

PATIENT CHOICE QUESTIONNAIRE

What is the survey about?

This survey is about the **most recent time** your GP referred you to the hospital or treatment centre named in the letter enclosed with this questionnaire

Who should complete the questionnaire?

The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his/her point of view - not the point of view of the person who is helping.

Completing the questionnaire

For each question please tick clearly inside one box using a black or blue pen.

Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please do not write your name or address anywhere on the questionnaire.

Questions or help?

For more information about this questionnaire see the enclosed information sheet. You can also call the Picker Institute Europe FREEPHONE helpline number: **0800 783 2896**.

Taking part in this survey is voluntary. **Your answers will be treated in confidence.**

Think about the most recent time your GP referred you to a hospital/treatment centre when answering questions in this survey

Your referral

1. Did you discuss which hospital you might go to with any of the following people?

	Yes	No	<i>Don't know/can't remember</i>
a). GP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b). GP Receptionist	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c). Someone else in the GP surgery	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d). Family /friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e). Telephone booking line advisor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f). PALS / patient advisor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g). Other (please write in box)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

2. Were you able to go to the hospital that you wanted to go to?

Yes..... ₁ No..... ₂ I didn't have a preference..... ₃

3. Were you offered a choice of hospital?

Yes..... ₁ **→Go to 4**

No..... ₂ **→Go to 11**

Don't know..... ₃ **→Go to 11**

4. Who offered you that choice? (tick as many as apply)

GP..... ₁ Telephone booking line advisor..... ₅

GP receptionist..... ₂ In a letter received after GP consultation..... ₆

Someone else in the GP surgery..... ₃ Other (*please write in box*)..... ₇

PALS / patient advisor..... ₄

5. How many choices of hospital were you offered?

2..... ₁ 3 – 5..... ₂ More than 5..... ₃

6. Were any of those hospitals from the private sector?

Yes..... ₁ Don't know/can't remember..... ₃

No..... ₂

Support with making your choice

7. Did any of the following people give you advice on which hospital you should go to?

	Yes	No	<i>Don't know/can't remember</i>
a). GP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b). GP Receptionist	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c). Someone else in the GP surgery	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d). Family / friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e). Telephone booking line advisor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f). PALS / patient advisor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g). Other (please write in box)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

**8. Which, if any, of the following sources of information did you use to choose the hospital?
(tick as many as apply)**

- | | |
|--|---|
| GP..... <input type="checkbox"/> ₁ | Someone else at GP surgery..... <input type="checkbox"/> ₈ |
| A booklet or leaflet about my choices..... <input type="checkbox"/> ₂ | Local patient organisation..... <input type="checkbox"/> ₉ |
| NHS Choices website..... <input type="checkbox"/> ₃ | Staff at clinical assessment or referral centre..... <input type="checkbox"/> ₁₀ |
| Hospital/treatment centre website..... <input type="checkbox"/> ₄ | Telephone booking line advisor..... <input type="checkbox"/> ₁₁ |
| Other internet site..... <input type="checkbox"/> ₅ | None of these..... <input type="checkbox"/> ₁₂ |
| Friends/family members..... <input type="checkbox"/> ₆ | Other (please write in box)..... <input type="checkbox"/> ₁₃ |
| Own experience..... <input type="checkbox"/> ₇ | |

9. Were you given the right amount of information to help you choose a hospital?

- Yes - about right..... ₁ I didn't want any information..... ₄
 No - I would have liked more..... ₂ Don't know/can't remember..... ₅
 No - I was given too much information..... ₃

The hospital you chose

10. How important were each of the factors below in influencing which hospital you chose?

	<i>Essential</i>	<i>Very Important</i>	<i>Somewhat important</i>	<i>Not Important</i>
a). Cleanliness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b). Car parking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c). Close to your home or work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d). Accessible on public transport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e). Travel costs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f). Convenience of appointment time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g). Waiting time for appointment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h). Personal experience of the hospital	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i). Experience of friends or family members	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j). Reputation of the hospital	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k). Friendliness of staff	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l). How well organised the clinic is	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
m). Quality of food	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
n). Quality of care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
o). Standard of facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
p). Waiting time in waiting room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
q). Ability to see consultant of your choice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
r). Other (please write in box)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Booking your appointment

11. Who booked your hospital appointment?

- Me - on the telephone.... ₁ GP receptionist..... ₄ Don't know/can't remember..... ₇
- Me - on the internet..... ₂ Another person in the GP surgery..... ₅ Other (*please write in box*)..... ₈
- GP..... ₃ PALS / patient advisor.... ₆
-

Choice general

12. Before you visited your GP, did you know that you now have a choice of hospitals that you can go to for your first hospital appointment?

