

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	10%	52%	28%	7%	2%
Social care services	4%	27%	41%	21%	7%

**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 <b>healthcare</b> services easily	15%	51%	18%	11%	2%	4%
I can get access to <b>social care</b> services easily	4%	20%	30%	14%	3%	28%

**3****In general would you say that you are treated with respect when using health services? PLEASE TICK ONE BOX ONLY**

All of the time	30%
Most of the time	53%
Some of the time	13%
Rarely	1%
Never	0%
Don't know/does not apply	3%

**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	80%	18%	1%	0%	1%
Technical help in the home eg changing plugs	51%	39%	7%	1%	2%
Falling/accidents in the home	80%	18%	1%	0%	1%
Dealing with junk mail/ telephone calls	43%	38%	16%	3%	1%
Information on crime eg burglary	68%	27%	3%	1%	1%

**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 ONLY**

Yes	32%
No	19%
Don't know	49%

**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	1%
NHS Direct	5%
GP or family doctor	42%
Social Services	46%
Police	2%
Don't know	4%
Would not contact anyone	0%

**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	83%
Yes, for between 1 and 19 hours a week	10%
Yes, for between 20 and 49 hours a week	2%
Yes, for 50 hours or more a week	4%

## Health

**8**

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

PLEASE TICK ONE BOX ONLY

Good	51%
Fairly good	37%
Not good	12%

**9**

**And thinking about the following aspects of health, which of the following options for each most closely matches your experience?**

PLEASE TICK ONE BOX FOR EACH ASPECT

**Mobility**

I have no problems walking about	I have some problems walking about	I am confined to bed
77%	23%	0%

**Self care**

I have no problems with self care	I have some problems with self care	I am unable to wash or dress myself
91%	9%	1%

**Usual activities**

I have no problems with performing my usual activities	I have some problems with performing my usual activities	I am unable to perform my usual activities
79%	19%	2%

**Pain or discomfort**

I have no pain or discomfort	I have moderate pain or discomfort	I have extreme pain or discomfort
56%	37%	6%

**Anxiety or depression**

I am not anxious or depressed	I am moderately anxious or depressed	I am extremely anxious or depressed
75%	22%	3%

**10**

**And thinking about your diet, on average, how many portions of FRUIT do you eat a day?** (Examples include a handful of grapes, an orange, a glass of fruit juice, a handful of dried fruits.)

PLEASE TICK ONE BOX ONLY

None	1	2	3	4	5	6	7 or more
5%	16%	29%	24%	13%	8%	2%	2%

**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
2%	14%	35%	31%	11%	5%	1%	1%

**12**

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

PLEASE TICK ONE BOX ONLY

Yes 52% → go to Q13

No 48% → go to Q14

**13**

**Which best describes you?**

PLEASE TICK ONE BOX ONLY

I smoke daily	23%
I smoke occasionally but not every day	7%
I used to smoke daily but do not smoke at all now	44%
I used to smoke occasionally but do not smoke at all now	26%

## Alcohol

**14**

**Do you drink alcoholic drinks at present?**

PLEASE TICK ONE BOX ONLY

Yes 71% → go to Q15

No 29% → 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

**Please see report for results to this question**

Pints of low alcohol  
beer, lager

Pints of normal strength  
beer, lager, stout

Pints of strong beer,  
lager, stout, cider

Bottles of strong beer,  
lager, stout

Bottles of alcopops  
such as Smirnoff Ice,  
WKD, Bacardi  
Breezer, VK, Reef

Single measures of  
spirits such as whisky,  
vodka, gin, rum

Standard glasses of  
wine

Single glasses of  
fortified wine such as  
sherry, port, martini

**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 79% → go to Q18

No 21% → 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 21%

Less 79%

## 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.

Please see report for the results of the questions in this section

**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	8%
A little better off	23%
About the same	51%
A little worse off	11%
Much worse off	3%
Don't know	3%



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

PLEASE TICK ONE BOX ONLY

Living comfortably	21%
Doing all right	43%
Just about getting by	26%
Finding it difficult	7%
Finding it very difficult	2%

## 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	5%	9%
Pension Credit	5%	14%
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Housing Benefit	9%	8%
Council Tax Benefit	15%	19%
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Retirement Pension or Old Person's Pension	25%	10%
Jobseeker's Allowance	1%	3%
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Incapacity Benefit	6%	7%
Disability Benefits	9%	12%
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Child Benefit	26%	5%
Working Tax Credit	11%	13%
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Child Tax Credit	17%	9%
Other	2%	2%
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None of these	36%	51%