



**STUDYING CHANGE IN
GLASGOW'S EAST END**

INTERVIEWER NAME
(FULL NAME)

INTERVIEWER ID

INTERVIEW DATE

INTERVIEW TIME
(USE 24 HOUR CLOCK)

_____ HRS

_____ MINS

INT. DAY
(CIRCLE ONE)

MON

TUE

WED

THUR

FRI

SAT

SUN

**INTERVIEW
REFERENCE NUMBER:**

**PARTICIPANT
BARCODE
???01?**

INFORMATION ABOUT THE LOCATION AND DWELLING

A SAMPLE AREA/SUB AREA

SINGLE CODE ONLY

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

B What floor does respondent live on?

CODE AND SINGLE CODE ONLY

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

QD Tracer

Basement or semi-basement	<input type="checkbox"/>	01
Ground floor (street level)	<input type="checkbox"/>	02
Above ground floor	<input type="checkbox"/>	97
Floor number ...		

C What type of dwelling does the respondent live in?

CODE AND SINGLE CODE ONLY

	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
	Other (PLEASE SPECIFY) ...	<input type="checkbox"/>	95

INTERVIEWER RECORD START TIME
24 hours

		:		
Hours			Minutes	

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

READ OUT: 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 would help if you can give me their initials, so that I can make sure I am asking questions about the right person.

Ia How many people live here including you? CIRCLE AS APPROPRIATE and ENTER INITIALS IF more than 9 occupants, omit youngest		1	2	3	4	5	6	7	8	9
Initials: Self										
Ib And is ... male or female?										
Male		1	1	1	1	1	1	1	1	1
Female		2	2	2	2	2	2	2	2	2
Ic What is the relationship of (...) to you? ONE CODE ONLY PER HH MEMBER										
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
Id Can you go through each household member and give their age last birthday – starting with yourself? WRITE AGE IN EACH COLUMN. If age is not given, code 988 & ASK 1e										
Ie If refused 1d, ask if willing to give age range										
Under 16 years		01	01	01	01	01	01	01	01	01
16 years		02	02	02	02	02	02	02	02	02
17-18 years		03	03	03	03	03	03	03	03	03
SHOWCARD 1 19 years		04	04	04	04	04	04	04	04	04
20-24 years		05	05	05	05	05	05	05	05	05
25-29 years		06	06	06	06	06	06	06	06	06
30-34 years		07	07	07	07	07	07	07	07	07
35-39 years		08	08	08	08	08	08	08	08	08
40-44 years		09	09	09	09	09	09	09	09	09
45-49 years		10	10	10	10	10	10	10	10	10
50-54 years		11	11	11	11	11	11	11	11	11
55-59 years		12	12	12	12	12	12	12	12	12
60-64 years		13	13	13	13	13	13	13	13	13
65 years and over		14	14	14	14	14	14	14	14	14
- DO NOT READ OUT Refused (& ASK 1f)		98	98	98	98	98	98	98	98	98
If If refused 1d and 1e, ask if willing to identify if person is over / under state retirement age?										
MALE.....Under 65 years		01	01	01	01	01	01	01	01	01
65 years and over		02	02	02	02	02	02	02	02	02
FEMALE.....Under 60 years		03	03	03	03	03	03	03	03	03
60 years and over		04	04	04	04	04	04	04	04	04
(DO NOT READ OUT) REFUSED		98	98	98	98	98	98	98	98	98
Ig Who in the household takes part in sport on a regular basis? Tick if yes (by regular we mean fortnightly or 20 times a year)										
Ih SHOWCARD 2. Which of these best describes ... current position? ASK FOR ALL IN HH AGED 16+. ACCEPT ONLY ONE ANSWER PER HH MEMBER. 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										
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
Other, specify		95	95	95	95	95	95	95	95	95
(DO NOT READ OUT) REFUSED		98	98	98	98	98	98	98	98	98

YOUR HOME

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

READ OUT OPTIONS - SINGLE CODE

	Rented from housing association / council	<input type="checkbox"/>	01
SHOWCARD 3	Rented from private landlord	<input type="checkbox"/>	02
	Own my own home (includes mortgage)	<input type="checkbox"/>	03
	Other <small>(PLEASE SPECIFY) ...</small>	<input type="checkbox"/>	95

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

SINGLE CODE ONLY FOR EACH - ROUND DOWN TO NEAREST YEAR

	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 How would you rate your current home in terms of its overall physical condition?

