
Your Health and Well-Being

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. *Thank you for completing this survey!*

For each of the following questions, please tick the one box that best describes your answer.

We would like to ask you about your health, your use of NHS services, and how you feel

8. **In the past month have you had any of the following symptoms?**

Please tick all that apply

- Coughing
- Bring up phlegm
- Shortness of breath
- Wheezing attack
- Chest tightness
- Runny nose
- Blocked nose
- Sinus swelling
- Sneezing
- Sore throat
- Cold/Flu
- None of the above

9. **Have you had wheezing and whistling in your chest at any time in the last 12 months?**

Yes No

(a) **If yes, Have you been at all breathless when the wheezing noise was present?**

Yes No

(b) **If yes, Have you had this wheezing or whistling when you have not had a cold?**

Yes No

10. **Have you woken up with a feeling of tightness in the chest at any time in the last 12 months?**

Yes No

11. **Have you been woken up by an attack of shortness of breath at any time in the last 12 months?**

Yes No

12. **Have you been woken up by an attack of coughing at any time in the last 12 months?**

Yes No

13. **Have you had an attack of asthma in the last 12 months?**

Yes No

14. **Are you currently taking any medication (including inhalers, aerosols or tablets) for asthma?**

Yes No

15. **Do you have any nasal allergies including hay fever?**

Yes No

23. On a scale where 0 is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday? (tick one only)

<i>Not at all anxious</i>						<i>Completely anxious</i>				
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would like to ask you some questions about your home and energy use in winter

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
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24. On a typical winter day, how satisfied are you with the temperature in your home

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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25. In the past 12 months have you put up with feeling cold to save heating costs? Yes No

26. How would you describe the overall level of warmth in your home during the winter? Is it... Tick one only

- Much colder than you would have liked
- A bit colder than you would have liked
- About right
- A bit warmer than you would have liked
- A lot warmer than you would have liked
- Both too warm and too cold

27. Do you have central heating? Yes No

28. How do you heat your home? Please tick all that you use

<input type="checkbox"/> Electric central heating (e.g. storage heater)	<input type="checkbox"/> Gas portable heater
<input type="checkbox"/> Mains gas (central heating)	<input type="checkbox"/> Electric portable heater
<input type="checkbox"/> Oil (central heating)	<input type="checkbox"/> Oil filled radiator
<input type="checkbox"/> Solid fuel (e.g. coal, wood)	<input type="checkbox"/> Other
<input type="checkbox"/> Bulk LPG (liquid petroleum gas)	

Please state the figure easiest for you
 £ per week £ per month £ per quarter

29. How much do you pay for your total gas and electricity utility bills?

	OR	OR
	OR	OR

How much do you pay for oil or solid fuels (coal, wood)?

30. How do you pay for your gas/electric bills?

	Gas	Electric
pre-payment meter	<input type="checkbox"/>	<input type="checkbox"/>
quarterly bills (standard credit)	<input type="checkbox"/>	<input type="checkbox"/>
direct debit	<input type="checkbox"/>	<input type="checkbox"/>
other	<input type="checkbox"/>	<input type="checkbox"/>

31. On a typical winter day, which of the following rooms are heated?

Kitchen	Main living area/room	Hallway	Main bedroom 1	Bedroom 2	Bedroom 3	Bathroom	Other rooms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. On a typical winter evening, which of the following rooms are heated?

Kitchen	Main living area/room	Hallway	Main bedroom 1	Bedroom 2	Bedroom 3	Bathroom	Other rooms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. In the last year have you ever felt reluctant to invite friends or family to your home because of difficulties keeping it warm? Yes No

In the past 2 weeks, how many times have you...

Not at all Once or twice 3-6 times More than 6 times

34. Gone out to visit family or friends?

35. Had family/friends to visit you in your home?

Next are some questions about your home

36. In what type of house are you living?
- House – detached
 - House – semi detached
 - House – terraced/end of terrace
 - Bungalow
 - Flat – purpose built
 - Flat or maisonette – conversion
 - Other

37. How long have you lived here?
- Less than one year
 - 1-4 years
 - 5-9 years
 - More than 9 years

38. Approximately, when was your home first built?

Before 1919	1919 - 1944	1945 - 1964	1965 - 1979	1980 or later
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. How many bedrooms are there in your home?

