

Active Lives Survey

This survey asks about healthy lifestyles and leisure, recreational, and cultural activities. It is being conducted on behalf of government agencies including Sport England, Arts Council England and Public Health England by Ipsos MORI, an independent social research organisation.

Example

Below is [an example](#) of the type of question you may be asked in the questionnaire...

If you see the  symbol it means there is extra information available to help you answer the question

'I have played football and cricket within the past 12 months. I have played football within the past 4 weeks but not cricket'

Have you done this activity in the **past 12 months?**

If you haven't please leave the box blank

Yes


Have you done this activity in the **past 4 weeks?**

If you haven't please leave the box blank

Yes


'I have played football on 8 days in the past 4 weeks. I have not played cricket in the past 4 weeks so I have left those boxes blank'

If you have done this activity during the **past 4 weeks** could you tell us...

...on how many days you did it?

Days
(in past 4 weeks)

...the time you usually spent on the activity **per day**

Hours
(per day)

Mins
(per day)

'Football raises my breathing rate but I do not sweat or get out of breath. I have not played cricket in the past 4 weeks so I have left those boxes blank'

...if the effort you usually put into the activity was enough to...

... raise your breathing rate

Yes No

...make you out of breath or sweat

Yes No

Team Sports

Football

☒

☒





☒
☐

☐
☒

Cricket

☒

☐





☐
☐

☐
☐

Q1 Have you done any of these activities in the past 12 months?

Please ✓ all that apply

i Spent time doing a creative, artistic, theatrical or music activity or craft ☐

i Attended an event, performance or festival involving creative, artistic, dance, theatrical or music activity ☐

i Used a public library service ☐

i Attended a museum or gallery ☐

None of these ☐

i **Spent time doing arts:** Include any activities connected with painting, artistic photography, sculpture, digital or electronic art/music, crafts, music, literature, drama and the theatre, carnivals, circus and festivals. Include professional, amateur and faith based activities in your local area and elsewhere.

i **Attended arts:** Include indoor or outdoor events, performances or festivals connected with painting, sculpture, crafts, music, literature, dance, drama and the theatre, carnivals and circus. Include photography exhibitions. Include professional, amateur and faith based events in your local area and elsewhere. Include attending a live cinema screening of an arts or creative event or performance. Do not include attending the cinema to watch a film.

i **Used a public library service:** Include public library services used in your local area and elsewhere during visits to library buildings and mobile libraries as well as library services accessed online. Include book borrowing, e-book borrowing, accessing information, or attending meetings, events, courses, or clubs.

i **Attended a museum or gallery:** Include museums and galleries attended in your local area and elsewhere.

Q2 Have you attended a live sports event in the past 12 months? **i**

Please ✓ one box only

Yes ☐ Go to Q3

No ☐ Go to Q5

i **Attended live sports event:** Include all matches and competitions, including professional sport as well as watching family and friends compete.

Q3 How many times have you attended a live sports event in the past 12 months?

Please ✓ one box only

Once ☐

Twice ☐

Three or more times ☐

Q4 Have you attended a live sports event in the past 4 weeks?

Please ✓ one box only

Yes ☐

No ☐

Q5

Listed below are types of **walking, cycling, gardening and dance** which you may have done within the past 12 months

Please ✓ all activities that you have done within the past 12 months; answering the follow up questions for each activity as appropriate

	Have you done this activity in the past 12 months ? <i>If you haven't please leave the box blank</i>		Have you done this activity in the past 4 weeks ? <i>If you haven't please leave the box blank</i>		If you have done this activity during the past 4 weeks could you tell us...									
	Yes ✓		Yes ✓		...on how many days you did it? Days (in past 4 weeks)	...the time you usually spent on the activity per day Hours (per day)	Mins (per day)	...if the effort you usually put into the activity was enough to... ...raise your breathing rate		...make you out of breath or sweat				
								Yes	No	Yes	No			
Walking i														
Walking for travel	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Walking for leisure (incl. dog walking and rambling)	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Cycling														
Cycling for travel (including commuting)	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Cycling for leisure and all other cycling	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Gardening														
	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Dancing														
Creative or artistic dance i	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Other types of dance i	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>

I have not done any of these activities in the past 12 months ☐

i **Walking:** Include all continuous walks of **at least 10 minutes** without stopping. If you stop for short breaks, such as waiting to cross a road this still counts as continuous. Exclude walking around the shops. Include walking a dog as leisure walking. Mountain/hill walking and hiking should be included at the next question on page 5.

i **Creative or artistic dance:** For example ballet, ballroom, belly dancing, contemporary, contact improvisation, Flamenco, folk, hip-hop, historical/period, Irish, jazz, jive, Latin American, line or square dancing, salsa, street dance, South Asian, tango or tap.

i **Other types of dance:** Dance based fitness classes/Zumba should be included under the fitness section later in the questionnaire.



