

# Isle of Man Health & Lifestyle Survey 2019



**Thank you for taking the time to complete this questionnaire.**

Your answers will be entirely anonymous and completely confidential. Please answer honestly.

We ask for 3 digits of your postcode, this DOES NOT identify your house and no attempt will be made to link the information back to your household.

This survey should be completed by one person only; this should be the person living at this address that has the next birthday, is aged 18 and over and is permanently resident on the Isle of Man.

It should take no longer than 20 to 30 minutes to complete.

Taking part is voluntary and you can choose which questions you feel comfortable answering.

Using the prepaid envelope, please return the completed survey by **31st March 2019**.

We will treat the information you give us in the strictest confidence in accordance with the DHSC Privacy Notice. This can be found at [gov.im/dhsc-privacy](http://gov.im/dhsc-privacy)

For more information view our privacy statement at [gov.im/publichealth](http://gov.im/publichealth)

**Q1** How old are you?

Age last birthday

**Q2** Are you

Male .....

Female .....

Transgender / Other .....

Please specify other:

## Firstly some questions about your general health

**Q3** How is your health in general? Would you say it is ...

Very good .....

Good .....

Fair .....

Bad .....

Very bad .....

Please tick the ONE box that best describes your health TODAY.

---

**Q4 MOBILITY**

- I have no problems in walking about.....
  - I have slight problems in walking about .....
  - I have moderate problems in walking about.....
  - I have severe problems in walking about.....
  - I am unable to walk about .....
- 

**Q5 SELF-CARE**

- I have no problems washing or dressing myself .....
  - I have slight problems washing or dressing myself.....
  - I have moderate problems washing or dressing myself.....
  - I have severe problems washing or dressing myself .....
  - I am unable to wash or dress myself.....
- 

**Q6 USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)**

- I have no problems doing my usual activities.....
  - I have slight problems doing my usual activities .....
  - I have moderate problems doing my usual activities .....
  - I have severe problems doing my usual activities.....
  - I am unable to do my usual activities .....
- 

**Q7 PAIN / DISCOMFORT**

- I have no pain or discomfort.....
  - I have slight pain or discomfort.....
  - I have moderate pain or discomfort.....
  - I have severe pain or discomfort .....
  - I have extreme pain or discomfort.....
- 

**Q8 ANXIETY / DEPRESSION**

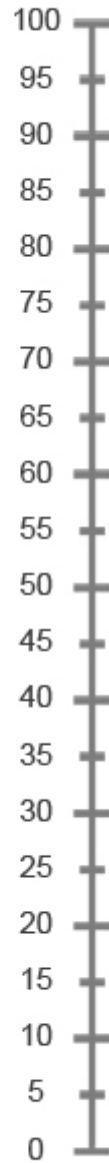
- I am not anxious or depressed.....
- I am slightly anxious or depressed .....
- I am moderately anxious or depressed .....
- I am severely anxious or depressed .....
- I am extremely anxious or depressed .....

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- Q9**
- We would like to know how good or bad your health is TODAY
  - This scale is numbered from 0 to 100.
  - 100 means the best health you can imagine.  
0 means the worst health you can imagine.
  - Please mark an X on the scale to indicate how your health is TODAY.
  - Now please write the number you marked on the scale in the box below.

Your health today:

The best health  
you can imagine



The worst health  
you can imagine

**Q10** Do you have a physical/mental health condition or illness lasting, or expected to last 12 months or more?  
 Yes..... No.....

**Q11** If **yes**, does your condition/illness limit your activities in any way?  
 Yes, a lot..... Yes, a little..... Not at all.....

**Q12** Did you have flu last winter, whereby you felt exhausted and too unwell to carry on as normal? (*Flu is defined as a sudden fever - a temperature of 38°C or above, an aching body, feeling tired or exhausted, a dry cough, a sore throat, a headache*).  
 Yes..... No..... Don't Know/Not Sure.....

