

Make an impact: Tell us about life in Bristol

**This is a survey for residents of Bristol aged 16 years or over.
Please help us:**

- ▶ understand where you think we should spend time and money
- ▶ consider the issues most important to you
- ▶ ensure that all communities in Bristol have their voice heard

**This survey is a chance
for you to tell us what
you think and help shape
your local services.**

Note: some questions are of a personal nature, so we can look at the impact of people's circumstances in areas such as health and wellbeing, where the council has a Public Health responsibility.

All information you give is anonymous and confidential.

You can also fill out this survey on-line at:

www.bristol.gov.uk/qol24

An Easy Read version is available on the same link.

If you need this survey in a different format, such as large print, or other help with completing the survey:

phone: **0117 922 2980** or
email: **qol@bristol.gov.uk**

Thank you for your time spent on this survey.

Once completed, please return in the FREEPOST envelope by **Friday, 18 October 2024**

1. How did you hear about this survey? (please tick box, or write in answer)

Letter sent to my address ¹

Other (please describe)

2. What is your full postcode? (We require this to identify your local area.

We cannot include your response if you do not tell us your postcode. Please write in the boxes.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your local area

Throughout this survey we ask you to think about 'your local area'.

When answering, please consider your local area to be the area within 15 to 20 minutes walking or wheeling distance from your home (around half a mile or 800 metres).

3. Overall, how satisfied or dissatisfied are you with your local area as a place to live? (please tick one box only)

Very satisfied

 ¹

Fairly satisfied

 ²

Neither satisfied nor dissatisfied

 ³

Fairly dissatisfied

 ⁴

Very dissatisfied

 ⁵

Don't know

 ⁶

4. Overall, how satisfied or dissatisfied are you with the way Bristol City Council runs things? (please tick one box only)

Very satisfied

 ¹

Fairly satisfied

 ²

Neither satisfied nor dissatisfied

 ³

Fairly dissatisfied

 ⁴

Very dissatisfied

 ⁵

Don't know

 ⁶

5. To what extent do you agree or disagree Bristol City Council provides value for money? (please tick one box only)

Strongly agree

 ¹

Tend to agree

 ²

Neither agree nor disagree

 ³

Tend to disagree

 ⁴

Strongly disagree

 ⁵

Don't know

 ⁶

6. How satisfied or dissatisfied are you with the way Bristol City Council asks for your views before it makes changes that affect you?

(please tick one box only)

Very satisfied

 ¹

Fairly satisfied

 ²

Neither satisfied nor dissatisfied

 ³

Fairly dissatisfied

 ⁴

Very dissatisfied

 ⁵

Don't know

 ⁶

7. Do you agree or disagree with the following statements?

(please tick one box in each case)

Strongly agree Tend to agree Neither / nor Tend to disagree Strongly disagree

In this neighbourhood people from different backgrounds (e.g. race, Disability, sexuality) get on well together

1 2 3 4 5

I feel I belong to my neighbourhood

1 2 3 4 5

It is convenient and pleasant to walk in my neighbourhood

1 2 3 4 5

Locally, anti-social behaviour is a problem

1 2 3 4 5

Police and local public services are successfully dealing with issues of crime and anti-social behaviour in my area

1 2 3 4 5

Fear of crime affects my day-to-day life

1 2 3 4 5

People using drugs is a problem in my area

1 2 3 4 5

Domestic abuse is a private matter

1 2 3 4 5

Sexual harassment is an issue in Bristol

1 2 3 4 5

8. What do you think about the following issues in your local area?

(please tick one box in each case)

Serious problem Problem but not serious Not a problem Does not apply / don't know

Dog fouling

1 2 3 4

Badly behaved dogs off the lead

1 2 3 4

Street litter

1 2 3 4

Street lighting

1 2 3 4

Condition of pavements/footpaths

1 2 3 4

Condition of cycle routes

1 2 3 4

Condition of local road surfaces

1 2 3 4

Traffic congestion

1 2 3 4

Air quality and traffic pollution

1 2 3 4

9. What stops you from getting involved in cultural activity across the city (e.g. cinema, theatres, museums, music, comedy, art galleries, performances) as much as you would like? (please tick as many that may apply)