Q5

Listed below are **sport, fitness and recreation activities** which you may have done within the past 12 months

Please ✓ all activities that you have done within the past 12 months; answering the follow up questions for each activity as appropriate

	Have you done this activity in the past 12 months? <i>If you haven't please leave the box blank</i>	Have you done this activity in the past 4 weeks? <i>If you haven't please leave the box blank</i>	If you have done this activity during the past 4 weeks could you tell us...							
	Yes ✓	Yes ✓	...on how many days you did it?	...the time you usually spent on the activity per day		...if the effort you usually put into the activity was enough to...		...make you out of breath or sweat		
			Days (in past 4 weeks)	Hours (per day)	Mins (per day)	Yes	No	Yes	No	
Team sports										
Football (includes small sided football)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cricket (includes nets practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rugby union (includes touch and sevens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rugby league (includes touch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Netball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hockey (field)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Racket sports										
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Badminton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Squash or racketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Table tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I have not done any of these activities in the past 12 months ☐

Q5


Listed below are **sport, fitness and recreation activities** which you may have done within the past 12 months


Please ✓ all activities that you have done within the past 12 months; answering the follow up questions for each activity as appropriate

	Have you done this activity in the past 12 months? <i>If you haven't please leave the box blank</i>		Have you done this activity in the past 4 weeks? <i>If you haven't please leave the box blank</i>		If you have done this activity during the past 4 weeks could you tell us...									
	Yes ✓		Yes ✓		...on how many days you did it?		...the time you usually spent on the activity per day			...if the effort you usually put into the activity was enough to...				
					Days (in past 4 weeks)		Hours (per day)		Mins (per day)		Yes	No	Yes	No
Adventure and water sports														
Hill and mountain walking, hiking, mountaineering	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
Climbing or bouldering (including rock and wall)	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
Rowing	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
Sailing or windsurfing	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
Canoeing, kayaking or rafting	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
Running or athletics														
Track and field athletics	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
Running or jogging	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
Other sports														
Swimming	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
Golf (includes pitch & putt)	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
Horse riding	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
Bowls	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>

I have not done any of these activities in the past 12 months ☐

Q5**Listed below are sport, fitness and recreation activities which you may have done within the past 12 months****Please ✓ all activities that you have done within the past 12 months; answering the follow up questions for each activity as appropriate**

	Have you done this activity in the past 12 months? <i>If you haven't please leave the box blank</i>	Have you done this activity in the past 4 weeks? <i>If you haven't please leave the box blank</i>	If you have done this activity during the past 4 weeks could you tell us...							
	Yes ✓	Yes ✓	...on how many days you did it?	...the time you usually spent on the activity per day		...if the effort you usually put into the activity was enough to...				
			Days (in past 4 weeks)	Hours (per day)	Mins (per day)	...raise your breathing rate		...make you out of breath or sweat		
						Yes	No	Yes	No	
Fitness activities										
Mixed fitness or gym session 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exercise bike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Treadmill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rowing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other exercise machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Body weight exercises (e.g. pull ups, press ups, sit ups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free weights (includes kettlebells and dumb bells)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weightlifting or powerlifting (using a barbell)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I have not done any of these activities in the past 12 months ☐** Mixed fitness or gym session:** A session combining several gym or fitness machine activities. If you tick this box do not tick all the individual machines or activities you do as part of the session.

