
OFFICE USE ONLY

Wave	Serial Number	Household No.	Check No.	Person No.
<input type="text" value="2"/> 9	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10-14	<input type="text"/> 15	<input type="text"/> 16	<input type="text"/> <input type="text"/> 17-18

LIVING IN NEWHAM**CONFIDENTIAL****SELF COMPLETION QUESTIONNAIRE****WAVE 2****COMPLETING THE QUESTIONNAIRE:**

The questions inside cover a wide range of subjects, but each one can be answered simply by ticking the box next to the answer. No special knowledge is required: we are confident that everyone will be able to take part.

The questionnaire should not take very long to complete, and we hope you will find it interesting and enjoyable. It should be filled in only by you. Any answers you give will be treated as confidential and anonymous.

THANK YOU AGAIN FOR YOUR HELP

*The **Living in Newham** survey is carried out by an independent social research institute situated within the University of Essex on behalf of the London Borough of Newham. Please contact us if you would like further information.*

1. Here are some questions regarding the way you have been feeling over the last few weeks. For each question please tick the box next to the answer that best describes the way you have felt.

Have you recently....

- a) been able to concentrate on whatever you're doing?

Better than usual	<input type="checkbox"/>	1
Same as usual	<input type="checkbox"/>	2
Less than usual	<input type="checkbox"/>	3
Much less than usual	<input type="checkbox"/>	4

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- b) lost much sleep over worry?

Not at all	<input type="checkbox"/>	1
No more than usual.....	<input type="checkbox"/>	2
Rather more than usual.....	<input type="checkbox"/>	3
Much more than usual	<input type="checkbox"/>	4

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- c) felt that you were playing a useful part in things?

More than usual	<input type="checkbox"/>	1
Same as usual	<input type="checkbox"/>	2
Less so than usual.....	<input type="checkbox"/>	3
Much less than usual	<input type="checkbox"/>	4

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- d) felt capable of making decisions about things?

More so than usual	<input type="checkbox"/>	1
Same as usual	<input type="checkbox"/>	2
Less so than usual.....	<input type="checkbox"/>	3
Much less capable	<input type="checkbox"/>	4

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e) felt constantly under strain ?

- | | |
|-----------------------------|--------------------------------|
| Not at all | <input type="text" value="1"/> |
| No more than usual..... | <input type="text" value="2"/> |
| Rather more than usual..... | <input type="text" value="3"/> |
| Much more than usual | <input type="text" value="4"/> |

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f) felt you couldn't overcome your difficulties ?

- | | |
|-----------------------------|--------------------------------|
| Not at all | <input type="text" value="1"/> |
| No more than usual..... | <input type="text" value="2"/> |
| Rather more than usual..... | <input type="text" value="3"/> |
| Much more than usual | <input type="text" value="4"/> |

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g) been able to enjoy your normal day-to-day activities ?

- | | |
|----------------------------|--------------------------------|
| More so than usual | <input type="text" value="1"/> |
| Same as usual | <input type="text" value="2"/> |
| Less so than usual..... | <input type="text" value="3"/> |
| Much less than usual | <input type="text" value="4"/> |

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h) been able to face up to problems ?

- | | |
|---------------------------|--------------------------------|
| More so than usual | <input type="text" value="1"/> |
| Same as usual | <input type="text" value="2"/> |
| Less able than usual..... | <input type="text" value="3"/> |
| Much less able | <input type="text" value="4"/> |

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i) been feeling unhappy or depressed ?

- | | |
|-----------------------------|--------------------------------|
| Not at all | <input type="text" value="1"/> |
| No more than usual..... | <input type="text" value="2"/> |
| Rather more than usual..... | <input type="text" value="3"/> |
| Much more than usual | <input type="text" value="4"/> |

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j) been losing confidence in yourself ?

- Not at all
- Not more than usual
- Rather more than usual.....
- Much more than usual

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k) been thinking of yourself as a worthless person ?

- Not at all
- No more than usual.....
- Rather more than usual.....
- Much more than usual

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l) been feeling reasonably happy, all things considered ?

- More so than usual
- About the same as usual
- Less so than usual.....
- Much less than usual

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2. Here are some questions about family life.

Do you personally agree or disagree . . .

a) It is alright for people to live together even if they have no interest in considering marriage.

- Strongly agree.....
- Agree
- Neither agree nor disagree.....
- Disagree
- Strongly disagree

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b) Homosexual relationships (sexual relationship with same sex partner) are always wrong.

Strongly agree.....	<input type="text" value="1"/>
Agree	<input type="text" value="2"/>
Neither agree nor disagree.....	<input type="text" value="3"/>
Disagree	<input type="text" value="4"/>
Strongly disagree.....	<input type="text" value="5"/>

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c) It makes no difference to children whether their parents are married to each other or just living together.