1 Lack of time

1 Access (for Disabled people)

1 Can't afford it

1 Transport / getting about

1 Wellbeing / health

1 Not feeling welcome

1 Lack of information

1 None of these

10. How safe or unsafe do you feel outside, in your local area or the city centre? (please tick one box in each case)

	Very safe	Fairly safe	Neither safe nor unsafe	Fairly unsafe	Very unsafe	Does not apply
Your local area after dark	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Your local area during the day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
City centre after dark	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
City centre during the day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

11. Have you been discriminated against or harassed in the last 12 months in any of the ways below, and where did this take place?

(please tick as many that may apply)

Types of discrimination or harassment	No/not applicable	Yes, on a quiet street close to home	Yes, in a busy, outside space (e.g. high street)	Yes, in a park/open space	Yes, on public transport	Yes, at work	Yes, other
Age	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Ethnicity / race	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Religion / faith	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Sexism	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Unwanted sexual attention	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Gender identity (e.g. trans)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Sexual orientation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Pregnancy / maternity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Marriage / civil partnership	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

12. How often do you help out in your community? (for example, supporting neighbours, involvement with a community group, charity, sports event/club, faith group/church, campaigning group or other volunteering)? (please tick one box only)

Most weeks	Every month	A few times a year	Once or twice a year	Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

13. What stops you from getting involved in your community as much as you would like? (please tick as many that may apply)

<input type="checkbox"/> 1 Lack of time	<input type="checkbox"/> 1 Benefit rules
<input type="checkbox"/> 1 Can't afford it	<input type="checkbox"/> 1 Access (for Disabled people)
<input type="checkbox"/> 1 Wellbeing / health	<input type="checkbox"/> 1 Transport / getting about
<input type="checkbox"/> 1 Lack of information	<input type="checkbox"/> 1 None of these

Local services

14. How satisfied or dissatisfied are you with the following?

(please tick one box in each case)

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Does not apply
Choice of shops and services in your local shopping area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
The local bus service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Information on local bus services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Quality of parks and green spaces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Children's playgrounds & play areas	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Leisure facilities / services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Libraries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Museums and galleries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Adult learning opportunity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Weekly recycling service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Fortnightly general household waste (black wheelie bin) service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Public land is kept clear of litter and refuse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

15. How often do you shop in your local shopping street? (rather than in a supermarket on its own) (please tick one box only)

- 1 At least once a week
 3 Occasionally
- 2 At least once a fortnight
 4 Rarely

16. Are you ever unable to get to local shops or services (e.g. healthcare, education, leisure) because of poor public transport?

(please tick as many that may apply)

- 1 No – I can walk, wheel or cycle to where I need to go
- 1 No – public transport gets me to where I need to go
- 1 No – I have access to a car when I need one
- 1 Yes – there is no, or not always, public transport to where I need to go
- 1 Yes – public transport is not running at times when I need it
- 1 Yes – public transport is unreliable
- 1 Yes – public transport is too expensive
- 1 Yes – public transport is not accessible

17. Do you have a Bristol library card? (please tick one box only)

¹ Yes

² No

³ Don't know

Your lifestyle

18. How often do you visit Bristol's parks and green spaces?

(please tick one box only)

5 times a
week or more

¹

1 to 4 times
a week

²

2 to 3 times
a month

³

1 to 6 times
a year

⁴

Less than
once a year

⁵

19. How satisfied or dissatisfied are you with the range and quality of outdoor events in Bristol? (please tick one box only)

Very
satisfied

¹

Fairly
satisfied

²

Neither
satisfied nor
dissatisfied

³

Fairly
dissatisfied

⁴

Very
dissatisfied

⁵

20. How satisfied or dissatisfied are you with the range and quality of entertainment and hospitality venues and events at night? (e.g. pubs, bars, restaurants, nightclubs, festivals) (please tick one box only)