Q5

Listed below are **sport, fitness and recreation activities** which you may have done within the past 12 months

Please ✓ all activities that you have done within the past 12 months; answering the follow up questions for each activity as appropriate

	Have you done this activity in the past 12 months ? <i>If you haven't please leave the box blank</i>		Have you done this activity in the past 4 weeks ? <i>If you haven't please leave the box blank</i>		If you have done this activity during the past 4 weeks could you tell us...								
	Yes ✓		Yes ✓		...on how many days you did it?	...the time you usually spent on the activity per day	...if the effort you usually put into the activity was enough to...		...raise your breathing rate		...make you out of breath or sweat		
					Days (in past 4 weeks)	Hours (per day)	Mins (per day)	Yes	No	Yes	No	Yes	No
Fitness activities continued													
Boxing class (e.g. Boxercise, body combat)	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Cardio class (e.g. aerobics, step aerobics, body attack)	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Cycle class (e.g. spinning, RPM)	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Dance based class (e.g. Zumba, fitsteps, raverise or body jam)	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Water-based classes (e.g. aquaerobics, aquafit)	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Circuit or cross training, cross fit, HIT or boot camp	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Pilates	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Yoga	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Tai Chi	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
Other fitness or exercise class	<input type="checkbox"/>	→	<input type="checkbox"/>	→	<input type="text"/>	<input type="text"/>	<input type="text"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>

I have not done any of these activities in the past 12 months ☐

Please ✓ all activities that you have done within the past 12 months; answering the follow up questions for each activity as appropriate

I have not done any of these activities in the past 12 months ☐

Q6 Thinking about exercise in general. To what extent do you agree or disagree with the following statements?

Please ✓ one box for each statement

a) I find exercise enjoyable and satisfying

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) It's important to me to exercise regularly

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c) I feel guilty when I don't exercise

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d) I exercise because I don't want to disappoint other people

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 During the last 12 months, have you given any of your time to do any of the following activities? *Only include unpaid activities (payments to cover expenses are allowed)*

Please ✓ all boxes that apply

Raise funds for a sports club, organisation or event ☐

Provide transport which helps people take part in sport
(other than for family members) ☐

Coaching or instructing an individual or team(s) in a sport
or recreational physical activity (other than solely for family
members) ☐

Referee, umpire, or officiate at a sports match, competition or
event ☐

Perform an administrative or committee role for a sports
organisation, activity or event (e.g. chairman, treasurer, social
secretary, first aider, welfare officer) ☐

Act as a steward or marshal at a sports activity or event (this may
include helping with registration, marking the route etc) ☐

Other: provide any other help for a sport or recreational physical
activity (such as welcoming people, helping with refreshments,
setting out equipment, marketing) ☐

No, have not participated in any of these activities in the last 12
months ☐ Go to Q9

*If you have given your time to support sport, fitness or recreation activities in the
past 12 months*

Q8 Think about all those sport and fitness activities you have given your time to support. Have you volunteered on more than one occasion in the last 12 months?

Please ✓ one box only

Yes ☐

No ☐

+ You and your household

Please be assured that we are bound by the Market Research Society Code of Conduct and all of your details are held in the strictest confidence

Q9 Which of the following describes how you think of yourself?

Please ✓ one box only

Male ☐ Female ☐ In another way ☐

Q10 What is your age?

years old

Q11 Including yourself how many adults live in your household? (include those aged 16 and over)

If you live by yourself please write 1

adults aged 16 and over

Q12 How many children or young people aged 0-15 years live in your household?

If there are no children living here please write 0

people aged 0-15 years

If there are children aged 0-15 in the household...

Q13 How old are the children or young people in your household? Only include those aged 0-15.

If there are no children living here leave the boxes blank

Child 1 years old Child 4 years old

Child 2 years old Child 5 years old

Child 3 years old Child 6 years old

Q14 Please tell us how members of your household are related to you.

Please ✓ all the boxes that apply

Partner or spouse ☐

Son(s) or daughter(s) (including step-children) who live with me ☐
full time

Son(s) or daughter(s) (including step-children) who only live with me ☐
part of the time

Mother or father (including mothers/fathers-in-law and step-mother or step-father) ☐

Grandparent(s) ☐

Grandchild or grandchildren ☐

Sister(s) or brother(s) ☐

Other relation ☐

Friend(s) or house shares ☐

Lodger(s) or someone else renting a room ☐

Q15 Do you have any children (of any age, including adults) who no longer live with you?

Please ✓ one box only

Yes ☐

No ☐

i Partner or spouse:
Include husband or wife, civil partners, partners

i Full time: Live with you all week.

i Part of the time: Live with you for part of the week.

i Sister(s) or brother(s):
include brothers/sisters-in-law and step-brothers/sisters

i Sons or daughters:
include fostered and adopted children and sons/daughters-in-law

Q16

Do you have any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more?