**Q13** Have you had a flu jab in the last 12 months?  
 Yes, free..... Yes, paid..... No.....

**Q14** In the last 5 years, have you attended/participated in any of the following? (*Tick all that apply*)

|                                                          |                          |                                        |                          |
|----------------------------------------------------------|--------------------------|----------------------------------------|--------------------------|
| Breast Screening .....                                   | <input type="checkbox"/> | Dental Check Up (NHS or Private) ..... | <input type="checkbox"/> |
| Bowel Cancer Screening .....                             | <input type="checkbox"/> | Eye Test.....                          | <input type="checkbox"/> |
| Cervical Screening/Smear Test.....                       | <input type="checkbox"/> | Hearing Test.....                      | <input type="checkbox"/> |
| Sexually Transmitted Infection "STI" Check Up/Test ..... | <input type="checkbox"/> | None of the above .....                | <input type="checkbox"/> |

**Q15** If you **did not** tick any of the options in the previous question, please indicate why.

|                                                    | Not applic<br>able       | No invite<br>received    | Don't see<br>the<br>benefit | Too<br>emba-<br>rassed   | Too<br>painful<br>/uncomfor-<br>table | Cost too<br>high         | Don't feel<br>I need it  | Other                    |
|----------------------------------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|
| Breast Screening                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bowel Cancer Screening                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cervical Screening/Smear Test                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexually Transmitted Infection "STI" Check Up/Test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dental Check (NHS or Private)                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye Test                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing Test                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Q16** Has a Health Professional ever told you that you are overweight/obese?  
 Yes..... No.....

**Q17** *For women only* - are you pregnant?  
 Yes..... No.....

## Now some questions about the food you eat

- Q18** How many portions of fruit did you eat yesterday?  
*(Include all fruit, including fresh, frozen, dried, tinned fruit, stewed fruit, fruit juices and smoothies. Fruit juice only counts as one portion no matter how much you drink).*

**INFO:** What should I count as a portion?

A portion is half a large fruit such as a grapefruit, avocado, one medium sized fruit such as an apple, orange or pear, 2 small fruits such as plums or satsumas, a handful of grapes or berries, a heaped tablespoon of dried fruit, 3 heaped tablespoons of fruit salad or stewed fruit, 150ml fruit juice.

Do not include more than 150ml of fruit juice (including fruit juice contained within smoothies). This is because only one portion of fruit juice counts towards your 5-a-day.

Total portions of fruit

- Q19** How many portions of vegetables did you eat yesterday?  
*(Include fresh, frozen, raw or tinned vegetables, but do not include any potatoes you ate. Beans and pulses only count as one portion no matter how much of them you eat).*

**INFO:** What should I count as a portion?

A portion is 3 heaped tablespoons of vegetables, 3 heaped tablespoons of beans or pulses (such as baked beans, kidney beans or lentils). Beans and pulses only count as one portion no matter how much of them you eat. Potatoes do not count.

Total portions of  
vegetables

- Q20** On average, during your normal working day, how many glasses/cups (250ml) of fluid do you usually consume? *(Include water, cordial, soft drinks, juice, milk, coffee, tea).*

0     1     2     3     4     5     6     7     8+

- Q21** On average, during a normal working day, how many glasses (250ml) of plain drinking water do you consume?

0     1     2     3     4     5     6     7     8+

- Q22** How often do you eat convenience foods, fast food or takeaways as the main meal of the day?

|                             |                          |                       |                          |
|-----------------------------|--------------------------|-----------------------|--------------------------|
| Rarely or never.....        | <input type="checkbox"/> | 2-3 times a week..... | <input type="checkbox"/> |
| Less than once a month..... | <input type="checkbox"/> | 4-6 times a week..... | <input type="checkbox"/> |
| Less than once a week.....  | <input type="checkbox"/> | Every day.....        | <input type="checkbox"/> |
| Once a week.....            | <input type="checkbox"/> |                       |                          |

- Q23** How often do you include **non-diet** fizzy drink(s) in your diet?

|                             |                          |                             |                          |
|-----------------------------|--------------------------|-----------------------------|--------------------------|
| Rarely or never.....        | <input type="checkbox"/> | 2-3 times a week.....       | <input type="checkbox"/> |
| Less than once a month..... | <input type="checkbox"/> | 4-6 times a week.....       | <input type="checkbox"/> |
| Less than once a week.....  | <input type="checkbox"/> | 7 or more times a week..... | <input type="checkbox"/> |
| Once a week.....            | <input type="checkbox"/> |                             |                          |

- Q24** How often do you include **diet** fizzy drink(s) in your diet *(low calorie or sugar free)?*

|                             |                          |                             |                          |
|-----------------------------|--------------------------|-----------------------------|--------------------------|
| Rarely or never.....        | <input type="checkbox"/> | 2-3 times a week.....       | <input type="checkbox"/> |
| Less than once a month..... | <input type="checkbox"/> | 4-6 times a week.....       | <input type="checkbox"/> |
| Less than once a week.....  | <input type="checkbox"/> | 7 or more times a week..... | <input type="checkbox"/> |
| Once a week.....            | <input type="checkbox"/> |                             |                          |

