

OFFICE USE ONLY

Wave	Serial Number	Household No.	Check No.	Person No.
<input type="text" value="3"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
9	10-14	15	16	17-18

**LIVING IN NEWHAM**

**CONFIDENTIAL**

**SELF COMPLETION QUESTIONNAIRE**

**WAVE 3**

**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**

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*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"/> | 1 | 23 |
| No more than usual.....     | <input type="text"/> | 2 |    |
| Rather more than usual..... | <input type="text"/> | 3 |    |
| Much more than usual .....  | <input type="text"/> | 4 |    |
- f) felt you couldn't overcome your difficulties ?
- |                             |                      |   |    |
|-----------------------------|----------------------|---|----|
| Not at all .....            | <input type="text"/> | 1 | 24 |
| No more than usual.....     | <input type="text"/> | 2 |    |
| Rather more than usual..... | <input type="text"/> | 3 |    |
| Much more than usual .....  | <input type="text"/> | 4 |    |
- g) been able to enjoy your normal day-to-day activities ?
- |                            |                      |   |    |
|----------------------------|----------------------|---|----|
| More so than usual .....   | <input type="text"/> | 1 | 25 |
| Same as usual .....        | <input type="text"/> | 2 |    |
| Less so than usual.....    | <input type="text"/> | 3 |    |
| Much less than usual ..... | <input type="text"/> | 4 |    |
- h) been able to face up to problems ?
- |                           |                      |   |    |
|---------------------------|----------------------|---|----|
| More so than usual .....  | <input type="text"/> | 1 | 26 |
| Same as usual .....       | <input type="text"/> | 2 |    |
| Less able than usual..... | <input type="text"/> | 3 |    |
| Much less able .....      | <input type="text"/> | 4 |    |
- i) been feeling unhappy or depressed ?
- |                             |                      |   |    |
|-----------------------------|----------------------|---|----|
| Not at all .....            | <input type="text"/> | 1 | 27 |
| No more than usual.....     | <input type="text"/> | 2 |    |
| Rather more than usual..... | <input type="text"/> | 3 |    |
| Much more than usual .....  | <input type="text"/> | 4 |    |

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) Children need a father to be as closely involved  
in their upbringing as the mother

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

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b) Employers should make special arrangements to help mother combine jobs and childcare

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

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c) A single parent can bring up children as well as a couple

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

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d) Adult children have an obligation to look after their elderly parents

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

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e) It is better to divorce than to continue an unhappy marriage

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

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3. Here are some questions about how you feel about your life. Please tick the number which you feel best describes how dissatisfied or satisfied you are with the following aspects of your current situation.

**1 = NOT SATISFIED AT ALL**  
**7 = COMPLETELY SATISFIED**

a) Your health

<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="5"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="6"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="7"/>
Not satisfied at all			Completely satisfied			

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b) The income of your household

<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="5"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="6"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="7"/>
Not satisfied at all			Completely satisfied			

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c) Your house/flat

<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="5"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="6"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="7"/>
Not satisfied at all			Completely satisfied			

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d) Your husband/wife/partner

<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="5"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="6"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="7"/>
Doesn't apply to me	Not satisfied at all			Completely satisfied			

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e) Your job (if in employment)

<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="5"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="6"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="7"/>
Doesn't apply to me	Not satisfied at all			Completely satisfied			

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f) Your social life

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<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
Not satisfied at all			Completely satisfied			

g) The amount of leisure time you have

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<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
Not satisfied at all			Completely satisfied			

h) The way you spend your leisure time

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<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
Not satisfied at all			Completely satisfied			

4. a) How dissatisfied or satisfied are you with your  
life overall?

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<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>
Not satisfied at all			Completely satisfied			

b) Would you say that you are more satisfied with life, less  
satisfied or feel about the same as you did a year ago?