Please ✓ one box only

Yes ☐ Go to Q17

No ☐ Go to Q19

Prefer not to say ☐ Go to Q19

Q17

Do these physical or mental health conditions or illnesses have a substantial effect on your ability to do normal daily activities?

Please ✓ one box only

Yes ☐

No ☐

Prefer not to say ☐

i

- **Long term pain:** persistent or chronic pain, for example from arthritis
- **Chronic health conditions:** examples include diabetes, coronary heart disease, stroke, epilepsy and hypertension
- **Mobility:** conditions affecting the ability to move around, for example muscle weakness, joint problems, or neurological conditions
- **Dexterity:** impact on fine motor skills or movements, for example maintaining a hold on items.
- **Mental Health:** includes anxiety disorders, bipolar disorder, depression, eating disorders, personality disorders, psychosis and schizophrenia
- **Visual:** includes total blindness and low vision that cannot be corrected with standard glasses or contact lenses
- **Breathing:** conditions that may result in breathlessness, asthma attacks or fatigue. Examples include bronchitis, fibrosis, pulmonary edema, and asbestosis
- **Memory:** difficulty consistently remembering information which impacts on daily life
- **Hearing:** partially or wholly lacking hearing, in one or both ears.
- **Learning:** reduced intellectual ability and difficulty with everyday activities
- **Speech:** disruption in normal speaking patterns, for example lisps and dyspraxia
- **Behavioural:** behaviour traits that have a negative impact on daily life and/or social interactions or that make certain tasks more difficult

Q18

Does this disability or illness affect you in any of the following areas? i

Please ✓ all the boxes that apply to you

Long term pain ☐

Hearing ☐

Chronic health condition ☐

Learning ☐

Mobility ☐

Speech ☐

Dexterity ☐

Behavioural ☐

Mental health ☐

Other ☐

Visual ☐

None of these ☐

Breathing ☐

Prefer not to say ☐

Memory ☐

Q19 How many portions of fruit did you eat yesterday?

i Please include all fruit, including fresh, frozen, dried or tinned fruit, stewed fruit or fruit juices and smoothies.

Portions

Don't Know

i **What should I count as a portion?** A portion is half a large fruit such as a grapefruit, avocado, one medium sized fruit such as an apple, orange or pear, 2 small fruits such as plums or satsumas, a handful of grapes or berries, a heaped tablespoon of dried fruit, 3 heaped tablespoons of fruit salad or stewed fruit, 150ml fruit juice. Please do not include more than 150ml of fruit juice (including fruit juice contained within smoothies). This is because only one portion of fruit juice counts towards your 5-a-day.

Q20 How many portions of vegetables did you eat yesterday?

i Please include fresh, frozen, raw or tinned vegetables, but do not include any potatoes you ate.

Portions

Don't Know

i **What should I count as a portion?** A portion is 3 heaped tablespoons of vegetables, 3 heaped tablespoons of beans or pulses (such as baked beans, kidney beans or lentils). Beans and pulses only count as one portion no matter how much of them you eat. Potatoes do not count.

Q21 How tall are you without shoes?

If you are unsure please give an estimate. Please answer in either feet and inches or metres and centimetres.

I am

feet

inches tall

OR

I am

metres

centimetres tall

Cannot give estimate

Prefer not to say

Q22 What is your current weight?

If you are unsure please give an estimate. Please answer in either stones and pounds or kilograms.

I weigh

stone

pounds

OR

I weigh

kilograms

Cannot give estimate

Prefer not to say

If you are female...

Q23

We have just asked about your height and weight. As being pregnant affects weight, are you pregnant at present?

Please ✓ one box only

Yes ☐ No ☐ Prefer not to say ☐

Q24

Which one of the following best describes your ethnic group or background?

Please ✓ one box only

White British ☐

Other White background ☐

Mixed ☐

Asian or Asian British ☐

Chinese ☐

Black or Black British ☐

Other ethnic group ☐

Prefer not to say ☐

Q25

What is your **highest** educational qualification? This means any educational, professional, vocational or other work-related qualifications for which you received a certificate?

