

# TEST- Altogether Better Baseline Questionnaire

## 1. About the Questionnaire

We would like you to answer the following questions to help us get a picture of the health and well-being of people participating in Altogether Better projects across Yorkshire and Humber. Your answers will help us measure the impact of Big Lottery funded projects like Fresh n Fruity, which aim to support healthier lifestyles and improve well-being. This questionnaire is split into 7 short sections:

- § Section A – Background information
- § Section B – Your General Health
- § Section C – Your Eating Habits
- § Section D – Your Physical Activity
- § Section E – Your Feelings About Life
- § Section F – You and Your Community
- § Section G – About You

Please answer the questions as fully as you can. If you are unable to answer a question, please leave it blank and move onto the next question.

You are not required to participate if you do not wish to and choosing not to take part will not disadvantage you in any way. You will continue to be involved in the project or service in the usual way. We would like to reassure you that your responses will remain confidential. If you have any questions about this questionnaire, please do not hesitate to ask a project worker.

### \* 1. Please tick which of the following applies to you:

I am about to start using / attending the project (today is my first session)

I am already taking part in the project or receiving the service.

I have finished taking part in the project or receiving the service.

Please indicate when you finished taking part in the box below (DDMMYY). Please provide a rough date if you are not certain.

### \* 2. Please tell us the date you first became involved with this project: (please provide a rough date if you are not certain)

DD MM YYYY

The date you first became involved with this project  /  /

What is today's date?  /  /

### \* 3. Please tick which one of the following applies to you:

I am the service user completing the questionnaire myself

I am a project worker reading out the questions to the service user and filling in their responses

I am a carer / guardian completing the questionnaire on behalf of the service user

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\* 4. Please create your unique ID by entering in the box your initials, followed by the year of your birth (without a space in between)

e.g. if your name is Joe Bloggs and you were born in 1965 you would enter JB1965.

Initials

Year of birth

## 2. Your General Health

\* 1. How is your health in general? Would you say it was:

very good

good

fair

bad

very bad

\* 2. How much attention do you currently pay to your health?

None

A little

Some

Quite a bit

A lot

\* 3. Over the last 12 months have you suffered from any of the following conditions or health problems? (please tick one box per row)

	Yes	No	Not sure
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
angina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nervous trouble or depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sciatica, lumbago or recurring backache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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4. Do you have any of the following health problems or conditions?

	Yes	No	Not sure
Physical impairment or physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Impairment (e.g. deafness, hearing impairment, blindness, visual impairment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning disability/Learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other long term condition / illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* 5. Does a long standing health problem or disability mean that you have substantial difficulty doing day-to-day activities? (include problems due to old age)

Yes

No

## 3. Your Eating Habits

\* 1. a) On average, how many portions of FRUIT do you eat a day?

(An example of one portion is an orange, apple or banana, a glass of fruit juice, a handful of dried fruits)

Number of portions of Fruit per day

\* 2. On average, how many portions of VEGETABLES do you eat a day?

(An example of one portion is a side salad, or 3 heaped tablespoons of vegetables, beans or pulses either raw, cooked, frozen or tinned)

Number of portions of Vegetables per day

\* 3. In a normal week, how often do you eat a meal that has been prepared and cooked from basic ingredients, either by yourself or someone else? For example Shepherd's Pie made starting with raw mince and potatoes. (please tick one answer only)

Never

Less than once a week

Once a week

2-3 times a week

4-6 times a week

Daily

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\* 4. Below is a list of things that some people find important when it comes to food. Please use the boxes next to each statement to rank them in order in terms of their importance to you. (Put a '1' next to the thing which is most important, a '2' next to the second most important, and so on)

	1	2	3	4	5
Choosing food products and dishes that you enjoy eating	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eating a healthy diet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Keeping your spending on food as low as possible	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eating your meals in the company of other people	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Choosing food products and dishes that are quick and easy to prepare	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* 5. The following questions ask you to indicate how confident you are about a number of things related to food. On a scale of 1 to 7, where 1 = having no confidence at all, and 7 = extremely confident, how confident are you about...