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More satisfied .....	<input type="text" value="1"/>
Less satisfied .....	<input type="text" value="2"/>
About the same .....	<input type="text" value="3"/>
Don't know .....	<input type="text" value="8"/>

5. In the last year have you 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"/>	46
b) your race.....	<input type="text" value="1"/>	<input type="text" value="2"/>	47
c) your religion.....	<input type="text" value="1"/>	<input type="text" value="2"/>	48
d) disability/impairment .....	<input type="text" value="1"/>	<input type="text" value="2"/>	49
e) your sexual orientation.....	<input type="text" value="1"/>	<input type="text" value="2"/>	50

6. In the last year have you experienced harassment, abuse or violence from anyone because of:

	YES	NO	
a) your gender .....	<input type="text" value="1"/>	<input type="text" value="2"/>	51
b) your race.....	<input type="text" value="1"/>	<input type="text" value="2"/>	52
c) your religion.....	<input type="text" value="1"/>	<input type="text" value="2"/>	53
d) disability/impairment .....	<input type="text" value="1"/>	<input type="text" value="2"/>	54
e) your sexual orientation.....	<input type="text" value="1"/>	<input type="text" value="2"/>	55

**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 harassment or abuse from a person known to you?

Yes, a family member.....	<input type="text" value="1"/>	56
Yes, a friend .....	<input type="text" value="2"/>	57
Yes, a neighbour.....	<input type="text" value="3"/>	58
Yes, a work colleague .....	<input type="text" value="4"/>	59
Yes, someone I know by face only .....	<input type="text" value="5"/>	60
No, person not known to me .....	<input type="text" value="6"/>	61



8. Did it happen in:

Your home .....	<input type="text" value="1"/>	62
Outside your home but in Newham.....	<input type="text" value="2"/>	63
Outside of Newham.....	<input type="text" value="3"/>	64

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

	YES	NO	
a) your gender .....	<input type="text" value="1"/>	<input type="text" value="2"/>	65
b) your race.....	<input type="text" value="1"/>	<input type="text" value="2"/>	66
c) your religion.....	<input type="text" value="1"/>	<input type="text" value="2"/>	67
d) disability/impairment .....	<input type="text" value="1"/>	<input type="text" value="2"/>	68
e) your sexual orientation.....	<input type="text" value="1"/>	<input type="text" value="2"/>	69
f) your English language accent .....	<input type="text" value="1"/>	<input type="text" value="2"/>	70

10. Please tell us which of these best describes you.

I am heterosexual or 'straight'.....	<input type="text" value="1"/>	71
I am 'gay' or 'lesbian' (homosexual) .....	<input type="text" value="2"/>	
I am bisexual .....	<input type="text" value="3"/>	
If none of the above applies please write		
I am _____	<input type="text" value="4"/>	
I do not wish to answer this question.....	<input type="text" value="5"/>	

11. Here are a few questions about your friends. Please choose the three people you consider to be your closest friends starting with the first friend. They should not include people who live with you but they can include relatives.

	1st friend	2nd friend	3rd friend
a) Is this friend?	male <input type="checkbox"/> <sub>1</sub> female <input type="checkbox"/> <sub>2</sub>	male <input type="checkbox"/> <sub>1</sub> female <input type="checkbox"/> <sub>2</sub>	male <input type="checkbox"/> <sub>1</sub> female <input type="checkbox"/> <sub>2</sub>
b) Is this person a relative?  If YES please write in their relationship to you (eg mother, uncle, cousin) if not write in 'None'	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> ↓ ----- WRITE IN RELATIONSHIP OFFICE CODE <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> ↓ ----- WRITE IN RELATIONSHIP OFFICE CODE <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> ↓ ----- WRITE IN RELATIONSHIP OFFICE CODE <input type="checkbox"/> <input type="checkbox"/>
c) What is your friend's age?	Years <input type="checkbox"/> <input type="checkbox"/>	Years <input type="checkbox"/> <input type="checkbox"/>	Years <input type="checkbox"/> <input type="checkbox"/>
d) About how long have you known him or her?	Less than 1 year <input type="checkbox"/> <sub>1</sub> 1-2 years <input type="checkbox"/> <sub>2</sub> 3-10 years <input type="checkbox"/> <sub>3</sub> 10 years or more <input type="checkbox"/> <sub>4</sub>	Less than 1 year <input type="checkbox"/> <sub>1</sub> 1-2 years <input type="checkbox"/> <sub>2</sub> 3-10 years <input type="checkbox"/> <sub>3</sub> 10 years or more <input type="checkbox"/> <sub>4</sub>	Less than 1 year <input type="checkbox"/> <sub>1</sub> 1-2 years <input type="checkbox"/> <sub>2</sub> 3-10 years <input type="checkbox"/> <sub>3</sub> 10 years or more <input type="checkbox"/> <sub>4</sub>
e) How often do you see or get in touch with your friend either by visiting, writing or by telephone?	Most days <input type="checkbox"/> <sub>1</sub> At least once week <input type="checkbox"/> <sub>2</sub> At least once a month <input type="checkbox"/> <sub>3</sub> Less often <input type="checkbox"/> <sub>4</sub>	Most days <input type="checkbox"/> <sub>1</sub> At least once week <input type="checkbox"/> <sub>2</sub> At least once a month <input type="checkbox"/> <sub>3</sub> Less often <input type="checkbox"/> <sub>4</sub>	Most days <input type="checkbox"/> <sub>1</sub> At least once week <input type="checkbox"/> <sub>2</sub> At least once a month <input type="checkbox"/> <sub>3</sub> Less often <input type="checkbox"/> <sub>4</sub>