Please ✓ one box only

Degree level or above ☐

Other Higher Education below degree level ☐

i A levels, NVQ level 3 and equivalents ☐

i GCSE/O level grade A*-C or 4-9, NVQ level 2 and equivalents ☐

i Qualifications at level 1 and below ☐

Another type of qualification (includes other vocational or professional or foreign qualifications) ☐

No qualification ☐

Prefer not to say ☐

i **A levels, NVQ level 3 and equivalents** includes AS level, SVQ and GNVQ level 3, BTEC National

i **GCSE/O level grade A*-C or 4-9, NVQ level 2 and equivalents** includes SVQ and GNVQ level 2, BTEC first or general diploma

i **Qualifications at level 1 and below** includes GCSE or O level below grade C or 4, CSE below grade 1, NVQ, SVQ and GNVQ level 1, BTEC first or general certificate

Q26 What is your current working status?

Please ✓ one box only

Working full-time ☐ Go to Q29

Working part-time ☐ Go to Q29

Unemployed – less than 12 months ☐ Go to Q28

Unemployed (long term) – more than 12 months ☐ Go to Q28

Not working – retired ☐ Go to Q27

Not working – looking after house/children ☐ Go to Q28

Not working – long term sick or disabled ☐ Go to Q28

Student – in full-time education studying for a recognised qualification ☐ Go to Q28

Student – in part-time education studying for a recognised qualification ☐ Go to Q28

Other ☐ Go to Q28

If you are retired...

Q27 Which year did you leave your last paid job?

Year (YYYY) Go to Q29

Q28 Have you ever worked?

Please ✓ one box only

Yes ☐ Go to Q29

No ☐ Go to Q35

Q29 Are you or were you working as an employee or are/were you self-employed?

If you are not currently working please think about this in relation to your last main job. Please ✓ one box only

Employed ☐ Go to Q30 Self-Employed ☐ Go to Q32

Q30 How many people work or did you work for your employer?

If you are not currently working please think about this in relation to your last main job. Please ✓ one box only

1 – 24 ☐ 25-499 ☐ 500 or more ☐

Q31 In your job do you or did you have any formal responsibility for supervising the work of other employees?

Please ✓ one box only

Yes ☐ Go to Q34

No ☐ Go to Q34

i What do I include as supervising?

INCLUDE supervising employees

DO NOT include supervising children, animals or buildings

Q32 Are you or were you working on your own or do/did you have employees?

Please ✓ one box only

On my own/with partner but no employees ☐ Go to Q34

With employees ☐ Go to Q33

Q33 How many people do you or did you employ at the place where you work/worked?

Please ✓ one box only

1 – 24 ☐ 25-499 ☐ 500 or more ☐

Q34 Select the one answer which best describes the sort of work that you do or did

If you are not currently working please think about this in relation to your last main job. Please ✓ one box only

Modern professional occupations such as: teacher, nurse, physiotherapist, social worker, welfare officer, artist, musician, police officer (sergeant or above), software designer ☐

Clerical and intermediate occupations such as: secretary, personal assistant, clerical worker, office clerk, call centre agent, nursing auxiliary, nursery nurse ☐

Senior managers or administrators (usually responsible for planning, organising and co-ordinating work, and for finance) such as: finance manager, chief executive ☐

Technical and craft occupations such as: motor mechanic, fitter, inspector, plumber, printer, tool maker, electrician, gardener, train driver ☐

Semi-routine manual and service occupations such as: postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, receptionist, sales assistant ☐

Routine manual and service occupations such as: HGV driver, van driver, cleaner, porter, packer, sewing machinist, messenger, labourer, waiter/waitress, bar staff ☐

Middle or junior managers such as: office manager, retail manager, bank manager, restaurant manager, warehouse manager, publican ☐

Traditional professional occupations such as: accountant, solicitor, medical practitioner, scientist, civil/mechanical engineer ☐

Q35

We would like to give you a **£5 gift voucher** to thank you for your time. If you wish to receive a voucher your name and address will be passed on to our provider who will post your voucher within 2 weeks of us receiving your questionnaire. Would you be willing for this information to be passed on so that you can receive a gift voucher? **i**

Please ✓ one box only

Yes ☐ Go to Q36

No ☐ Go to Q39

Q36

To receive your gift voucher please confirm your postal address is the address on the letter we sent you

Please ✓ one box only

The address that the questionnaire has been sent to is correct ☐ Go to Q38

I would like to provide another address as I have moved or will move ☐ Go to Q37

Q37

What is your new address?

Please write in block capitals

Postcode

i **How will our provider use my details?** Our provider will only use your name and address to send you your gift voucher. They will not contact you for any other reasons or pass your data to anyone else.