	1 Not at all confident	2	3	4 Somewhat confident	5	6	7 - Extremely confident
How confident are you about choosing healthy foods when shopping?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How confident are you about being able to cook from basic ingredients?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How confident are you about following a simple recipe?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How confident are you about eating healthily?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How confident are you about growing your own food	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* 6. Please indicate how much you agree with the following statements

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I enjoy putting effort and care into the food I eat.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I enjoy eating healthy food.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Healthy food often tastes nicer than unhealthy food.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* 7. Are you able to buy healthy food in your area, easily?

Yes

No

Don't know

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8. If you answered 'no' to the question above, please indicate which of these reasons apply to you (tick all that apply)

- There are no healthy food shops in my area
- The range of healthy food in local shops is limited
- Healthy food that is available locally is too expensive
- I need to travel to get to the supermarket
- I don't have a car
- It is easier and more affordable to buy take away and convenience food in my area
- I find it hard to get my family to eat healthy food
- I haven't got time to prepare and cook healthy food
- I don't like healthy food
- My family doesn't cook healthy food for me
- Other reasons (please state below)

Other (please specify)

### 4. Physical Activity

We would like to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.

These questions are about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at school, at home, or, in the garden to get from place to place and in your spare time for recreation, exercise or sport.

\* 1. First, think about all the vigorous activities you did in the last 7 days.

'Vigorous physical activities' are activities that take hard physical effort and make you breath harder than normal or break into a light sweat. It can include sports like such as squash, running, football, swimming, tennis, aerobics or cycling. Think about only those activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do vigorous physical activities?

1

2

3

4

5

6

7

No  
vigorous  
activities  
(please go to  
question 3)

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\* 2. How much time did you usually spend doing vigorous physical activities on one of those days? (please tick one answer only)

less than 20 minutes

more than 20, but less than 30 minutes

more than 30, but less than 40 minutes

more than 40 minutes, but less than an hour

over an hour (please write in amount of time below):

Amount of time spent doing vigorous activities if over an hour:

\* 3. Next, think about all the moderate activities that you did in the last 7 days.

Moderate activities are those that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do moderate physical activities:

1

2

3

4

5

6

7

No moderate activities  
(please go to question 5)

4. How much time did you usually spend doing moderate physical activities on one of those days? (please tick one answer only)

less than 20 minutes

more than 20, but less than 30 minutes

more than 30, but less than 40 minutes

more than 40 minutes, but less than an hour

over an hour (please write in amount of time below):

Amount of time spent doing moderate activities if over an hour:

\* 5. During the last 7 days, on how many days did you walk for at least 10 mins at a time:

1

2

3

4

5

6

7

No walking (if you tick this box - please go to question 7)

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\* 6. How much time did you usually spend walking on one of those days (please tick one answer only)

- less than 20 minutes
- more than 20, but less than 30 minutes
- more than 30, but less than 40 minutes
- more than 40 minutes, but less than an hour
- over an hour (please write in amount of time below):

Amount of time spent walking per day if over an hour:

\* 7. Now think about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, in a car or on public transport, while studying 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 a typical week day? (please tick one answer only)

- less than 5 hours
- between 5 and 8 hours
- between 8 and 11 hours
- between 11 and 13 hours
- over 13 hours

\* 8. And in the past month, on how many days have you done a total of 30 minutes or more of physical activity which was enough to raise your breathing rate?

This may 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 may be part of your job.

Number of days in past month:

\* 9. Please tell us the type and amount of physical activity involved in your work. (please tick one answer only)

- I am not in employment (e.g. retired, retired for health reasons, unemployed, fulltime carer)
- I spend most of my time at work sitting (e.g. at a desk in an office)
- I spend most of my time at work standing or walking but my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)
- My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)
- My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector)

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\* 10. Please read the statement below and indicate on the sliding scale the point that best describes your feelings around physical activity (please tick one circle only):

1 = I dislike doing physical activity.       2       3       4       5 = I enjoy doing physical activity.

\* 11. Now read the following statements and indicate on the sliding scale the point that best describes your feelings around physical activity (please tick one circle only):

1 = I wish I didn't have to do physical activity, but I know it's important for my health.       2       3       4       5       6       7 = As well as being important for my health, physical activity is something I enjoy.