READ OUT OPTIONS - SINGLE CODE - DO NOT READ OUT 99 - 'Don't know'

SHOWCARD 4	Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor	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

5 How much do you agree or disagree with the following statements?

READ OUT OPTIONS - SINGLE CODE FOR EACH - DO NOT READ OUT 99 - 'Don't know'

SHOWCARD 5	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	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

6 READ OUT: How would you rate the quality of the following services in or near your local area?

READ OUT OPTIONS - SINGLE CODE FOR EACH - DO NOT READ OUT 99 - 'Don't know'

SHOWCARD 6		Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor	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

YOUR NEIGHBOURHOOD or LOCAL AREA

READ OUT: Now I am going to ask you about your local neighbourhood.

By neighbourhood, I mean the local area within a 5 to 10 minute walk from your home.

7 How satisfied or dissatisfied are you with this neighbourhood as a place to live?

READ OUT OPTIONS - SINGLE CODE FOR EACH - DO NOT READ OUT 99 - 'Don't know'

	Very satisfied	<input type="checkbox"/> ₀₁
SHOWCARD 7	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
	Don't know	<input type="checkbox"/> ₉₉

8 How much do you agree or disagree with the following statements?

READ OUT OPTIONS - SINGLE CODE FOR EACH - DO NOT READ OUT 99 - 'Don't know'

SHOWCARD 8		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	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	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
F	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
G	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

9 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 OPTIONS - SINGLE CODE FOR EACH - DO NOT READ OUT 99 - 'Don't know'

SHOWCARD 9		Not a problem	Slight problem	Serious problem	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

10 How would you rate the quality of your neighbourhood in terms of the following things...?

READ OUT OPTIONS - SINGLE CODE FOR EACH - DO NOT READ OUT 99 - 'Don't know'

SHOWCARD 10	Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor	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

11 How safe would or do you feel walking alone in this neighbourhood after dark?

READ OUT OPTIONS (1-5) - SINGLE CODE FOR EACH

SHOWCARD 11	Very safe	Fairly safe	Neither safe nor unsafe	A bit unsafe	Very unsafe	DO NOT PROMPT
	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	Never walk alone after dark <input type="checkbox"/> ₀₆

IF RESPONDENT:
 • STATES THAT NEVER WALKS ALONE AFTER DARK, CODE 06

INTERVIEWER BRIEFING NOTE:
 IF RESPONDENT:
 • IS NOTICEABLY DISABLED AND CANNOT WALK, AUTOMATICALLY CODE 06

12 How much would you say the crime rate in your local area has changed since two years ago? 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? - DO NOT READ OUT 99 - 'Don't know'

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

13 To what extent do the following apply to you?

READ OUT OPTIONS - SINGLE CODE FOR EACH

SHOWCARD 12

		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

14 Has this area got better or worse to live in over the last three years?

READ OUT OPTIONS - SINGLE CODE - DO NOT READ OUT 99 - 'Don't know'

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

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

15 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- DO NOT READ OUT 99 - 'Don't know'

SHOWCARD 13

		Most days	Once a week or more	Once or twice a month	Less often than once a month	Never	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

16 Thinking now about your relatives, friends and neighbours, again not counting those 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 - DO NOT READ OUT 99 - 'Don't know'

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

YOUR HEALTH and WELLBEING

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.

17 In general, would you say your health is...?

READ OUT OPTIONS - SINGLE CODE

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

18 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?

INTERVIEWER NOTE:

- IF CLAIM NOT TO DO ACTIVITY THEN ASK: Is this because of your health?
- IF YES, PROBE FOR WHETHER HEALTH LIMITS A LOT OR A LITTLE AND CODE ACCORDINGLY.

READ OUT OPTIONS - SINGLE CODE FOR EACH

SHOWCARD 14

	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

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.

19 During the past four weeks how much of the time have you

READ OUT OPTIONS(A-D) - SINGLE CODE FOR EACH

SHOWCARD 15

	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

20 Still thinking about the past four weeks, how much did pain interfere with your normal work, including both work outside the home and housework?

READ OUT OPTIONS - SINGLE CODE FOR EACH

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

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

21 How much of the time during the past four weeks (have you) ...?

READ OUT OPTIONS (A-D) - SINGLE CODE FOR EACH

SHOWCARD 15

		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

22 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 FOR EACH

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

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

SINGLE CODE FOR EACH

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

24 Below are some statements about feelings and thoughts. Tell me the frequency with which each describes your experience over the last 2 weeks.

