Mixed		P	African <input type="checkbox"/> _16
G	White and Black Caribbean <input type="checkbox"/> _07	Q	Any other Black background please specify <u> </u> BACKCODE <input type="checkbox"/> _17
H	White and Black African <input type="checkbox"/> _08	Other	
I	White and Asian <input type="checkbox"/> _09	R	Chinese <input type="checkbox"/> _18
J	Any other Mixed background please specify <u> </u> <input type="checkbox"/> _10	S	Gypsy / traveller <input type="checkbox"/> _19
		T	Do not wish to disclose <input type="checkbox"/> _20
		U	Other please specify <u> </u> BACKCODE <input type="checkbox"/> _95

91 SHOWCARD 38 - Can you tell me what is the highest level of educational qualifications you've obtained? ALL S/C

SINGLE CODE

Secondary School Leaving Certificate or Diploma	1
High School national examination (including Standard Grade and Highers)	2
First Degree	3
Higher degree	4
Other qualification – write in BACKCODE AND CLEAN	95
None	96
Don't know	99
Not provided	97

92 In total, how many cars and/or vans does your household have the use of?

SINGLE CODE **ALL S/C**

None	1	2	3	4 or more
<input type="checkbox"/> _01	<input type="checkbox"/> _02	<input type="checkbox"/> _03	<input type="checkbox"/> _04	<input type="checkbox"/> _05

GoWell: Residents' NHS Data Consent

We would like to be able to collect anonymous NHS data over time relating to hospital visits, medical diagnoses and treatments, for all the people we interview. This will enable us to build up an accurate picture of how the health of our study group changes over time. We are not interested in analysing the health of any specific individuals, and identifying characteristics will be removed from the data before we analyse it. Would you agree to us including NHS hospital-based data relating to you in our study? **ALL, S/C**

Consent given?

Please tick appropriate box

Yes

No

IF RESPONDENT HAS GIVEN CONSENT TO COLLECT NHS DATA, SAY:

Thank you for agreeing to the collection of NHS data. To ensure that the correct records are provided we will need you to confirm your date of birth. **CONSENT GIVEN**

Date of birth (dd/mm/yyyy)

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INTERVIEW LANGUAGE INFORMATION

93 Interviewer to complete. Tick one of the following. **ALL S/C**

- ₀₁ Participant had no difficulty speaking English
- ₀₂ Participant had some difficulty speaking English but I was able to get through the interview in English
- ₀₃ I conducted the interview in another language (specify)
- ₀₄ Another member of the household interpreted for me
- ₀₅ I used a separate interpreter

As part of BMG Research's quality control process, my employer will wish to contact some of the people I have interviewed. This is to confirm that I have undertaken the interview in an appropriate manner, and according to market research practice.

READ : Thank you, those are all the questions I have.

If you are concerned about whether BMG Research is a genuine market research agency you can call the Market Research Society on 0500 396 999 during office hours. Finally I need you to verify that you have taken part in this survey and that I have accurately recorded your comments.

IMPORTANT: TAKE CARE TO RECORD RESPONDENT NAME AND ADDRESS DETAILS ACCURATELY. IT IS CRITICAL THAT THE TITLE, FIRST NAME AND SURNAME ARE PROVIDED IN FULL (INITIALS ARE NOT ADEQUATE). PLEASE USE BLOCK CAPITALS.

TITLE	
FORENAME (NOT INITIALS)	
MIDDLE NAME	
SURNAME	
ADDRESS: (Address Line 1)	
(Address Line 2)	
(Address Line 3)	
(Postal Town)	
(County)	
POSTCODE:	
TELEPHONE:	
EMAIL ADDRESS:	

THANK AND CLOSE