**Q25** How often do you include high calorie / fat treats in your diet? (e.g. cakes, sweets, crisps, ice cream, puddings, chocolate).

|                             |                          |                             |                          |
|-----------------------------|--------------------------|-----------------------------|--------------------------|
| Rarely or never.....        | <input type="checkbox"/> | 2-3 times a week.....       | <input type="checkbox"/> |
| Less than once a month..... | <input type="checkbox"/> | 4-6 times a week.....       | <input type="checkbox"/> |
| Less than once a week.....  | <input type="checkbox"/> | 7 or more times a week..... | <input type="checkbox"/> |
| Once a week.....            | <input type="checkbox"/> |                             |                          |

**Q26** How often do you drink high energy caffeine drinks? (e.g. Red Bull, Relentless, Monster)

|                             |                          |                             |                          |
|-----------------------------|--------------------------|-----------------------------|--------------------------|
| Rarely or never.....        | <input type="checkbox"/> | 2-3 times a week.....       | <input type="checkbox"/> |
| Less than once a month..... | <input type="checkbox"/> | 4-6 times a week.....       | <input type="checkbox"/> |
| Less than once a week.....  | <input type="checkbox"/> | 7 or more times a week..... | <input type="checkbox"/> |
| Once a week.....            | <input type="checkbox"/> |                             |                          |

**Q27** How often do all or most of the people who live in your household eat a main meal together not including breakfast?

|                             |                          |                             |                          |
|-----------------------------|--------------------------|-----------------------------|--------------------------|
| Rarely or never.....        | <input type="checkbox"/> | 2-3 times a week.....       | <input type="checkbox"/> |
| Less than once a month..... | <input type="checkbox"/> | 4-6 times a week.....       | <input type="checkbox"/> |
| Less than once a week.....  | <input type="checkbox"/> | 7 or more times a week..... | <input type="checkbox"/> |
| Once a week.....            | <input type="checkbox"/> |                             |                          |

**Q28** Do any of the following prevent you from eating more healthy foods? (Tick all that apply)

|                                                                                |                          |
|--------------------------------------------------------------------------------|--------------------------|
| Healthy foods are expensive.....                                               | <input type="checkbox"/> |
| Food of any kind is expensive, so I sometimes skip meals.....                  | <input type="checkbox"/> |
| I don't enjoy cooking.....                                                     | <input type="checkbox"/> |
| Lack of willpower.....                                                         | <input type="checkbox"/> |
| Healthy foods take longer to prepare.....                                      | <input type="checkbox"/> |
| Poor choice of healthy foods in canteens / restaurants / vending machines..... | <input type="checkbox"/> |
| Poor information on healthy foods in canteens and restaurants.....             | <input type="checkbox"/> |
| Poor choices of healthy food where I shop.....                                 | <input type="checkbox"/> |
| I don't know how to cook healthily.....                                        | <input type="checkbox"/> |
| I was never taught about healthy eating.....                                   | <input type="checkbox"/> |
| I don't enjoy eating healthy foods.....                                        | <input type="checkbox"/> |
| Other people discourage me.....                                                | <input type="checkbox"/> |
| No – I am currently eating as healthily as possible.....                       | <input type="checkbox"/> |
| Other.....                                                                     | <input type="checkbox"/> |

Please specify other:

**Q29** Would you find it helpful if foods were labelled more clearly, with information about fat, sugar and salt content?

|          |                          |         |                          |             |                          |
|----------|--------------------------|---------|--------------------------|-------------|--------------------------|
| Yes..... | <input type="checkbox"/> | No..... | <input type="checkbox"/> | Unsure..... | <input type="checkbox"/> |
|----------|--------------------------|---------|--------------------------|-------------|--------------------------|

Next some questions about the exercise you take

**Q30** Which of the following best describes your daily work or other daytime activities you usually do? (Please tick one only)

- I am usually sitting down during the day and do not walk about much (e.g. office work) .....
- I move quite a lot during the day, but do not lift or carry things very often (e.g. homemakers, shop assistants) ..
- I usually lift or carry light loads or I have to climb stairs or hills often (e.g. postmen, packers) .....
- I often do heavy work or carry heavy loads (e.g. building, farm work, fishing) .....

