

Medway Health and Wellbeing Survey 2021



**A BETTER
MEDWAY**
Easier ways to be healthy

Health and wellbeing are important parts of everyday life. Medway Council is committed to taking action that will help our residents to maintain and improve their health and wellbeing. We are undertaking a survey to gain a better understanding of what more we can do to help local people enhance their quality of life. We know that for many people, the COVID-19 pandemic has caused significant challenges. The information you provide, will enable us to tailor our services to help our community recover from the impact of the pandemic.

Purpose of the survey:

The aim is to identify the health and wellbeing needs of the people living in Medway so that we can take action to improve our services and to inform how we allocate our resources.

Who is the survey for?

We are inviting people aged 18 years or over and living in Medway to take part. We are choosing residents at random to take part. *We would like to invite the person in your household who is next to have their birthday, and is aged 18 years or over, to take part.*

What to expect from the survey?

This survey asks you about your health and wellbeing and the factors that can influence it. All responses will be kept confidential. Taking part is completely voluntary. You can find out about how we will manage your data and information [here](#).

If you decide to take part, you can withdraw up until two weeks after and without giving a reason. To do this, you can contact us, give us your unique reference number (found on your invitation letter) and we will destroy all information you provided. You can do so by emailing us at hwbsurvey@medway.gov.uk

1. I have read and understood the information above and consent to taking part in the survey. *

- Yes
- No (you will be unable to take part if you do not consent)

2. Your unique reference number

Please enter your unique reference number here. Your unique reference number can be found at the top of your invitation letter and contains six characters. If you need help finding your unique reference number, please email us at hwbsurvey@medway.gov.uk

2. Please enter your unique reference number: *

3. What is your postcode? *

3. About you

4. What is your age?

4. About you

5. What is your gender? *

Male

Female

Don't want to say

Other (please specify):

6. What is your ethnicity? *

Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background (please specify below)

Black, Black British, Caribbean or African

Caribbean

African background (please specify below)

Any other Black, Black British or Caribbean background (please specify below)

Mixed or Multiple ethnic group

White and Black Caribbean

White and Black African

White and Asian

Any other Multiple/Multiple ethnic background (please specify below)

Other ethnic group

Arab

Any other ethnic group (please specify below)

White

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Any other White background (please specify below)

Don't know/don't want to say

Other please specify:

7. Which of the following best describes your sexual orientation? *

- Straight/Heterosexual
- Gay or lesbian
- Bisexual
- Don't know/don't want to say
- Other (please specify):

8. Do you look after, or give any help or support to anyone because they have a long-term physical or mental health condition or illness, or problem related to old age? Do not include paid employment. *

- No
- Yes, 9 hours a week or less
- Yes, 10 to 19 hours a week
- Yes, 20 to 34 hours a week
- Yes, 35 to 49 hours a week
- Yes, 50 hours or more a week
- Don't know/don't want to say

9. Are you registered with a GP as a carer? *

- Yes
- No
- Don't know/don't want to say

6. Work and qualifications

The next section asks about your work and qualifications...

10. Can you tell me the highest educational or school qualification you have obtained *

- Postgraduate degree or equivalent
- Undergraduate degree or equivalent
- Higher qualification below degree level
- A-Level/Vocational A Level or equivalent
- AS-Level/Vocational AS-Level or equivalent
- International Baccalaureate
- O-Levels or equivalent
- GCSE/Vocational GCSE or equivalent
- Other work-related or professional qualification
- School leavers certificate
- Don't know/don't want to say

11. Are you...? *

- Employed
- Self-employed or freelance
- Looking after home or family
- Retired
- Student
- Long term sick or disabled
- Looking for work/unemployed
- Don't know/don't want to say
- Other (please specify):

7. Your job

12. What is your full job title?

For example, Retail Assistant, Office Cleaner, District Nurse, Primary School Teacher

8. Your household

Thinking about the people who live in this household...

13. How many people live here who are aged under 18 years?

14. How many people live here who are aged 18 to 74 years (including yourself)?

15. How many people live here who are aged 75 years or over (including yourself)?

16. Thinking about your home, do you...? *

- Own outright
- Own with a mortgage
- Part own and part rent (shared ownership)
- Rent (with or without housing benefit)
- Live here rent free
- Don't know/don't want to say

17. Do you think your housing adversely impacts on your health and/or causes your health problems? *

- Yes
- No
- Don't know/don't want to say

9. Your health

The next section is about your health in general...