- Yes..... ₁ No..... ₂

13. Before you visited your GP, did you know you now can choose to have NHS treatment in a private sector hospital?

- Yes..... ₁ No..... ₂

14. At the time you were referred for your outpatient appointment, did you think you would need to have an operation or stay in hospital for treatment?

- Yes..... ₁ No..... ₂ Don't know..... ₃

15. How important to you is being offered a choice of hospital?

- Very important ₁ Of little importance..... ₄
- Important..... ₂ Unimportant..... ₅
- Somewhat important..... ₃

Hospital Performance

16. How would you rate the hospital you are attending for the following factors?

	<i>Very good</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Very poor</i>	<i>Don't know</i>
a). Cleanliness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b). Car parking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c). Close to your home or work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d). Accessible on public transport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e). Travel costs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
f). Convenience of appointment time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
g). Waiting time for appointment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
h). Personal experience of the hospital	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
i). Experience of friends or family members	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
j). Reputation of hospital	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
k). Friendliness of staff	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
l). How well organised the clinic is	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
m). Quality of food	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
n). Quality of care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
o). Standard of facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
p). Waiting time in waiting room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
q). Ability to see a consultant of your choice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
r). Other (please write in box)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

17. Have you heard about the performance of hospitals in your area from any of the following sources? (tick as many as apply)

- | | | | |
|--|----------------------------|------------------------------------|----------------------------|
| Personal experience..... | <input type="checkbox"/> 1 | Internet..... | <input type="checkbox"/> 6 |
| Experience of friends and family | <input type="checkbox"/> 2 | Official performance reports | <input type="checkbox"/> 7 |
| Local media..... | <input type="checkbox"/> 3 | Newspaper..... | <input type="checkbox"/> 8 |
| Grapevine/gossip..... | <input type="checkbox"/> 4 | Other (please write in box)..... | <input type="checkbox"/> 9 |
| GP..... | <input type="checkbox"/> 5 | | |

Marketing

18. Have you ever seen/heard an advert for any of the following?

	Yes	No	Don't know/can't remember
a). The hospital you are attending	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<hr style="border-top: 1px dashed black;"/>			
b). Other NHS hospitals in your area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<hr style="border-top: 1px dashed black;"/>			
c). Other private sector hospitals in your area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<hr style="border-top: 1px dashed black;"/>			
d). Patient choice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<hr style="border-top: 1px dashed black;"/>			
e). Choose and book	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<hr style="border-top: 1px dashed black;"/>			
f). NHS Choices website	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Your local hospital

19. Do you think of the hospital/treatment centre you are attending as your 'local' hospital?

- Yes..... 1 **→Go to 21**
- No..... 2 **→Go to 20**
- Not sure..... 3 **→Go to 20**

20. What is the name of what you think of as your local hospital?

(Please write in box below)

21. What is your past experience of your local hospital?

- Generally good ₁ Mixed ₃
Generally bad ₂ No previous experience..... ₄

22. How would you normally travel to your local hospital?

- Walk ₁ Taxi ₄
Car ₂ Other ₅
Public transport ₃

23. About how long does it take you to travel to your local hospital?

Write the approximate number of minutes journey time in the box.....

24. How would you normally travel to hospitals further away?

- Car ₁ Taxi ₃
Public transport ₂ Other ₄

Which hospital would you choose?

PLEASE READ CAREFULLY

Imagine that you are in the situation where your GP needed to refer you for your most recent outpatient appointment and you are offered a **choice** of which hospital you would like to go to.

Each question in this section asks you to choose between three different hospitals using **only** the information provided.

The information about each hospital may change from question to question. Sometimes the information may be missing altogether.

One of the hospitals is called **Your Local Hospital**. Imagine that this is the hospital you think of as your local hospital. We will present you with some situations where the service provided by this hospital might also be better or worse than now.

Remember, use the information provided for each hospital to make your choice, and tick **one** box only in each question.

There are no right or wrong answers to these choices; we are only interested in your views.