**Q31** How much time do you usually spend sitting on a typical day?

(By this we mean at work, at home, getting to and from places, or with friends. You should include time sat at a desk, sitting with friends, travelling in a car or bus, reading or watching tv, but **do not** include time spent sleeping).

Hours

Minutes

**Q32** How far do you travel to work?

- Less than 1 mile.....
- Between 1 and 2½ miles .....
- Between 2½ and 5 miles .....
- Between 5 and 10 miles .....
- More than 10 miles .....

**Q33** What is your primary mode of transport to and from work?

- Public Transport.....
- Car (as driver).....
- Car (as passenger).....
- Bicycle.....
- Walk .....
- Other .....

Please state other:

**Q34** Do you wear a fitness tracker / step counter or use an activity app? (e.g. Fitbit, Apple Watch, Garmin, Strava).

- Yes.....  No.....

Q35 In the past week, how long have you spent in total taking part in sport or recreational activity that has made you slightly breathless and warm?

(Examples include brisk walking, cycling, jogging, team sports, gym class/sessions, heavy gardening etc.)

Total time in hours and minutes in the last week

Hours

Minutes

Q36 If you feel that your present level of physical activity is not enough to keep you healthy, which of the following prevent you from doing more? (Tick all that apply)

- Not applicable, I feel I am currently doing enough exercise .....
- Lack of leisure time (e.g. no spare time) .....
- Lack of money .....
- Lack of child care .....
- Lack of transport.....
- Poor weather .....
- Lack of easily accessible facilities at work .....
- Illness, injury or disability.....
- Lack of motivation .....
- Not interested in exercising .....
- I am put off by previous experiences of exercise .....
- Self-conscious about body shape .....
- Pregnancy .....
- Other.....

Please specify other:

Questions 37 and 38 are specifically about active travel and are not a measure of your fitness levels. Active travel is defined as "walking or cycling (including the use of electric bicycles) as an alternative to motorised transport (cars, buses motorcycles etc.) for the purpose of making everyday journeys."

Q37 In a typical week on how many days do you walk continuously for over 10 minutes to **get to and from places**? (e.g. to the shops, work or school run. Do not include walking the dog or walking as a social activity).

Days per week

During this typical week, how long were you walking for? (e.g. if you walked for 20 minutes on 3 days = 1 hour in total).

Hours

Minutes



**Q38** In a typical week on how many days do you cycle continuously for over 10 minutes to **get to and from places**? (e.g. to the shops, work or school run. Do not include cycling done as a recreational activity).

Days per week

During this typical week, how long were you cycling for? (e.g. if you cycled for 20 minutes on 3 days = 1 hour in total).

Hours

Minutes

**Next some more questions about you**

**Q39** What is your height (*without shoes*)?

Feet

Inches

Or...

Meters

Centimetres

**Q40** What is your weight (*lightly dressed*)?

Stones

Pounds

Or...

Kilograms

**Q41** Do you think you are ...

- Underweight.....
- About healthy weight .....
- Overweight.....
- Very overweight .....
- Unsure about my weight.....

**Family drug and alcohol use**

**Q42** Have you been affected by someone in your family's use of drugs?

Yes.....  No.....

**Q43** Have you been affected by someone in your family's use of alcohol?

Yes.....  No.....

Next some questions on your use of alcohol

**One standard drink is...**

|                                                                                   |                                    |                                                                                   |                       |                                                                                   |                             |                                                                                   |                         |                                                                                   |                               |
|-----------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------|-------------------------------|
|  | Half pint of regular beer or cider |  | 1 small glass of wine |  | 1 single measure of spirits |  | 1 small glass of sherry |  | 1 single measure of aperitifs |
|-----------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------|-------------------------------|

**The following quantities of alcohol contain more than 1 standard drink**

|                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                   |                                                                                    |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>2</b>                                                                          | <b>3</b>                                                                          | <b>1.5</b>                                                                        | <b>2</b>                                                                          | <b>4</b>                                                                          | <b>2</b>                                                                          | <b>9</b>                                                                           |
|  |  |  |  |  |  |  |
| Pint of Regular beer/lager/cider                                                  | Pint of Premium beer/lager/cider                                                  | Alcopop or can/bottle of Regular Lager                                            | Can of premium Lager or Strong Beer                                               | Can of Super Strength Lager                                                       | Glass of wine (175ml)                                                             | Bottle of wine                                                                     |

1 unit = 1 standard drink

**Q44** Using the pictures above as a guide, please write the number of alcoholic drinks you have consumed, each day during the past week.