Strongly agree.....	<input type="text" value="1"/>
Agree	<input type="text" value="2"/>
Neither agree nor disagree.....	<input type="text" value="3"/>
Disagree	<input type="text" value="4"/>
Strongly disagree.....	<input type="text" value="5"/>

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d) Having a full-time job is the best way for a woman to be an independent person

Strongly agree.....	<input type="text" value="1"/>
Agree	<input type="text" value="2"/>
Neither agree nor disagree.....	<input type="text" value="3"/>
Disagree	<input type="text" value="4"/>
Strongly disagree.....	<input type="text" value="5"/>

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e) A husband's job is to earn money; a wife's job is to look after the home and family

Strongly agree.....	<input type="text" value="1"/>
Agree	<input type="text" value="2"/>
Neither agree nor disagree.....	<input type="text" value="3"/>
Disagree	<input type="text" value="4"/>
Strongly disagree.....	<input type="text" value="5"/>

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3. Here are a few questions about people in your life who can provide you with help or support. (*Tick one only*)

a) Is there anyone who you can really count on to listen to you when you need to talk?

Yes, one person 1

Yes, more than one person 2

No-one 3

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b) Is there anyone who you can really count on to help you out in a crisis?

Yes, one person 1

Yes, more than one person 2

No-one 3

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c) Is there anyone who you can totally be your self with ?

Yes, one person 1

Yes, more than one person 2

No-one 3

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d) Is there anyone who you feel really appreciates you as a person?

Yes, one person 1

Yes, more than one person 2

No-one 3

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e) Is there anyone who you can really count on to comfort you when you are very upset?

Yes, one person 1

Yes, more than one person 2

No-one 3

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4. Please think of the person you can best share your private feelings and concerns with

a) Is this person male or female?

Male	<input type="text" value="1"/>
Female	<input type="text" value="2"/>

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b) What is this person's relationship to you?

PLEASE WRITE IN ONE PERSON ONLY

Office
Code

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5. Have you ever been treated unfairly by any officials in public or private organisations or by service providers (including by shop assistants) because of:

	YES	NO
a) your gender	<input type="text" value="1"/>	<input type="text" value="2"/>
b) your race.....	<input type="text" value="1"/>	<input type="text" value="2"/>
c) your religion.....	<input type="text" value="1"/>	<input type="text" value="2"/>
d) disability/impairment	<input type="text" value="1"/>	<input type="text" value="2"/>
e) your sexual orientation.....	<input type="text" value="1"/>	<input type="text" value="2"/>

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6. Have you ever experienced harassment, abuse or violence from anyone because of:

	YES	NO
a) your gender	<input type="text" value="1"/>	<input type="text" value="2"/>
b) your race.....	<input type="text" value="1"/>	<input type="text" value="2"/>
c) your religion.....	<input type="text" value="1"/>	<input type="text" value="2"/>
d) disability/impairment	<input type="text" value="1"/>	<input type="text" value="2"/>
e) your sexual orientation.....	<input type="text" value="1"/>	<input type="text" value="2"/>

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**IF YOU ANSWERED ‘YES’ TO ANY ITEMS AT QUESTION 6
PLEASE ANSWER QUESTIONS 7 AND 8**

OTHERWISE PLEASE GO TO QUESTION 9

7. Was this harrasment or abuse from a person known to you?

Yes, a family member	<input type="text" value="1"/>	54
Yes, a friend	<input type="text" value="2"/>	55
Yes, a neighbour.....	<input type="text" value="3"/>	56
Yes, a work colleague	<input type="text" value="4"/>	57
Yes, someone I know by face only	<input type="text" value="5"/>	58
No, person not known to me	<input type="text" value="6"/>	59

8. Did it happen in:

Your home	<input type="text" value="1"/>	60
Outside your home but in Newham	<input type="text" value="2"/>	61
Outside of Newham.....	<input type="text" value="3"/>	62

9. In relation to getting, or keeping particular jobs, have you ever experienced discrimination against you by an employer on the grounds of:

	YES	NO	
a) your gender	<input type="text" value="1"/>	<input type="text" value="2"/>	63
b) your race.....	<input type="text" value="1"/>	<input type="text" value="2"/>	64
c) your religion.....	<input type="text" value="1"/>	<input type="text" value="2"/>	65
d) disability/impairment	<input type="text" value="1"/>	<input type="text" value="2"/>	66
e) your sexual orientation.....	<input type="text" value="1"/>	<input type="text" value="2"/>	67
f) your English language accent	<input type="text" value="1"/>	<input type="text" value="2"/>	68

10. Some people have a partner of the same sex as themselves (homosexual) while others have a partner of the opposite sex (heterosexual). Please tell us which of the descriptions below best describes you.

I am heterosexual or `straight'	<input type="text"/>	1
I am `gay' or `lesbian' (homosexual)	<input type="text"/>	2
I am bisexual	<input type="text"/>	3
If none of the above applies please write		
I am _____	<input type="text"/>	4
I do not wish to answer this question	<input type="text"/>	5

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**THANK YOU. THESE ARE ALL THE QUESTIONS.
PLEASE FILL IN YOUR DATE OF BIRTH AND SEX BELOW
AND GIVE THIS FORM TO YOUR INTERVIEWER.**

Please write in your date of birth:

Day	Month	Year
<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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and tick male or female

male	female
<input type="checkbox"/>	<input type="checkbox"/>
1	2

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**THANK YOU.
YOU CAN NOW GIVE THIS TO YOUR INTERVIEWER**