25.
Choice 1 **If you had been offered these choices when your GP referred you to the hospital, which hospital would you have chosen?**

Hospital details	Your Local Hospital	Hospital 2	Hospital 3
Travel times Travel time to hospital	Current travel time	1 hour	2 hours
Waiting times Current waiting time for outpatient appointment	1 week	1 week	8 weeks
Performance ratings Number of cancelled operations	Low	High	Low
Hospital infection rates	High	High	Average
Improvement in patient's health	Data not available	Average	Good
Patients' views from surveys Friendly staff, good communications with patients	Good	Average	Good
Clean hospital, good facilities	Average	Good	Data not available
Other opinions and experience Own previous experience	Good experience	Good experience	Good experience
GP's opinion of hospital	-	-	-
Recommendation of family and friends	-	Recommended	-
Coverage in the local press over the past year	Mixed coverage	Positive coverage	Negative coverage
Please select ONE of the following options	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

26.
Choice 2 **If you had been offered these choices when your GP referred you to the hospital, which hospital would you have chosen?**

Hospital details	Your Local Hospital	Hospital 2	Hospital 3
Travel times Travel time to hospital	Current travel time	1 hour	1 hour
Waiting times Current waiting time for outpatient appointment	8 weeks	8 weeks	5 weeks
Performance ratings Number of cancelled operations	Data not available	Low	High
Hospital infection rates	High	Average	High
Improvement in patient's health	Good	Poor	Average
Patients' views from surveys Friendly staff, good communications with patients	Data not available	Data not available	Good
Clean hospital, good facilities	Poor	Good	Good
Other opinions and experience Own previous experience	No past experience	No past experience	Bad experience
GP's opinion of hospital	-	-	-
Recommendation of family and friends	-	-	-
Coverage in the local press over the past year	Mixed coverage	-	-
Please select ONE of the following options	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

27.
Choice 3 **If you had been offered these choices when your GP referred you to the hospital, which hospital would you have chosen?**

Hospital details	Your Local Hospital	Hospital 2	Hospital 3
Travel times Travel time to hospital	Current travel time	2 hours	1 hour
Waiting times Current waiting time for outpatient appointment	3 weeks	1 week	1 week
Performance ratings Number of cancelled operations	Low	Data not available	High
Hospital infection rates	Average	Data not available	Data not available
Improvement in patient's health	Average	Data not available	Poor
Patients' views from surveys Friendly staff, good communications with patients	Good	Poor	Average
Clean hospital, good facilities	Data not available	Data not available	Average
Other opinions and experience Own previous experience	Bad experience	No past experience	Bad experience
GP's opinion of hospital	-	-	-
Recommendation of family and friends	-	-	-
Coverage in the local press over the past year	Mixed coverage	Negative coverage	Negative coverage
Please select ONE of the following options	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

28.
Choice 4 **If you had been offered these choices when your GP referred you to the hospital, which hospital would you have chosen?**

Hospital details	Your Local Hospital	Hospital 2	Hospital 3
Travel times Travel time to hospital	Current travel time	30 mins	1 hour 30 mins
Waiting times Current waiting time for outpatient appointment	8 weeks	1 week	1 week
Performance ratings Number of cancelled operations	Low	Data not available	Low
Hospital infection rates	Data not available	High	Average
Improvement in patient's health	Poor	Data not available	Average
Patients' views from surveys Friendly staff, good communications with patients	Good	Average	Data not available
Clean hospital, good facilities	Good	Average	Data not available
Other opinions and experience Own previous experience	No past experience	Good experience	No past experience
GP's opinion of hospital	-	-	-
Recommendation of family and friends	-	-	-
Coverage in the local press over the past year	Mixed coverage	-	Positive coverage
Please select ONE of the following options	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

29.
Choice 5 **If you had been offered these choices when your GP referred you to the hospital, which hospital would you have chosen?**

Hospital details	Your Local Hospital	Hospital 2	Hospital 3
Travel times Travel time to hospital	Current travel time	1 hour 30 mins	1 hour 30 mins
Waiting times Current waiting time for outpatient appointment	8 weeks	3 weeks	3 weeks
Performance ratings Number of cancelled operations	Low	Low	Data not available
Hospital infection rates	Low	Data not available	High
Improvement in patient's health	Poor	Data not available	Average
Patients' views from surveys Friendly staff, good communications with patients	Average	Data not available	Data not available
Clean hospital, good facilities	Poor	Average	Poor
Other opinions and experience Own previous experience	Bad experience	Good experience	No past experience
GP's opinion of hospital	Recommended	Recommended	-
Recommendation of family and friends	-	-	Recommended
Coverage in the local press over the past year	Positive coverage	-	Negative coverage
Please select ONE of the following options	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