If you have not consumed any of a particular drink, please enter '0'.

Monday Units ...

Tuesday Units ...

Wednesday Units ...

Thursday Units ...

Friday Units ...

Saturday Units ...

Sunday Units ...

**Q45** Would you say the last week was fairly typical of what you usually have to drink in one week?

Yes.....  No.....

**Q46** How often do you have a drink containing alcohol?

- Never .....
  - Monthly or less.....
  - 2-4 times a month.....
  - 2-3 times a week.....
  - 4 or more times a week .....
- 

**Q47** How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2 .....       3 or 4 .....       5 or 6 .....       7 to 9.....       10+ .....
- 

**Q48** How often do you drink the following amount of alcohol on one occasion? (*refer back to the earlier unit information graphic if you need to*).

Women: six or more units (*choose from the options below*)

Men: eight or more units (*choose from the options below*)

- Never .....
  - Less than monthly.....
  - Monthly .....
  - Weekly .....
  - Daily or almost daily.....
- 

**Q49** How often during the last year have you found you were unable to stop drinking once you had started?

- |                                                 |                                                     |
|-------------------------------------------------|-----------------------------------------------------|
| Never..... <input type="checkbox"/>             | Weekly..... <input type="checkbox"/>                |
| Less than monthly..... <input type="checkbox"/> | Daily or almost daily..... <input type="checkbox"/> |
| Monthly..... <input type="checkbox"/>           |                                                     |
- 

**Q50** How often during the last year have you failed to do what was normally expected of you because of drinking?

- |                                                 |                                                     |
|-------------------------------------------------|-----------------------------------------------------|
| Never..... <input type="checkbox"/>             | Weekly..... <input type="checkbox"/>                |
| Less than monthly..... <input type="checkbox"/> | Daily or almost daily..... <input type="checkbox"/> |
| Monthly..... <input type="checkbox"/>           |                                                     |
- 

**Q51** How often during the last year have you needed an alcoholic drink in the morning to get you going after a heavy drinking session?

- |                                                 |                                                     |
|-------------------------------------------------|-----------------------------------------------------|
| Never..... <input type="checkbox"/>             | Weekly..... <input type="checkbox"/>                |
| Less than monthly..... <input type="checkbox"/> | Daily or almost daily..... <input type="checkbox"/> |
| Monthly..... <input type="checkbox"/>           |                                                     |
- 

**Q52** How often during the last year have you had a feeling of guilt or remorse after drinking?

- |                                                 |                                                     |
|-------------------------------------------------|-----------------------------------------------------|
| Never..... <input type="checkbox"/>             | Weekly..... <input type="checkbox"/>                |
| Less than monthly..... <input type="checkbox"/> | Daily or almost daily..... <input type="checkbox"/> |
| Monthly..... <input type="checkbox"/>           |                                                     |
- 

**Q53** How often during the last year have you been unable to remember what happened during the night before because of your drinking?

- |                                                 |                                                     |
|-------------------------------------------------|-----------------------------------------------------|
| Never..... <input type="checkbox"/>             | Weekly..... <input type="checkbox"/>                |
| Less than monthly..... <input type="checkbox"/> | Daily or almost daily..... <input type="checkbox"/> |
| Monthly..... <input type="checkbox"/>           |                                                     |

**Q54** Have you or someone else been injured because of your drinking?  
 No.....  Yes, in the last year .....   
 Yes, but not in the last year.....

**Q55** Has a relative or friend, doctor or other health care worker been concerned about your drinking or suggested you cut down?  
 No.....  Yes, in the last year .....   
 Yes, but not in the last year.....

**Next some questions about smoking**

**Q56** This question is about smoking cigarettes, roll-ups, cigars and pipes (**NOT electronic cigarettes**). Which of the following best describes you?  
 I have never smoked.....  I used to smoke daily but do not smoke at all now   
 I have tried smoking once or twice.....  I smoke occasionally but not every day .....   
 I used to smoke occasionally but do not smoke at all now .....  I smoke daily .....

**Q57 SMOKERS ONLY:** Are you planning to stop smoking?  
 No.....  Yes, soon.....   
 Yes, sometime in the future.....  I don't know .....

