

Your membership number is:



in Lancashire

1. Please read the instructions carefully.
2. Please use blue or black pen to fill in the questionnaire.
3. Please check you have answered all the appropriate questions.
4. Return your completed questionnaire in the reply-paid envelope provided.

Healthcare and social care services

Lancashire County Council has a commitment to ensure that local people can lead healthy lives. The council works closely with Lancashire's Primary Care Trusts (the local NHS organisations) to help improve health in the local area.

Healthcare services include things like hospital and GP services, and NHS Direct. Social care services are there to provide help and support for people with a disability, incapacity or long-term illness so they can live independently and maintain a good quality of life. The support offered varies with individual's needs and aspirations but might include:

- funding for someone to help with personal tasks (eg getting up, washing, preparing food and eating);
- helping people with disabilities seek and maintain employment;
- making arrangements for people isolated because of their disability to get out and about or have some company; and
- providing equipment in the home that helps people complete daily tasks or get around safely.

1

How well informed do you feel about...

PLEASE TICK ONE BOX FOR EACH

	Very well informed	Fairly well informed	Not very well informed	Not at all informed	Don't know
Healthcare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2

And how much do you agree or disagree with the following statements...

PLEASE TICK ONE BOX FOR EACH

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
I can get access to healthcare services easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can get access to social care services easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3**In general would you say that you are treated with respect when using health services?** PLEASE TICK ONE BOX ONLYAll of the time Most of the time Some of the time Rarely Never Don't know/does not apply **4****Thinking about older people in your local area, how important do you think each of the following types of information are for older people locally?** PLEASE TICK ONE BOX FOR EACH

	Very important	Fairly important	Not very important	Not at all important	Don't know
Fire safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical help in the home eg changing plugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Falling/accidents in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with junk mail/ telephone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Information on crime eg burglary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5**And in your area do you think older people are able to get the services and support they need to continue to live at home for as long as they want to?** PLEASE TICK ONE BOX ONLYYes No Don't know

6

If you had a friend with a disability who wasn't coping very well, which of the following would you contact first? Please assume that (s)he is living in his/her own home and you do not know how to contact his/her relative(s). PLEASE TICK ONE BOX ONLY

Hospital NHS Direct GP or family doctor Social Services Police

Someone else (PLEASE WRITE IN THE BOX BELOW)

Don't know Would not contact anyone **7**

Do you care for someone with long-term ill health or problems related to old age, other than as part of your job?

PLEASE TICK ONE BOX FOR THE TIME SPENT IN A TYPICAL WEEK

No Yes, for between 1 and 19 hours a week Yes, for between 20 and 49 hours a week Yes, for 50 hours or more a week

Health

8

Over the last 12 months would you say your health has on the whole been...

PLEASE TICK ONE BOX ONLY

Good Fairly good Not good

11

And on average, how many portions of VEGETABLES do you eat a day?
(Examples include 3 heaped tablespoons of carrots, a side salad, 2 spears of broccoli.)

PLEASE TICK ONE BOX ONLY

None	1	2	3	4	5	6	7 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12

Have you ever smoked a cigarette, cigar or other tobacco product?

PLEASE TICK ONE BOX ONLY

Yes → go to Q13

No → go to Q14

13

Which best describes you?

PLEASE TICK ONE BOX ONLY

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

Alcohol

14

Do you drink alcoholic drinks at present?

PLEASE TICK ONE BOX ONLY

Yes → go to Q15

No → go to Q18

15

Please write the number of alcoholic drinks you have consumed on each day during the past week. It may help if you try to remember where you were and whom you were with on each day.

PLEASE WRITE IN THE BOXES (Please leave boxes blank if you have not consumed any of the following drinks in the last week)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Pints of non alcoholic beer, lager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pints of low alcohol beer, lager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pints of normal strength beer, lager, stout	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pints of strong beer, lager, stout, cider	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bottles of strong beer, lager, stout	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bottles of alcopops such as Smirnoff Ice, WKD, Bacardi Breezer, VK, Reef	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single measures of spirits such as whisky, vodka, gin, rum	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Standard glasses of wine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single glasses of fortified wine such as sherry, port, martini	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

16

Would you say the last week was fairly typical of what you usually have to drink in one week? PLEASE TICK ONE BOX ONLY

Yes → go to Q18

No → go to Q17

17

If last week was not typical, would you normally drink more or less in a week? PLEASE TICK ONE BOX ONLY

More

Less

Physical activity

The following questions ask about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

18

During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast cycling?

PLEASE WRITE IN THE BOX

days per week

No vigorous physical activities → go to Q20

19

How much time did you usually spend doing vigorous physical activities on one of those days?

PLEASE WRITE IN THE BOXES

hours

minutes per day

Don't know/not sure

Think about all the **moderate** activities that you did in the last **7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

20

During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, cycling at a regular pace, or doubles tennis? Do not include walking. PLEASE WRITE IN THE BOX

days per week

No moderate physical activities → go to Q22

21

And how much time did you usually spend doing moderate physical activities on one of those days?

PLEASE WRITE IN THE BOXES

hours

minutes per day

Don't know/not sure

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

22 During the last 7 days, on how many days did you walk for at least 10 minutes at a time? PLEASE WRITE IN THE BOX

days per week

No walking → go to Q24

23 How much time did you usually spend walking on one of those days? PLEASE WRITE IN THE BOXES

hours minutes per day

Don't know/not sure

24 During the last 7 days, how much time did you spend sitting on a typical weekday? Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television. PLEASE WRITE IN THE BOXES

hours minutes per day

Don't know/not sure

Your circumstances

25 Thinking of other people around your local area and comparing your standard of living, would you say you are...

PLEASE TICK ONE BOX ONLY

Much better off

A little better off

About the same

A little worse off

Much worse off

Don't know

26**And how well do you feel that you are managing financially?**

PLEASE TICK ONE BOX ONLY

- Living comfortably
- Doing all right
- Just about getting by
- Finding it difficult
- Finding it very difficult

Benefits

27

a) Do you receive any of the following benefits or tax credits?
b) Which of these, if any, do you feel people like you would like more information on?