18. How is your health in general? *

- Very good
- Good
- Fair
- Bad
- Very bad
- Don't know/don't want to say

19. Do you have any physical or mental health conditions or illnesses lasting or expecting to last 12 months or more? *

- Yes
- No
- Don't know/don't want to say

10. Your health

20. Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities? *

- Yes, a lot
- Yes, a little
- Not at all
- Don't know/don't want to say

11. Your health

21. Are you registered with a GP or a family doctor? *

- Yes
- No
- Don't know/don't want to say

22. Are you registered with a dentist?

- Yes
- No
- Don't know/don't want to say

23. Are you pregnant right now?

- Yes
- No
- Not applicable to me
- Don't know/don't want to say

12. Using digital technology

24. In the last 7 days, have you used any tracking programmes or apps to monitor your health and wellbeing? *

- Yes
- No
- Don't know/don't want to say

13. Using digital technology

25. And can I just check, what aspects of your health do these track? (Tick all that apply) *

- Smoking
- Alcohol
- Weight
- Physical activity
- Eating and/or nutrition
- Mental health and wellbeing
- Sleep
- Hydration
- Heart health (e.g. blood pressure, heart rate)
- Monitoring a health condition
- Don't know/don't want to say
- Other (please specify):

14. COVID-19

This section asks you about your experiences with COVID-19...

26. Have you had COVID-19? *

- Yes, diagnosed
- Not diagnosed but suspected
- Not that I know of/No
- Don't want to say

15. COVID-19

27. When did you have (or suspect you had) COVID-19?

Month

Year

28. Have you ever had an overnight stay in hospital for suspected or diagnosed COVID-19? *

- Yes
- No
- Don't know/don't want to say

29. Would you describe yourself as having 'long Covid,' that is, you are still experiencing symptoms more than 4 weeks after you first had Covid-19, that are not explained by something else?

Some commonly reported symptoms include fatigue, shortness of breath, coughing and join, muscle or chest pain. Other reported symptoms include difficulty with thinking and concentration (sometimes referred to as "brain fog"), depression, headaches, intermittent fevers and fast-beating or pounding heart. However, this is not an exhaustive list and there are other less commonly reported symptoms out there for example neurological issues - like smell and taste problems, sleep issues, difficulty with concentration, memory problems that appear to be linked to long Covid. *

- Yes
- No
- Don't know/don't want to say

16. COVID-19

30. Does this reduce your ability to carry-out day-to-day activities compared with the time before you had COVID-19? *

- Yes, a lot
- Yes, a little
- Not at all
- Don't know/don't want to say

17. COVID-19

31. Are you fully vaccinated against COVID-19 (have taken up all eligible doses excluding the booster)? *

- Yes
- No
- Don't know/don't want to say

18. Smoking

32. Does anyone smoke inside this house/flat on most days? *

- Yes
- No
- Don't know/don't want to say

33. Have you ever smoked a cigarette, a cigar or a pipe? We are referring here to tobacco cigarettes, not e-cigarettes or other vaping devices that use e-liquids *

- Yes
- No
- Don't know/don't want to say

19. Smoking nowadays

34. Do you smoke any tobacco containing products (cigarettes, cigars, pipe) nowadays? *

- Yes
- No
- Don't know/don't want to say

20. Smoking

35. Do you mainly smoke....? *

- Cigarettes
- Cigars
- A pipe
- Don't know/Don't want to say
- Other (please specify):

36. Would you like to give up smoking altogether? *

- Yes
- Possibly
- No
- Don't know/don't want to say

37. What methods have you used to try and stop smoking completely? (Tick all that apply)

*

- Nicotine replacement therapy (e.g. gum, patches, lozenges, sprays, inhalators)
- Medication (e.g. Champix/Varenicline, Zyban/Bupropion)
- E-cigarettes or vaping device
- Hypnotherapy
- Acupuncture
- With help from a stop smoking adviser or healthcare professional
- Cold turkey/just stopped
- Don't know/don't want to say
- I have never tried to stop smoking completely
- Other (please specify):

21. Stopping smoking

38. How long ago did you stop smoking?

Years

Months

22. E-cigarettes and vaping devices

39. Do you use an e-cigarette or vaping device regularly? *

- Yes
- No
- Don't know/don't want to say

23. Using an e-cigarette or vaping device

40. How old were you when you started to use an e-cigarette or vaping device regularly?

41. Would you like to stop using e-cigarettes or vaping devices altogether? *

- Yes
- No
- Don't know/don't want to say

24. Drinking alcohol

I am now going to ask you a few questions about drinking alcohol.