30.
Choice 6 **If you had been offered these choices when your GP referred you to the hospital, which hospital would you have chosen?**

Hospital details	Your Local Hospital	Hospital 2	Hospital 3
Travel times Travel time to hospital	Current travel time	30 mins	1 hour
Waiting times Current waiting time for outpatient appointment	1 week	8 weeks	8 weeks
Performance ratings Number of cancelled operations	Data not available	Data not available	Average
Hospital infection rates	Low	Low	Average
Improvement in patient's health	Average	Average	Average
Patients' views from surveys Friendly staff, good communications with patients	Poor	Good	Good
Clean hospital, good facilities	Average	Good	Average
Other opinions and experience Own previous experience	No past experience	Good experience	Good experience
GP's opinion of hospital	-	Recommended	-
Recommendation of family and friends	-	-	Recommended
Coverage in the local press over the past year	Positive coverage	Positive coverage	Mixed coverage
Please select ONE of the following options	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Health and healthcare

31. How many times have you visited your GP in the last 12 months?

- Once..... ₁ 6-10 times..... ₃
2-5 times..... ₂ More than 10..... ₄

32. By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

a). Mobility

- I have no problems in walking about..... ₁
I have some problems in walking about..... ₂
I am confined to bed..... ₃

b). Self-Care

- I have no problems with self-care..... ₁
I have some problems washing or dressing myself..... ₂
I am unable to wash or dress myself..... ₃

c). Usual Activities (*e.g. work, study, housework, family or leisure activities*)

- I have no problems with performing my usual activities..... ₁
I have some problems with performing my usual activities..... ₂
I am unable to perform my usual activities..... ₃

d). Pain/Discomfort

- I have no pain or discomfort..... ₁
I have moderate pain or discomfort..... ₂
I have extreme pain or discomfort..... ₃

e). Anxiety/Depression

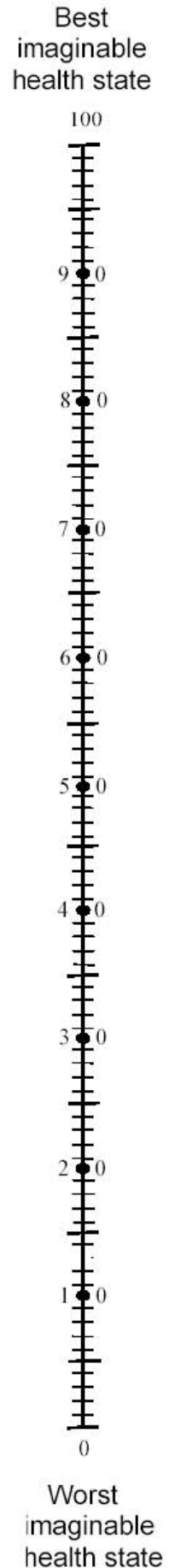
- I am not anxious or depressed..... ₁
I am moderately anxious or depressed..... ₂
I am extremely anxious or depressed..... ₃

33.

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

**Your own
health state
today**



Where you live

34. How would you describe the area where you live?

- | | | | |
|-----------------------------------|---------------------------------------|---------------------------|---------------------------------------|
| City / large town..... | <input type="checkbox"/> ₁ | Small town..... | <input type="checkbox"/> ₃ |
| Suburbs of a city/large town..... | <input type="checkbox"/> ₂ | Village / rural area..... | <input type="checkbox"/> ₄ |

Occupation and household income

35. What is your education level?

- | | | | |
|--|---------------------------------------|--|---------------------------------------|
| No formal qualifications..... | <input type="checkbox"/> ₁ | Degree level qualification or equivalent.. | <input type="checkbox"/> ₅ |
| GCSE / O level or equivalent..... | <input type="checkbox"/> ₂ | Higher degree..... | <input type="checkbox"/> ₆ |
| 'A' levels or equivalent..... | <input type="checkbox"/> ₃ | Other (<i>please write in box</i>)..... | <input type="checkbox"/> ₇ |
| Professional qualification below degree level..... | <input type="checkbox"/> ₄ | | |

36. Which of these best describes your current situation?

- | | | | |
|---|---------------------------------------|--|---------------------------------------|
| In paid work..... | <input type="checkbox"/> ₁ | Looking after my family, home or dependants..... | <input type="checkbox"/> ₅ |
| Unemployed..... | <input type="checkbox"/> ₂ | In full time education (including government training programmes)..... | <input type="checkbox"/> ₆ |
| Retired from paid work..... | <input type="checkbox"/> ₃ | Other (<i>please write in box</i>)..... | <input type="checkbox"/> ₇ |
| Unable to work because of disability or ill health..... | <input type="checkbox"/> ₄ | | |