Please write in the number

40. Does your household own or rent this accommodation?

- Owner occupied
- Rented from private landlord/agent
- Rented from local authority (council)
- Rented from housing association/ cooperative/ trust/ registered social landlord (RSL)
- Other (e.g. through work/relative)

41. How satisfied or dissatisfied are you with the current state of repair of your home?

Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Do you currently experience any of the following problems in your home?

Tick all that apply

- Condensation
- Leaking roof
- Damp walls and/or floors
- Rot in windows or door frames
- Draught
- Mould

We would like to ask you some questions are about how you feel about money

<u>How often is it difficult to meet the cost of...</u>	Very often	Quite often	Only Occasionally	Never	
43. The rent or mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Repairs or maintenance for your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Gas, electricity and other fuel bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. The telephone bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Bills for council tax, insurance etc. that come up from time to time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48. Credit payments (e.g. visa, store cards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49. Food and other necessities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50. Treats like a night out, or presents for the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51. Compared to a year ago, do you feel financially...	Better off <input type="checkbox"/>	Just the same <input type="checkbox"/>	Worse off <input type="checkbox"/>		
52. What level of financial stress do you feel?	None <input type="checkbox"/>	Slight <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>
		Very often	Quite often	Only Occasionally	Never
53. In the last 12 months, the food I bought just didn't last, and I didn't have money to get more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54. In the last 12 months, I couldn't afford to eat balanced meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
55. In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

We would like to ask you a few questions about you & your household

56. Which one of these best describes you?

- I smoke daily
- I smoke occasionally, but not every day
- I used to smoke daily, but do not smoke at all now
- I used to smoke occasionally, but do not smoke at all now
- I have never smoked

57. Are you intending to quit smoking in the next 6 months?

Yes No

58. How many members of this household smoke (including yourself)?

Please write in the number

59. What is your sex?

Male Female

60. Which age group do you belong to?

Mark one box only

- Under 18 36-45 years
- 18-20 years 46-54 years
- 21-25 years 55-64 years
- 26-35 years 65 or above

61. How many children (under 16) usually live in your household?

Please write in number

62. Including yourself, how many adults (16 years or over) usually live in your household?

Please write in number

63. How many of these adults are employed– full or part time?

Please write in number

64. What is your marital status?

- Single (never married)
- Cohabiting/ Living together
- Married or Civil partnership
- Separated
- Divorced
- Widowed
- Other

65. What is your current employment status?

- Employed full time
- Employed part time (less than 30 hours per week)
- Self employed
- Unemployed, looking for work
- Not working because of poor health or disability
- Full-time house-person
- Full time student
- Retired
- Other

66. What is the highest qualification you have?

- GCSE/O-level/CSE
- Vocational qualification (=NVQ1+2)
- A-level or equivalent
- Degree level or higher
- No formal qualification
- Other

67. Thinking of the income of your household as a whole (including all benefits), which represents the total income of the whole household before deductions for income tax, National Insurance, etc.

	Weekly	Per Year
<input type="checkbox"/>	£0 - £96	£0 - £4,999
<input type="checkbox"/>	£97 - £144	£5,000 - £7,499
<input type="checkbox"/>	£145 - £192	£7,500 - £9,999
<input type="checkbox"/>	£193 - £288	£10,000 - £14,999
<input type="checkbox"/>	£289 - £385	£15,000 - £19,999
<input type="checkbox"/>	£386 - £577	£20,000 - £29,999
<input type="checkbox"/>	£578 - £769	£30,000 - £39,999
<input type="checkbox"/>	£770 - £962	£40,000 - £49,999
<input type="checkbox"/>	£963 or more	£50,000 or more

68. Do you receive housing benefits?

Yes No

Finally, can we just ask...

69. Are you having energy efficiency work done to your home this year? Yes No

70. If yes, is this work being done through ... Please tick all that apply

Arbed

NEST

Green Deal/ECO

Paid for by your household

Don't know

Thank you for completing this questionnaire!