42. How many units of alcohol do you drink in a typical week? If unsure, please estimate.

Examples of units:

1 measure of spirits = 1 unit

1 pint of regular beer, lager or cider = 2 units

1 large glass of wine (12%; 250ml) = 3 units

1 bottle of wine (12%; 75cl) = 9 units

*

- I don't drink alcohol
- 14 units or less
- 15 - 35 units
- More than 35 units
- Don't know/don't want to say

25. Drinking alcohol

43. Compared to before the COVID-19 pandemic, would you say that on the whole you drink more, about the same or less nowadays? *

- More
- About the same
- Less
- Don't know/don't want to say
- Not applicable

26. Drinking alcohol

44. Alcohol can sometimes lead to increased tensions in the home or cause people to be unreliable.

How often does the alcohol drinking of someone in your household cause problems?

*

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
- Don't know/don't want to say
- Not applicable

27. Your weight, food and physical activity

How tall are you without shoes?

Please provide your height in either cm or feet and inches below. If you are unsure, give an estimate.

cm

or feet and inches

What is your current weight?

Please provide your weight in either kg, lbs or stone and lbs below. If you are unsure, give an estimate.

kg

or lbs

or stones and lbs

45. The next question is about your physical activity over the last 7 days. We are asking about activity that was enough to raise your breathing rate. This can include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job.

Please think about your physical activity over the last 7 days. On average, how many days have you done a total of 30 minutes or more of physical activity? *

46. The next question is about the time you spent sitting during the last 7 days. Include time at work, at home, while doing coursework, and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television.

During the last 7 days, how much time did you spend sitting on average per day?

Hours

Minutes

47. How many portions of fruit did you eat yesterday?

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

48. How many portions of vegetables did you eat yesterday?

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 you eat of them. Potatoes do not count.

49. In the last 12 months, did you experience pain or other problem with your teeth/mouth which affected eating, sleeping or work? *

- Yes
- No
- Don't know/don't want to say

28. Your food

Now for a couple of statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 month...

50. The food that I/we bought just didn't last, and I/we didn't have money to get more? *

- Often true
- Sometimes true
- Never true
- Don't know/don't want to say

51. In the last 12 months, did you (you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food? *

- Yes
- No
- Don't know/don't want to say

29. Your wellbeing

52. Next, I would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions, I'd like you to give an answer on a scale of 0 to 10 where 0 is "not at all" and 10 is "completely."

- Overall, how satisfied are you with your life nowadays?
- Overall, to what extent do you feel that the things you do in your life are worthwhile?
- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday

30. Loneliness and isolation

53. How often do you feel that you lack companionship? *

- Hardly ever or never
- Some of the time
- Often
- Don't want to say

54. How often do you feel left out? *

- Hardly ever or never
- Some of the time
- Often
- Don't want to say

55. How often do you feel isolated from others? *

- Hardly ever or never
- Some of the time
- Often
- Don't want to say

56. How often do you feel lonely? *

- Often/always
- Some of the time
- Occasionally
- Hardly ever
- Never
- Don't want to say

31. Greenspaces in your local area

The next questions are about greenspaces. By greenspace, we mean public green or open spaces and water in urban areas, for example, parks, playing fields, play areas, allotments and community gardens, woodland and more natural areas, canal paths and riversides.

57. In the last 12 months, how often on average have you visited your local greenspace areas?

By greenspace, we mean public green or open spaces and water in urban areas, for example, parks, playing fields, play areas, allotments and community gardens, woodland and more natural areas, canal paths and riversides.

*

- Once a week or more often
- 3-4 times a month
- 1-2 times a month
- Once every 2 or 3 months
- Once or twice per year
- Less often
- Never
- Don't know/don't want to say

58. How far away from your home is your nearest greenspace area? *

- Less than a 5 minute walk
- Within a 5-10 minute walk
- Within a 11-20 minute walk
- Within a 21-30 minute walk
- More than a 30 minute walk
- Don't know/don't want to say

32. Future engagement

59. Would you be interested in being contacted in the future for your views and/or experiences on the following areas of health and wellbeing? (tick all that apply)

- COVID-19 and infections
- Pregnancy and maternal health
- Digital access to healthcare
- Smoking
- Alcohol
- Drugs
- Healthy weight
- Physical activity
- Access to food (including affordability)
- Mental health and wellbeing
- Sexual health
- Domestic abuse
- Feeling safe in your local area
- Green spaces
- None
- Don't know/don't want to say

60. If you would like to be contacted in the future about the above areas of health and wellbeing, please provide your email address below:

33. Thank you!

Thank you for taking the time to complete this survey.

For more information about how to support your health and wellbeing, please visit [A Better Medway](#).

You can also sign up to our A Better Medway monthly e-newsletter for the latest public health news from A Better Medway. Sign up [here](#).

If you have any questions or comments about the survey, you can contact us at HWBSurvey@medway.gov.uk