37. Which of the following describes your annual household income, before tax and national insurance?

(Please take pensions, benefits and any extra earnings into account)

- | | | | |
|-------------------------|---------------------------------------|-------------------------|--|
| Less than £5,000..... | <input type="checkbox"/> ₁ | £30,000 to £39,999..... | <input type="checkbox"/> ₆ |
| £5,000 to £9,999..... | <input type="checkbox"/> ₂ | £40,000 to £49,999..... | <input type="checkbox"/> ₇ |
| £10,000 to £14,999..... | <input type="checkbox"/> ₃ | £50,000 to £74,999..... | <input type="checkbox"/> ₈ |
| £15,000 to £19,999..... | <input type="checkbox"/> ₄ | £75,000 or more..... | <input type="checkbox"/> ₉ |
| £20,000 to £29,999..... | <input type="checkbox"/> ₅ | Don't know..... | <input type="checkbox"/> ₁₀ |

38. Please tick one box to show which best describes the sort of work you do.
 (If you are not working now, please tick a box to show what you did in your **last** job).

Please tick one box only

Modern professional occupations ₁
 Such as: *teacher - nurse - physiotherapist - social worker - welfare officer – artist - musician - police officer (sergeant or above) - software designer*

Clerical and intermediate occupations ₂
 Such as: *secretary - personal assistant - clerical worker - office clerk - call centre agent - nursing auxiliary - nursery nurse*

Senior managers or administrators ₃
 (Usually responsible for planning, organising and co-ordinating work and for finance)
 Such as: *finance manager - chief executive*

Technical and craft occupations..... ₄
 Such as: *motor mechanic - fitter - inspector - plumber - printer - tool maker - electrician - gardener - train driver*

Semi-routine manual and service occupations..... ₅
 Such as: *postal worker - machine operative - security guard - caretaker - farm worker - catering assistant - receptionist - sales assistant*

Routine manual and service occupations..... ₆
 Such as: *HGV driver - van driver - cleaner - porter - packer - sewing machinist - messenger - labourer - waiter / waitress - bar staff*

Middle or junior managers ₇
 Such as: *office manager - retail manager - bank manager - restaurant manager - warehouse manager - publican*

Traditional professional occupations ₈
 Such as: *accountant - solicitor - medical practitioner - scientist -civil /mechanical engineer*

Household composition

39. Do you live alone (single person household)?

Yes..... ₁ No..... ₂

40. Are you the parent or guardian of anyone under 18 who lives with you?

Yes..... ₁ No..... ₂

41. Do you have access to the internet?

Yes..... ₁ No..... ₂

About you

42. Are you male or female?

Male..... ₁

Female..... ₂

43. What was your year of birth? (please write in below) e.g. 1934

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44. What is your postcode?

(please write in below)

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45. To which of these ethnic groups do you belong?

(Tick one only)

- | | |
|---|---|
| White: British..... <input type="checkbox"/> ₁ | Asian or Asian British: Pakistan..... <input type="checkbox"/> ₉ |
| White: Irish..... <input type="checkbox"/> ₂ | Asian or Asian British: Bangladeshi..... <input type="checkbox"/> ₁₀ |
| Any other White background..... <input type="checkbox"/> ₃ | Any other Asian background..... <input type="checkbox"/> ₁₁ |
| Mixed: White and Black Caribbean..... <input type="checkbox"/> ₄ | Black or Black British: Caribbean..... <input type="checkbox"/> ₁₂ |
| Mixed: White and Black African..... <input type="checkbox"/> ₅ | Black or Black British: African..... <input type="checkbox"/> ₁₃ |
| Mixed: White and Asian..... <input type="checkbox"/> ₆ | Any other Black background..... <input type="checkbox"/> ₁₄ |
| Any other Mixed background..... <input type="checkbox"/> ₇ | Chinese..... <input type="checkbox"/> ₁₅ |
| Asian or Asian British: Indian..... <input type="checkbox"/> ₈ | Other ethnic group (please write in box) <input type="checkbox"/> ₁₆ |

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Thank you very much for your help

Please post this questionnaire back in the FREEPOST envelope provided

No stamp is needed