READ OUT OPTIONS - SINGLE CODE FOR EACH

SHOWCARD 16

		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

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

25 Do you, or have you ever, smoked?

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	↩ 26
I smoke occasionally now but not every day	<input type="checkbox"/> ₀₂	↩ 26
I've smoked in the past but not now	<input type="checkbox"/> ₀₃	→ 28
I've never smoked	<input type="checkbox"/> ₀₄	→ 28

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

READ OUT - SINGLE CODE ONLY- DO NOT READ OUT 99 - 'Don't know' OR 98 'Refused'

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
Not sure	<input type="checkbox"/> ₉₉
Refused	<input type="checkbox"/> ₉₈

27 Which of the following phrases on this card best describes your future smoking habits?

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

28 How often do you drink alcohol?

READ OUT - SINGLE CODE ONLY - DO NOT READ OUT 98 - 'Refused'

SHOWCARD 17	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
	Refused	<input type="checkbox"/>	98

29 Have you changed your drinking habits over the past 2 years?

READ OUT - SINGLE CODE ONLY - DO NOT READ OUT 99 'Not sure' OR 98 'Refused'

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

30 **INTERVIEWER NOTE: Only ask if currently drinks alcohol.** Which of the following statements best describes your future drinking habits?

READ OUT - SINGLE CODE ONLY

	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

31 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

32 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

33 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

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

34 On how many of the last 7 days did you eat any of your main meals from a take-away or fast-food seller?

READ OUT - SINGLE CODE ONLY

None	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="text"/> _01	<input type="text"/> _02	<input type="text"/> _03	<input type="text"/> _04	<input type="text"/> _05	<input type="text"/> _06	<input type="text"/> _07	<input type="text"/> _08

PHYSICAL ACTIVITY

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.

NOTE: IF RESPONDENT IS NOTICEABLY DISABLED AND CANNOT WALK, AUTOMATICALLY CODE (none) FOR THIS SECTION.

35a 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

None	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="text"/> _01	<input type="text"/> _02	<input type="text"/> _03	<input type="text"/> _04	<input type="text"/> _05	<input type="text"/> _06	<input type="text"/> _07	<input type="text"/> _08
→ 36a	↙ 35b	↙ 35b	↙ 35b	↙ 35b	↙ 35b	↙ 35b	↙ 35b

35b How much time did you usually spend doing **VIGOROUS** physical activities on **ONE** of those days?

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

Minutes per day

36a 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 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
↙ 37a	↙ 36b	↙ 36b	↙ 36b	↙ 36b	↙ 36b	↙ 36b	↙ 36b

36b How much time did you usually spend doing **MODERATE** physical activities on **ONE** of those days?

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

Minutes per day

37a During the past 7 days, on how many days did you **WALK** for at least 10 minutes at a time?

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
↙ 38							

37b How much time did you usually spend walking on **ONE** of those days?

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

Minutes per day

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

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

SPORTS & OTHER ACTIVITIES

39 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.


Which of these statements best describes your behaviour just now?

READ OUT OPTIONS - 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

40a I am now going to read out a list of activities, please tell me which ones you have done in the last 4 weeks?

b If yes, was this as a member of a club?

		(A) TICK ALL ACTIVITIES THAT APPLY ↓	(B) AS A MEMBER OF A CLUB? ↓	
			YES	NO
A	Aerobics / Keep Fit / Gymnastics / Dance (for fitness)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
B	Badminton / tennis	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
C	Cycling	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
D	Dancing (other types)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
E	Exercises (e.g. press-ups, sit-ups)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
F	Football / rugby	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
G	Gym (workout) / Exercise Bike / Weight Training	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
H	Running / jogging	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
I	Squash	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
J	Swimming	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
K	Athletics	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
L	Aquarobics / Aquafit / Exercise Class in Water	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
M	Basketball	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
N	Bowls	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
O	Boxing	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
P	Canoeing / Kayaking	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
Q	Climbing	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
R	Cricket	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
S	Curling	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
T	Fishing / Angling	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
U	Golf	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
V	Hillwalking / Rambling	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
W	Hockey	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
X	Horse riding	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
Y	Ice skating	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
Z	Martial arts (including Tai Chi)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
AA	Netball	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
AB	Powerboating / Jet skiing	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
AC	Rowing	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
AD	Sailing / Windsurfing	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
AE	Shinty/ Gaelic football	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
AF	Skateboarding / Inline skating	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
AG	Snooker / Billiards/pool	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
AH	Skiing / Snowboarding	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
AI	Subaqua	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
AJ	Surfing / Body boarding	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
AK	Table tennis	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
AL	Tenpin bowling	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
AM	Volleyball	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
AN	Waterskiing	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
AO	Yoga / Pilates	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂
AP	Other (PLEASE SPECIFY)  ...	<input type="checkbox"/> ₉₅	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂

41 Looking at this card, are there any particular reasons why you haven't done any/more sport in the past 4 weeks?

READ OUT OPTIONS – CODE ALL THAT APPLY

SHOWCARD 18

A	It costs too much	<input type="checkbox"/>	₀₁	H	I might feel out of place	<input type="checkbox"/>	₀₁
B	No one to do it with	<input type="checkbox"/>	₀₁	I	Changing facilities not good enough	<input type="checkbox"/>	₀₁
C	Never occurred to me	<input type="checkbox"/>	₀₁	J	Lack of transport/can't easily get to it	<input type="checkbox"/>	₀₁
D	Not really interested	<input type="checkbox"/>	₀₁	K	Not enough information on what's available	<input type="checkbox"/>	₀₁
E	Fear of injury	<input type="checkbox"/>	₀₁	L	It's difficult to find the time	<input type="checkbox"/>	₀₁
F	I wouldn't enjoy it	<input type="checkbox"/>	₀₁	M	Other (specify): _____	<input type="checkbox"/>	₉₅
G	Health isn't good enough	<input type="checkbox"/>	₀₁				

42a How often do you use or go to any of the following facilities?

b If yes, was that in the East End?

		Never use	Once/ A few times a year	About once a month	At least once a week	(B) Was that in the East End ?
A	Park, green area, sports field or play area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If answered 2-4 Ask - in East End? <input type="checkbox"/>
B	River, loch, canal, beach or sea-shore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If answered 2-4 Ask - in East End? <input type="checkbox"/>
C	Woodland, forest or the countryside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If answered 2-4 Ask - in East End? <input type="checkbox"/>
D	Pub/Social club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If answered 2-4 Ask - in East End? <input type="checkbox"/>
E	Community centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If answered 2-4 Ask - in East End? <input type="checkbox"/>
F	Sports hall, gym or fitness centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If answered 2-4 Ask - in East End? <input type="checkbox"/>
G	Swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If answered 2-4 Ask - in East End? <input type="checkbox"/>

43 In the last 12 months how often have you been to any of these events or places?

READ OUT OPTIONS – SINGLE CODE ON EACH LINE

SHOWCARD 19

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

44 In the last 12 months how often have you done any of these activities?

READ OUT OPTIONS – SINGLE CODE ON EACH LINE

SHOWCARD 19		Never use	Once / A few times a year	About once a month	At least once a 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 (specify): _____	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄

GROUP AND VOLUNTARY ACTIVITY

45 In the past 12 months, have you been involved with any of the groups listed on the showcard?

SHOWCARD 20

READ OUT OPTIONS – CODE ALL THAT APPLY

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

46a 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

Yes ₀₁ → 46b

No ₀₂ → 47a

46b Was your voluntary work connected to any of the following areas?

READ OUT OPTIONS – CODE ALL THAT APPLY

A	The Community	<input type="checkbox"/>	H	The Environment	<input type="checkbox"/>
B	Young people	<input type="checkbox"/>	I	The Arts	<input type="checkbox"/>
C	Older people	<input type="checkbox"/>	J	Museums or Galleries	<input type="checkbox"/>
D	The Commonwealth Games 2014	<input type="checkbox"/>	K	Heritage or Conservation	<input type="checkbox"/>
E	Other sports activities	<input type="checkbox"/>	L	Libraries or Archives	<input type="checkbox"/>
F	Animals or Wildlife	<input type="checkbox"/>	M	Schools or education	<input type="checkbox"/>
G	Church or Religious group	<input type="checkbox"/>		Health or mental health	<input type="checkbox"/>
				Other (specify): _____	<input type="checkbox"/>

MODES OF TRAVEL

- 47** a. What is the **MAIN MODE** you use to travel to work or college?
- b. 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.
- c. What is your **MAIN MODE** of travel for short shopping or leisure trips of less than a mile?