Very
satisfied

¹

Fairly
satisfied

²

Neither
satisfied nor
dissatisfied

³

Fairly
dissatisfied

⁴

Very
dissatisfied

⁵

21. What would help / encourage you to visit entertainment and hospitality venues and events more often at night? (please tick as many that may apply)

¹ Child care / respite care

¹ Lower prices

¹ Better public transport

¹ Accessible venues

¹ Feeling safer from crime

¹ Alcohol free alternatives

¹ Different things to go to

¹ Feeling more welcome

¹ Nothing / not interested

Other (please describe)

22. If you travel to work, on a typical mid-week day, what is your main form of transport to work? (please tick one box only)

¹ Walk / wheeling (e.g. wheelchair)

² Car (or van) as driver

³ Car (or van) as passenger

⁴ Bus

⁵ Cycle

⁶ E- scooter

⁷ Train

⁸ Taxi / minicab

⁹ Other

23. How often do you take part in active sport? (when you are active for 30 minutes or more, e.g. football, running, swimming, or wheelchair sport)
(please tick one box only)

1 5 times a week or more

4 Less than once a week

2 3 to 4 times a week

5 Less than once a month

3 1 to 2 times a week

6 Never, due to health reasons

24. In an average week, approximately how much moderate exercise do you do? (e.g. brisk walking / wheeling, cycling or swimming) (please tick one box only)

0 to 20 mins

30 mins

1 hour

1.5 hours

2 hours

2.5 hours and over

1

2

3

4

5

6

25. In an average week, approximately how much vigorous exercise do you do? (e.g. running, playing sport or aerobics) (please tick one box only)

None

15 mins

30 mins

45 mins

1 hour

1.5 hours and over

1

2

3

4

5

6

26. How often do you cycle? (please tick one box only)

5 times a week or more

2 to 4 times a week

Once a week

At least once a month

Less often

Never

1

2

3

4

5

6

27. How often do you take part in cultural activity? (e.g. theatre, dance, community event / festival, museum, gallery, cinema or music concert)
(please tick one box only)

1 Every week

3 Less than once a month

2 At least once a month

4 Never

Your home

28. Is your home... (please tick one box, or write in answer)

1 Owned (with or without a mortgage)

2 Shared ownership (part mortgage / part rent)

3 Rented from a housing association / co-op / trust / registered social landlord

4 Rented from the Council

5 Rented from a private landlord

Other (please describe)

29. How satisfied or dissatisfied are you with the following?

(please tick one box in each case)

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied Does not apply

The state of repair of your home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
The cost of your rent or mortgage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Overall with your accommodation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

30. How comfortable or uncomfortable are you using digital services like travel and health apps, online banking or online council services?

(please tick one box only)

Very comfortable	Comfortable	Neither comfortable nor uncomfortable	Uncomfortable	Very uncomfortable	Don't use
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

31. Do you have access to the internet at home?

(please tick as many that may apply)

- 1 No - I don't have access to the internet at home
- 1 Yes - via home broadband, through cable TV or a telephone line
- 1 Yes - via my mobile phone or mobile broadband

32. Does anything prevent, or restrict, you or members of your household from accessing the internet at home? (please tick as many that may apply)

- 1 Internet speed / reliability
- 1 Not enough mobile data
- 1 Lack of affordable broadband or devices (e.g. mobile, tablet)
- 1 Lack of skills or confidence to use
- 1 Internet security / safety or privacy concerns
- 1 Lack of accessible communications and processes
- 1 No interest / do not want to use the internet
- 1 Not really, I can access the internet most of the time

33. To what extent are you worried about being able to afford to keep your home warm this winter? (please tick one box only)

Extremely worried	Moderately worried	Somewhat worried	Slightly worried	Not at all worried
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

34. Including yourself, how many people live in your home?

(Please write in answer. If you live by yourself, write 1 in the box)

person(s) living at home

35. Are you the parent / guardian of at least one dependent child? (under 18)

(please tick as many that may apply)

- ¹ Yes, as a single parent and they live with me full or part-time
- ¹ Yes, they live with me full or part-time
- ¹ Yes, but they don't live with me
- ¹ No, I don't have any children under 18

Education and skills

36. Do you know where to get information, advice and guidance about employment and training? (please tick one box only)

- ¹ Yes ² No ³ Not applicable

37. Do you feel confident finding, enrolling on, and taking part in online learning courses, for either your career or for your personal development?