12. Below are a set of statements relating to why some people may find it difficult to take part in a physical activity. Please tick all which apply to you.

- I find it difficult to find time
- It's difficult to get childcare
- It's too expensive
- I'm not really interested in physical activity
- There is no activities in my local area that appeal to me
- There are few single sex activities in my area
- It's difficult for me to get to activities (e.g. travel problems, facilities too far away)
- Local courses and facilities are not adequately adapted for those with a disability
- My health isn't good enough
- I feel uncomfortable going into a new environment
- I feel self conscious about doing physical activity
- I worry about my personal safety and/or sexual harassment
- My family & friends do not encourage me to take part in physical activity.
- Other (please state in the box below)

Other reasons

## 5. Your feelings about life



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\* 1. All things considered, how satisfied are you with your life as a whole nowadays? (please tick one number on the scale from 1 - 10 below)

0     1     2     3     4     5     6     7     8     9     10  
 Extremely    Neither    Extremely  
 Dissatisfied    Satisfied    Satisfied  
    nor  
    Dissatisfied

\* 2. Below are a number of things people might say that they feel. Please tick the box that best describes how often during the past week each description would have applied to you? Do not spend too much time on any statement. (please tick one circle for each statement)

	Never	At least once	On a few days	Most days	Every day
I felt happy or contented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt engaged or focused in what I was doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt energised or lively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt everything I did was an effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sleep was restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* 3. Below are some statements about feelings and thoughts. Please tick the circles that best describe your experiences of each over the past four weeks. (please tick one circle per statement).

	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've felt I belong to something I would call a community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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\* 4. The following questions ask you to indicate how confident you are about a number of things. Using the scale from 1 to 7, where 1 = having no confidence at all, and 7 = extremely confident, please give your responses by circling the appropriate number below.

	1 - Not at all confident	2	3	4	5	6	7 - Extremely confident
In general, how self-confident are you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident are you in dealing with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident are you in dealing with difficult situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident are you that people listen to your opinion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident are you that you can find out the information that you need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident are you that you can do things that you want to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 6. You and Your Community

\* 1. How often do you attend, take part in or help with activities organised in your local area?

By 'activities' we mean things like Residents Association meetings, faith group meetings, mums & tots, voluntary activities (please tick one answer only).

- At least once a week
- At least once a month
- At least once every three months
- At least once every six months
- Once a year
- Less than once a year
- Never
- Don't know

\* 2. How strongly do you feel you belong to your immediate neighbourhood or local area? (please tick one answer)

- Very strongly
- Fairly strongly
- Not very strongly
- Not at all strongly

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\* 3. Please indicate how much you agree with each of the following statements about your community (please tick one box for each row)

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
In general, I think that the majority of people in my community can be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, I think that the majority of people in my community get along with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think people in my local area help one another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, I think that the majority of people in this community would help me if I needed them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people in my life who really care about me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I regularly have contact with friends and relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it difficult to meet with people who share my interests or hobbies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 4. If you needed help at short notice (e.g. with babysitting or moving heavy furniture) is there someone locally you could call upon to help?

Yes  No  Maybe

\* 5. In an emergency, (e.g. being locked out of your house) is there someone locally you could ask for help?

Yes  No  Maybe

\* 6. Overall, how satisfied or dissatisfied are with your neighbourhood as a place to live? (please circle one number only)

1 Extremely Dissatisfied  2  3  4  5 Extremely Satisfied

## 7. About You

\* 1. Are you male or female?

Male  Female

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2. How old are you?

15 and under

between 16 and 24

between 25 and 34

between 35 and 44

between 45 and 54

between 55 and 64

between 65 and 74

75 or over

\* 3. What is your ethnic group?

White British

White Irish

Other White background

Mixed – White and Asian

Mixed - White and Black African

Mixed- White and Black Caribbean

Mixed – Any other mixed

Asian or Asian British – Indian

Asian or Asian British – Pakistani

Asian or Asian British – Bangladeshi

Any other Asian background:

Arab

Black or Black British – Caribbean

Black or Black British – African

Other Black

Chinese

Eastern European

Gypsy / Traveller

Not stated

Other ethnic group (please specify)

\* 4. What is your postcode?