SINGLE CODE ON EACH COLUMN FOR MAIN MODE

		(A) Main Work / College SINGLE CODE	(B) Other Work / College CODE ALL THAT APPLY	(C) Main Leisure & Social SINGLE CODE
A	Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Ferry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Car or van	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Motorcycle / moped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Taxi / minicab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Other: Specify ↴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Specify: _____	Specify: _____	Specify: _____

COMMONWEALTH GAMES

48 Glasgow is hosting the 2014 Commonwealth Games. How do you feel about this?

READ OUT OPTIONS – SINGLE CODE - DO NOT READ OUT 99 - 'Don't know'

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
Don't know	<input type="checkbox"/>	99

49 In which of these ways, if any, do you intend to follow or get involved in the Games?

READ OUT OPTIONS – CODE ALL THAT APPLY

A	Watch on TV, internet or listen on the radio	<input type="checkbox"/>	01	G	Volunteering during the Games	<input type="checkbox"/>	01
B	Read about it in the paper	<input type="checkbox"/>	01	H	Take part in a Games related community event or activity	<input type="checkbox"/>	01
C	Attend a ticketed Games event	<input type="checkbox"/>	01	I	Not yet decided / don't know	<input type="checkbox"/>	01
D	Take part in a Games related sports or physical activity	<input type="checkbox"/>	01	J	None of these.	<input type="checkbox"/>	01
E	Use a new or improved sports facility linked to the Games	<input type="checkbox"/>	01	K	Other (specify): _____	<input type="checkbox"/>	95
F	Take part in a Games related cultural event	<input type="checkbox"/>	01				

50a Do you think the Commonwealth Games will have a positive or negative effect upon...you & your family?

READ OUT OPTIONS – SINGLE CODE - DO NOT READ OUT 99 - 'Don't know'

Positive effect	<input type="checkbox"/>	01
Negative effect	<input type="checkbox"/>	02
No effect	<input type="checkbox"/>	03
Don't know	<input type="checkbox"/>	99

50b What do you think is going to be positive / negative about it? If answered no effect: Why do you think it will have no effect?

RECORD VERBATIM

51a Do you think the Commonwealth Games will have a positive or negative effect upon ... your local area?

READ OUT OPTIONS – SINGLE CODE - DO NOT READ OUT 99 - 'Don't know'

	Positive effect	<input type="checkbox"/> ₀₁
	Negative effect	<input type="checkbox"/> ₀₂
	No effect	<input type="checkbox"/> ₀₃
	Don't know	<input type="checkbox"/> ₉₉

51b What do you think is going to be positive / negative about it?
If answered no effect: Why do you think it will have no effect?

RECORD VERBATIM

READ OUT: On this card are listed some projects related to regeneration in the East End.
SHOWCARD 21

- | | |
|---|---|
| <p>Building / Facilities</p> <ul style="list-style-type: none"> • Development of the National Indoor Sports Arena & Velodrome • Creation of the Athletes' Village • Upgrading of Scotstoun Leisure Centre • Development of Scotstoun Stadium • Upgrading of Tollcross Aquatic Centre (Swimming Pool) • Upgrading of Kelvingrove Park Bowling Greens • Creation of Toryglen Regional Football Centre | <p>Road and transport developments including</p> <ul style="list-style-type: none"> • M74 completion, • East End Regeneration Route and • Games route network |
|---|---|

52 In the past 2 years have you had any paid employment connected with:

SINGLE CODE - DO NOT READ OUT 99 - 'Don't know'

		Yes	No	Don't know
A	The BUILDING of these facilities	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
B	WORKING in these facilities	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉
C	Other improvement projects in the East End	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₉₉

SUSTAINABLE ATTITUDES AND BEHAVIOURS

53 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 OPTIONS – SINGLE CODE ON EACH LINE - DO NOT READ OUT 99 - 'Don't know'

SHOWCARD 22

		Haven't done that	Sometimes done that	Rarely done that	Often done that	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

ADDITIONAL INFORMATION

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.

54 Overall, how satisfied or dissatisfied are you with your employment situation at the moment, whether you are working or not working just now?

READ OUT OPTIONS – SINGLE CODE ON EACH LINE - DO NOT READ OUT 99 - 'Don't know'

	Very satisfied	<input type="checkbox"/>	01
SHOWCARD 23	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
	Don't know	<input type="checkbox"/>	99

55 REFER BACK TO Q1H & ASK IF NOT CURRENTLY IN FULL-TIME OR PART-TIME WORK

Have you done any of the following in the past year?