(please tick one box only)

- ¹ Yes ² No ³ Not applicable

38. Have you taken part in any learning or training in the last year?

(e.g. local leisure course, work based training, online course)

(please tick one box only)

- ¹ Yes ² No ³ Not applicable

39. What is your highest level of educational or technical qualification?

(please tick one box only)

- | | |
|--|---|
| <input type="checkbox"/> ¹ GCSE, O level, NVQ level 1 or equivalent | <input type="checkbox"/> ⁴ Degree level or equivalent |
| <input type="checkbox"/> ² NVQ level 2, AS level or equivalent | <input type="checkbox"/> ⁵ Higher degree or equivalent |
| <input type="checkbox"/> ³ A level or equivalent | <input type="checkbox"/> ⁶ None |

Occupation and finances

40. Which of these activities describes what you are doing at present?

(please tick as many that may apply)

- | | |
|--|---|
| <input type="checkbox"/> 1 Full-time paid work | <input type="checkbox"/> 1 Unemployed and available for work |
| <input type="checkbox"/> 1 Part-time paid work
(fewer than 30 hours per week) | <input type="checkbox"/> 1 Volunteering (unpaid work) |
| <input type="checkbox"/> 1 Self-employed / own business | <input type="checkbox"/> 1 Looking after the home and/or family
/ caring responsibilities |
| <input type="checkbox"/> 1 Full-time education at school,
college or university | <input type="checkbox"/> 1 Limited capability for work due to a
health condition or impairment |
| <input type="checkbox"/> 1 Part-time education courses | <input type="checkbox"/> 1 Wholly retired from work |

41. If you are in paid work, in your main job, what type of employment do you have? (please tick one box only)

- | | |
|--|---|
| <input type="checkbox"/> 1 Permanent employee | <input type="checkbox"/> 5 Freelancer, consultant, contractor |
| <input type="checkbox"/> 2 Temporary employee | <input type="checkbox"/> 6 Self employed |
| <input type="checkbox"/> 3 Fixed term contract | <input type="checkbox"/> 7 Zero hour contract |
| <input type="checkbox"/> 4 Agency staff | <input type="checkbox"/> 8 Not applicable / I am not in paid work |

42. Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age? (Please select time spent in a typical week and exclude anything you do as part of your paid employment)

- | | |
|--|---|
| <input type="checkbox"/> 1 No | <input type="checkbox"/> 3 Yes, 20 to 34 hours a week |
| <input type="checkbox"/> 2 Yes, 1 to 19 hours a week | <input type="checkbox"/> 4 Yes, 35 or more hours a week |

43. How well would you say you are managing financially these days?

(please tick one box only)

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Living comfortably | Doing alright | Just about getting by | Finding it quite difficult | Finding it very difficult |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Sustainability and environment

44. How concerned are you about the following?

(please tick one box in each case)

- | | Not at all concerned | Not very concerned | Fairly concerned | Very concerned |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Impact of climate change in the United Kingdom | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Loss of wildlife (or biodiversity) in Bristol | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

45. In the last 12 months, have you been affected by any of the following?

(please tick as many that may apply)

- ¹ My home has suffered from overheating during hot weather
- ¹ My home has been flooded during heavy downpours
- ¹ My local roads have been flooded during heavy downpours
- ¹ My mental health has suffered due to climate change worries
- ¹ None of the above

46. Have you taken any of the following actions due to concerns about climate change? (please tick as many that may apply)

Action taken due to climate change Action taken for other reasons I have not done this

- | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| Changed the way I travel around Bristol | <input type="checkbox"/> ¹ | <input type="checkbox"/> ¹ | <input type="checkbox"/> ¹ |
| Reduced my household waste | <input type="checkbox"/> ¹ | <input type="checkbox"/> ¹ | <input type="checkbox"/> ¹ |
| Reduced energy use at home | <input type="checkbox"/> ¹ | <input type="checkbox"/> ¹ | <input type="checkbox"/> ¹ |
| Eaten less meat and dairy produce | <input type="checkbox"/> ¹ | <input type="checkbox"/> ¹ | <input type="checkbox"/> ¹ |
| Changed what I buy | <input type="checkbox"/> ¹ | <input type="checkbox"/> ¹ | <input type="checkbox"/> ¹ |
| Reduced flying for holidays | <input type="checkbox"/> ¹ | <input type="checkbox"/> ¹ | <input type="checkbox"/> ¹ |

47. Have you taken the following actions to help wildlife?

(please tick one box in each case)

Yes No Not applicable

- | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| Made space for nature at home | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | |
| Made space for nature in your neighbourhood | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | |
| Made space for nature outside your neighbourhood | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | |
| Stopped using pesticides | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ |
| Used nature friendly products | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | |

48. From October to March (inclusive) how many times a week do you burn solid fuel in your household's fireplace or burner? (please tick one box only)

- ¹ Once a week
- ² 2 to 5 times a week
- ³ More than 5 times a week
- ⁴ None / Not applicable

Your health and wellbeing

49. In the last 12 months, how would you say your health has been, on the whole? (please tick one box only)

- ¹ Good
- ² Fairly good
- ³ Not good

50. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? (please tick one box only)

¹ Yes

² No

50a. If yes, do any of your conditions or illnesses reduce your ability to carry out day-to-day activities? (e.g. washing yourself, cooking, cleaning) (please tick one box only)

¹ Yes, a lot

² Yes, a little

³ Not at all

51. Below are some statements about feelings and thoughts.

Please select the box that best describes your experience of each over the last two weeks.

(tick one box in each case)

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
I've been feeling useful	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
I've been feeling relaxed	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
I've been dealing with problems well	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
I've been thinking clearly	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
I've been feeling close to other people	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
I've been able to make up my own mind about things	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵

52. Do you or anyone in your household smoke?

(tick one box in each case)

	Yes	No	Don't know
Do you smoke?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	
Does anyone else in your household smoke?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
Does anyone smoke regularly within your home (indoors)?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	

53. How often do you have a drink containing alcohol? (please tick one box only)

Never

Monthly
or less

2 to 4 times
per month

2 to 3 times
per week

4 or more
times per week

¹

²

³

⁴

⁵

54. How many units of alcohol do you drink on a typical day when you are drinking? (A pint [e.g. 4% ABV beer] is 2 units; a strong pint [e.g. 5% cider or lager] is 3 units; a 250 ml glass of wine is 3 units; a measure of spirits is 1 unit; and a 275 ml alcopop bottle is 1.5 units) (please tick one box only)

1 to 2 units

3 to 4 units

5 to 6 units

7 to 9 units

10 units or more

¹

²

³

⁴

⁵

55. How often have you drunk 6 or more units of alcohol if female, or 8 or more if male, on a single occasion in the last year?

(please tick one box only)

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

56. We would like to know your weight and height.

(Wearing light clothing and without shoes)

What is your weight?

(You can use stones & pounds, or kilograms)

Stones & Pounds

Kilogrammes

What is your height?

(You can use feet & inches, or centimetres)

Feet & Inches

Centimetres

57. Are you pregnant or have you given birth in the past 6 months?

(please tick one box only)

 Yes No Does not apply

58. Overall, how satisfied are you with your life nowadays?

(please circle a number on a scale from 0 to 10 where 0 is "not at all satisfied" and 10 is "completely satisfied")

Dissatisfied - 0 1 2 3 4 5 6 7 8 9 10 - Satisfied

59. Do you agree or disagree with the following statements?

(please tick one box in each case)

Strongly agree Tend to agree / nor Tend to disagree Strongly disagree

If someone in my family told me that they were living with HIV, it would have a negative impact on my relationship with them

I think employers should have to tell staff if someone is living with HIV

Food

60. During the last 12 months, has your household obtained food from a 'food bank', community group or charity because you couldn't afford to buy the food you need? (please tick one box only)

 Yes No Don't know

60a. If yes, can you also tell us how many times in the last 12 months?