CARD  
201

19-21

22-24

25-30

31-36

37-39

40-42

	1st friend	2nd friend	3rd friend
f) About how many miles away does your friend live?	Less than one mile <input type="text" value="1"/>	Less than one mile <input type="text" value="1"/>	Less than one mile <input type="text" value="1"/>
	Less than five miles <input type="text" value="2"/>	Less than five miles <input type="text" value="2"/>	Less than five miles <input type="text" value="2"/>
	Between five and fifty miles <input type="text" value="3"/>	Between five and fifty miles <input type="text" value="3"/>	Between five and fifty miles <input type="text" value="3"/>
	Over fifty miles <input type="text" value="4"/>	Over fifty miles <input type="text" value="4"/>	Over fifty miles <input type="text" value="4"/>
g) Which of these best describes what your friend does?	Full time employment <input type="text" value="1"/>	Full time employment <input type="text" value="1"/>	Full time employment <input type="text" value="1"/>
	Part time employment <input type="text" value="2"/>	Part time employment <input type="text" value="2"/>	Part time employment <input type="text" value="2"/>
	Unemployed <input type="text" value="3"/>	Unemployed <input type="text" value="3"/>	Unemployed <input type="text" value="3"/>
	Full time education <input type="text" value="4"/>	Full time education <input type="text" value="4"/>	Full time education <input type="text" value="4"/>
	Full time housework <input type="text" value="5"/>	Full time housework <input type="text" value="5"/>	Full time housework <input type="text" value="5"/>
	Fully retired <input type="text" value="6"/>	Fully retired <input type="text" value="6"/>	Fully retired <input type="text" value="6"/>
h) Which of these describes your friend's ethnic group?	White <input type="text" value="1"/>	White <input type="text" value="1"/>	White <input type="text" value="1"/>
	Asian <input type="text" value="2"/>	Asian <input type="text" value="2"/>	Asian <input type="text" value="2"/>
	Black African <input type="text" value="3"/>	Black African <input type="text" value="3"/>	Black African <input type="text" value="3"/>
	Black Caribbean <input type="text" value="4"/>	Black Caribbean <input type="text" value="4"/>	Black Caribbean <input type="text" value="4"/>
	Chinese <input type="text" value="5"/>	Chinese <input type="text" value="5"/>	Chinese <input type="text" value="5"/>
	Mixed (write in) .....	Mixed (write in) .....	Mixed (write in) .....
	Any other (write in) .....	Any other (write in) .....	Any other (write in) .....

43-45

46-48

49-51

12a. Thinking now of your first friend, what is the name or title of your friend's current job? If this friend is not working, please give details of his/her last job.

**WRITE IN JOB TITLE** \_\_\_\_\_  
\_\_\_\_\_

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52-54

12b. What kind of work does (or did) this friend do most of the time?

**WRITE IN** \_\_\_\_\_  
\_\_\_\_\_  
  
\_\_\_\_\_

**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"/>

55-62

and tick male or female

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

63

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