READ OUT OPTIONS – SINGLE CODE ON EACH LINE - DO NOT READ OUT 98 - 'Refused'

		Yes	No	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

56 REFER BACK TO Q1H & ASK IF NOT CURRENTLY IN FULL-TIME OR PART-TIME WORK

A. Have you done any of the following in the last twelve months?

B. If yes, was this related to the Commonwealth Games or to the regeneration of the East End

READ OUT OPTIONS – SINGLE CODE ON EACH LINE - DO NOT READ OUT 99 - 'Don't know'

		Yes (related to Games/East Regen)	Yes (not related)	No	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

57 Looking at the card, which option best describes how often you find it difficult to meet the cost of the following things...

READ OUT OPTIONS – SINGLE CODE ON EACH LINE - DO NOT READ OUT 99 - 'Don't know'

SHOWCARD 24		Very often	Quite often	Occasionally	Never	Not applicable	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

58 To which of these groups do you consider you belong?

SHOWCARD 25

SINGLE CODE ONLY

White		Asian 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 <input type="checkbox"/> ₁₄ please specify _____
E	Irish <input type="checkbox"/> ₀₅	Black or Black British	
F	Any other White background <input type="checkbox"/> ₀₆ please specify _____	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 <input type="checkbox"/> ₁₇ please specify _____
H	White and Black African <input type="checkbox"/> ₀₈	R	
I	White and Asian <input type="checkbox"/> ₀₉	S	Chinese <input type="checkbox"/> ₁₈
J	Any other Mixed background <input type="checkbox"/> ₁₀ please specify _____	T	Gypsy / traveller <input type="checkbox"/> ₁₉
		U	Do not wish to disclose <input type="checkbox"/> ₂₀
			Other <input type="checkbox"/> ₂₁ please specify _____

59 Can you tell me what is the highest level of educational qualifications you've obtained?

SINGLE CODE ONLY - INTERVIEWER BREIFING NOTE: DON'T READ OUT ALL THE OPTIONS BELOW - JUST ASSIGN RESPONSE TO APPROPRIATE BOX

School leaving certificate	<input type="checkbox"/>	01
O Grade, Standard Grade, GCSE, CSE, or equivalent – grades D to F	<input type="checkbox"/>	02
O Grade, Standard Grade, GCSE, CSE, or equivalent – grades A to C	<input type="checkbox"/>	03
Higher Grade/A Level, AS Level, Advanced Senior cert, CSYS or equivalent	<input type="checkbox"/>	04
GSVQ or SVQ Level 1 or 2, BTEC First Diploma, City and Guilds Craft or equivalent	<input type="checkbox"/>	05
GSVQ or SVQ Level 3, ONC, OND or SCOTVEC National Diploma, City and Guilds Advanced Craft, RSA Advanced Diploma or equivalent	<input type="checkbox"/>	06
Apprenticeships or trade qualification	<input type="checkbox"/>	07
HNC, HND, SVQ levels 4 or 5, RSA Higher Diploma or equivalent	<input type="checkbox"/>	08
First degree, Higher degree	<input type="checkbox"/>	09
Other technical or business qualification / certificate	<input type="checkbox"/>	10
Other qualification	<input type="checkbox"/>	11
please specify _____		
None	<input type="checkbox"/>	12
Don't know	<input type="checkbox"/>	99

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

READ OUT - SINGLE CODE

None	1	2	3	4 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
01	02	03	04	05

61 How satisfied or dissatisfied you are with your life overall?

READ OUT - SINGLE CODE ON EACH LINE- DO NOT READ OUT 99 - 'Don't know'

Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know or N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
01	02	03	04	05	99

WAIST MEASURES

62

SURVEY ASSISTANT IDNO
e.g.003

--	--	--

Waist Measure 1

--	--	--

--

cms

Standard Procedure 01
Belly Button 02
Other (Specify) 03

Waist Measure 2

--	--	--

--

cms

Standard Procedure 01
Belly Button 02
Other (Specify) 03

If difference between measures 1 and 2 is ≥ 1 cm, complete 3rd measure

Waist Measure 3

--	--	--

--

cms

Standard Procedure 01
Belly Button 02
Other (Specify) 03

PLEASE RECORD ANY CONCERNS WITH WAIST MEASUREMENTS ...

Interview Language Information

Note to interviewer: please comment on any language or communication problems during the interview.

**Thank respondent.
Give thank you note.**

**INTERVIEWER RECORD END TIME
24hrs**

Hours

Minutes