(number of times in the last 12 months)

61. During the last 12 months, have you or your household been unable to eat foods specific to your culture, i.e., food that is traditional or connected to your identity or heritage, because it was not available or affordable?

(please tick one box only)

Often

 1

Sometimes

 2

Occasionally

 3

Never

 4

62. In the last 12 months, have you or your household bought significantly more/less, or about the same amount of the following?

(tick one box in each case)

Bought
more

Bought
less

Bought about
the same

Unsure

Food and meals high in sugar/fat/salt (such as biscuits/cakes/pastries/crisps/chocolate /confectionery)

 1

 2

 3

Food grown or produced in the local region (within 50 miles of Bristol)

 1

 2

 3

 4

63. Below are some questions about the food you buy.

During the last 12 months, was there a time when:

(tick one box in each case)

Yes

No

Don't
know

You or others in your household worried about not having enough food to eat because of a lack of money or other resources?

 1

 2

 3

You or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?

 1

 2

 3

You or others in your household ate only a few kinds of foods because of a lack of money or other resources?

 1

 2

 3

You or others in your household had to skip a meal because there was not enough money or other resources to get food?

 1

 2

 3

You or others in your household ate less than you thought you should because of a lack of money or other resources?

 1

 2

 3

Your household ran out of food because of a lack of money or other resources?

 1

 2

 3

You or others in your household were hungry but did not eat because there was not enough money or other resources for food?

 1

 2

 3

You or others in your household went without eating for a whole day because of a lack of money or other resources?

 1

 2

 3

64. How many portions of fruit and vegetables did you eat, on average, every day over the last week? (A portion is, for example, an apple, a handful of grapes, 3 heaped tablespoons of carrots or 150ml of juice: include frozen, tinned, dried. Please write the number of portions in the boxes, e.g. write 2 for 2 portions, or 0 if none.)

Portions of fruit

Portions of vegetables

(not including potatoes)

About you

All personal details will be treated in confidence.

We ask for your age and sex to ensure the survey is a fair representation of the city's residents and their opinions. **Please note we require age and sex** or we will not be able to include your responses in the overall results.

65. What age are you?

years

66. What is your sex? (if unsure, you can use the sex recorded in your official documents) (please tick one box, or write in answer)

Female

Male

Other (please describe)

67. Do you identify as trans? (e.g. transgender, non-binary or genderqueer)

Yes

No

Prefer not to say

68. What is your sexual orientation? (please tick one box, or write in answer)

Bi / Bisexual

Heterosexual / Straight

Gay / Lesbian

Pan / Pansexual

Prefer not to say

Other (please describe)

69. Do you consider yourself to be a Disabled person? (People are Disabled by barriers in society such as lack of physical access and lack of accessible communication, not by their impairment) (please tick one box)

Yes

No

Prefer not to say

70. What is your religion / faith? (please tick one box, or write in answer)

No religion

Hindu

Pagan

Buddhist

Jewish

Sikh

Christian

Muslim

Prefer not to say

Other (please describe)

71. What is your ethnic origin? (please tick one box, or write in answer)

White

- ¹ English / Welsh / Scottish / Northern Irish / British
 ² Irish ³ Gypsy / Irish Traveller ⁴ Roma
 ⁵ Other European

Other White background (please describe)

Black / African / Caribbean / Black British

- ⁶ Somali ⁷ Other African ⁸ Caribbean

Other Black background (please describe)

Asian / Asian British

- ⁹ Indian ¹⁰ Pakistani ¹¹ Bangladeshi ¹² Chinese

Other Asian background (please describe)

Mixed / multiple ethnic groups

- ¹³ White & Black Caribbean ¹⁴ White & Black African ¹⁵ White & Asian

Other mixed ethnic background (please describe)

Other ethnic group

- ¹⁶ Arab

Other ethnic background (please describe)

- ¹⁷ Prefer not to say

and finally

72. What action or change do you feel would most improve your overall quality of life in Bristol? (please write in answer)

Thank you for completing this survey. Please return in the FREEPOST envelope.