

Pentlands Health Questionnaire

This questionnaire is intended to help us improve the health and wellbeing of local residents. Following the renewal of the Pentlands Local Community Plan, results of this survey will help shape what work the Partnership prioritises in future.

All the answers you give will remain confidential and individual responses will not be published. When the overall results of the survey are reported all information will be anonymised to ensure no individuals can be identified.

The more information you provide the more we can use, but you do not need to answer any questions with which you are not comfortable.

1. How would you rate your current level of general health?

Excellent	Very Good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diet

2. It is important to eat a healthy diet, how much do you agree?

Strongly agree	Agree	Neither	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. I eat healthily enough, how much do you agree?

Strongly agree	Agree	Neither	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How often do you eat five portions of fruit or vegetables a day?

6-7 days a week	3-5 days a week	1-2 days a week	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What is your Alcohol Consumption?

Never	<input type="checkbox"/>	Weekends and midweek	<input type="checkbox"/>
Special Occasions	<input type="checkbox"/>	Most days	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>	Every day	<input type="checkbox"/>
Weekends	<input type="checkbox"/>		

Exercise

6. How would you rate your current level of physical fitness?

Excellent	Very Good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How often are you physically active for 30 minutes or more daily?

Rarely or never	<input type="checkbox"/>	Two to four times a week	<input type="checkbox"/>
Two or three times a month	<input type="checkbox"/>	Five or more times a week	<input type="checkbox"/>
Once a week	<input type="checkbox"/>		

8. Please state what type of physical activity you engage in (*tick all that apply*)

Walking or cycling	<input type="checkbox"/>
Running, jogging, or organised sport	<input type="checkbox"/>
Swimming	<input type="checkbox"/>
Gym	<input type="checkbox"/>
Housework, gardening, or window cleaning	<input type="checkbox"/>
Other	_____

9. Which option best describes how often you take visits to the outdoors for leisure and recreation in the Pentland area?

Never	<input type="checkbox"/>	A few times a week	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	Every day	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	More than once a day	<input type="checkbox"/>
Weekly	<input type="checkbox"/>		

10. How do you rate the nature, woodlands & open spaces in Pentland?

Very Good	Fairly Good	Neither	Fairly Poor	Very Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mental Health

11. What things affect your mental health and wellbeing?

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12. Do you look after or give special help to anyone who is physically or mentally ill, disabled or elderly? (do not include paid work, volunteering or childcare)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

13. Would you know where to go for help if you or a family member needed help with poor mental health?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

14. Are you aware of the following services to support mental health and wellbeing in the Pentland area?

Support community organisations (including befriending)	<input type="checkbox"/>
Self-help books, DVDs and CDs in local library	<input type="checkbox"/>
Internet based information and/or support	<input type="checkbox"/>
Support from your GP	<input type="checkbox"/>
Support into exercise	<input type="checkbox"/>
Psychological therapies (eg counselling or 'talking therapy')	<input type="checkbox"/>
Creative arts or arts therapies	<input type="checkbox"/>
Complementary therapies	<input type="checkbox"/>

About you and your Community

15. Do you feel you are connected to and participate in your local community?

Not at all	Only a little	A fair amount	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Do you feel you have an established social network in your local community?

Not at all	Only a little	A fair amount	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. What would you consider as a health priority for you and your community?

Yourself	
Your community	

Telling us a bit about you helps us understand your responses. You do not need to answer any of the following questions if you do not feel comfortable, all personal information will be kept confidential and results will be anonymised.

18. To which age group do you belong?

Under 14 years	<input type="checkbox"/>	51 to 65 years	<input type="checkbox"/>
15 to 20 years	<input type="checkbox"/>	66 to 80 years	<input type="checkbox"/>
21 to 35 years	<input type="checkbox"/>	81 or over	<input type="checkbox"/>
36 to 50 years	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>

19. What is your sex?

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

20. What is your post code?

This questionnaire has been produced by the Pentlands Neighbourhood Partnership Health & Wellbeing Group. For more information please go to the Edinburgh Neighbourhood Partnership website - www.edinburghnp.org.uk