PLEASE TICK ALL THAT APPLY

	a) receive	b) would like more information on
Income Support	<input type="checkbox"/>	<input type="checkbox"/>
Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Council Tax Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Pension or Old Person's Pension	<input type="checkbox"/>	<input type="checkbox"/>
Jobseeker's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Disability Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Child Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
Child Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
None of these	<input type="checkbox"/>	<input type="checkbox"/>

Children's services

28 If you had concerns about a child's health or wellbeing which of the following, if any, would you contact first? PLEASE TICK ONE BOX ONLY

Your doctor or GP

The local school

The police

The health service

The local council (either district or county council)

Someone else (PLEASE WRITE IN THE BOX)

Don't know

Would not contact anyone

29 How easy or difficult do you think it would be for you to contact this service or organisation? PLEASE TICK ONE BOX ONLY

Very easy

Fairly easy

Fairly difficult

Very difficult

Don't know

30 How informed do you feel about each of the following to help keep children safe...? PLEASE TICK ONE BOX FOR EACH

	Very well informed	Fairly well informed	Not very well informed	Not at all well informed	Don't know
Preventing accidents in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe travel to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing anti-social behaviour (eg vandalism, abusive behaviour)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31 Do you have any children aged between 0 and 18? PLEASE TICK ONE BOX ONLY

Yes → go to Q32

No → go to end

32

How would you rate the information provided for parents and carers to help their children live healthily (eg information on diet, physical activity, smoking, alcohol and drugs)? PLEASE TICK ONE BOX ONLY

- Very good
- Fairly good
- Fairly poor
- Very poor
- Don't know

33

How easy or difficult do you think it would be for parents or carers to get information on the emotional needs of children (eg helping children be more confident, dealing with the impact of bullying)?

PLEASE TICK ONE BOX ONLY

- Very easy
- Fairly easy
- Fairly difficult
- Very difficult
- Don't know

34

a) From which, if any, of the sources below do you currently find information on things for families and children to do?

b) And which, if any sources, would you prefer to use to find information on things for families and children to do?

PLEASE TICK ALL THAT APPLY

	a) currently	b) prefer
Local newspapers	<input type="checkbox"/>	<input type="checkbox"/>
National newspapers	<input type="checkbox"/>	<input type="checkbox"/>

Radio	<input type="checkbox"/>	<input type="checkbox"/>
Television	<input type="checkbox"/>	<input type="checkbox"/>

Leaflets	<input type="checkbox"/>	<input type="checkbox"/>
Magazines	<input type="checkbox"/>	<input type="checkbox"/>

Internet	<input type="checkbox"/>	<input type="checkbox"/>
Tourist Information Centres	<input type="checkbox"/>	<input type="checkbox"/>

Posters	<input type="checkbox"/>	<input type="checkbox"/>
None of these	<input type="checkbox"/>	<input type="checkbox"/>

Other (PLEASE WRITE IN BELOW)		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Don't know/don't get information	<input type="checkbox"/>	<input type="checkbox"/>

35

To what extent do you agree or disagree that you can influence the things provided to help children play, achieve at school and enjoy their leisure time? PLEASE TICK ONE BOX ONLY

- Definitely agree
- Tend to agree
- Tend to disagree
- Definitely disagree
- Don't know

36

a) And finally, are you aware of any of the following services available to you and your child/ren in the local area?

b) And in the last 12 months, have you or your child/ren used any of the following services?

PLEASE TICK ALL THAT APPLY

	a) are available locally	b) used in last 12 months
After school and breakfast clubs for children	<input type="checkbox"/>	<input type="checkbox"/>
School clubs/childcare in school during school holidays	<input type="checkbox"/>	<input type="checkbox"/>

Child play/leisure services (eg day trips away, arts and crafts, music, dance, drama programmes)	<input type="checkbox"/>	<input type="checkbox"/>
Child education support (eg after-school support for maths, reading, languages)	<input type="checkbox"/>	<input type="checkbox"/>

Child health education (eg after-school programmes focusing on nutrition, sexual health, drug awareness)	<input type="checkbox"/>	<input type="checkbox"/>
Child and family counselling (eg one-to-one counselling services and family group conferences)	<input type="checkbox"/>	<input type="checkbox"/>

Child mentoring/role model programmes (eg befriending, 'buddying', peer mediation)	<input type="checkbox"/>	<input type="checkbox"/>
Home-school liaison (eg support for child and/or family about school attendance, homework)	<input type="checkbox"/>	<input type="checkbox"/>

Parenting skills support and/or education	<input type="checkbox"/>	<input type="checkbox"/>
Telephone help lines for parents	<input type="checkbox"/>	<input type="checkbox"/>

Home visiting one-to-one services (eg Homestart)	<input type="checkbox"/>	<input type="checkbox"/>
Marriage/relationship support and mediation	<input type="checkbox"/>	<input type="checkbox"/>

Family learning activities (eg activities involving parents and children learning together)	<input type="checkbox"/>	<input type="checkbox"/>
Family centres (eg drop-in services available to parents and children)	<input type="checkbox"/>	<input type="checkbox"/>

**Please return the questionnaire in the reply-paid envelope.
Thank you for being part of Life in Lancashire.**