**Q58** This question refers to **ELECTRONIC CIGARETTES** (*e-cigarettes or vaping devices*) only. Which of the following best describes you?  
 I have never heard of electronic cigarettes .....   
 I have never used electronic cigarettes.....   
 I have tried electronic cigarettes once or twice .....   
 I used to use electronic cigarettes occasionally but do not use them at all now .....   
 I used to use electronic cigarettes daily but do not use them at all now .....   
 I use electronic cigarettes occasionally but not every day .....   
 I use electronic cigarettes daily .....

**Q59** How many people are smokers in your household? (*Please include yourself and all smokers even if they never actually smoke indoors/at home, but exclude electronic cigarette users*).  
 Age under 16   
 Age 16 - 24   
 Age 25 - 49   
 Age 50+

**Q60** How many people use electronic cigarettes (e-cigs) in your household? *(Please include yourself and all vapers even if they never actually vape indoors/at home)*

Age under 16

Age 16 - 24

Age 25 - 49

Age 50+

**Q61** Which of the following best describes 'rules about smoking' in your household?

Smoking is not allowed on the property at all  
*(both house AND garden smoke free)* .....

Smoking is allowed outside *(in the garden/courtyard)* .....

Smoking is allowed outside *(in a doorway)* .....

Smoking is restricted to certain rooms in the house .....

Smoking is allowed anywhere in the house .....

Other .....

Please specify which rooms in the house smoking is restricted to

Please specify other

**Q62** Are you regularly exposed to others people's tobacco smoke in any of these places?

At own home .....

At work .....

In other people's homes .....

In cars/vans .....

In work vehicles .....

Outside of buildings (e.g. pubs, shops, hospital) ...

In other public places .....

Other .....

No, none of these .....

Please specify other

### Next some questions about your wellbeing

The following questions are about your feelings on aspects of your life. There are no right or wrong answers.

**Q63** During the past month how would you rate your sleep quality overall?

Very good .....

Good .....

Fair .....

Bad .....

Very bad .....

**Q64** If your sleep is bad or very bad, please could you tell us a little bit about why? (e.g. Stress, insomnia (diagnosed), a new baby or pet in the house, noisy neighbours or shift work).

**Q65** How often do the following cause you anxiety or stress?

|                                                                     | Never                    | Occasionally             | Frequently               | Always                   |
|---------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Housing condition / affordability                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with spouse / partner                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with child / children                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problems with neighbours                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Problems associated with living on an island                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Money worries                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your own health                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your family's health                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your friends' problems, including health problems                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unemployment                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job dissatisfaction                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pressures at work                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Staffing levels at work                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boredom at work                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transport difficulties (e.g. trouble finding parking, traffic jams) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear of crime                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Worry about global issues                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please specify other:

**Q66** Which of these statements best describes the amount of stress or pressure that you have?

- Completely free of stress .....
- Small amount of stress.....
- Moderate amount of stress .....
- Large amount of stress .....
- I don't know .....

**Q67** Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?

- I have as much social contact as I want with people I like.....
- I have adequate social contact with people I like.....
- I have some but not enough social contact with people I like.....
- I have little social contact with people I like and feel socially isolated.....

**Q68** Do you regularly take part in activities with any of the following groups or types of organisation? (*please tick all that apply*).

- |                                                                           |                                                                |
|---------------------------------------------------------------------------|----------------------------------------------------------------|
| Church..... <input type="checkbox"/>                                      | Environmental interest groups..... <input type="checkbox"/>    |
| School (e.g. PTA)..... <input type="checkbox"/>                           | Parent / toddler groups..... <input type="checkbox"/>          |
| Parish Committee..... <input type="checkbox"/>                            | Whist / Bridge / Bingo..... <input type="checkbox"/>           |
| Youth organisation (e.g. Brownies / Scouts)..... <input type="checkbox"/> | Arts and Crafts clubs / sessions..... <input type="checkbox"/> |
| Sports club / team..... <input type="checkbox"/>                          | Amateur dramatics..... <input type="checkbox"/>                |
| Social clubs..... <input type="checkbox"/>                                | Singing / music groups..... <input type="checkbox"/>           |
| Adult education classes..... <input type="checkbox"/>                     | Other..... <input type="checkbox"/>                            |
| Trade union..... <input type="checkbox"/>                                 | None of the above..... <input type="checkbox"/>                |

Please specify other:

**Q69** Do you regularly volunteer your time either for a registered charity or for another organisation? (e.g. a youth or community group).

- Yes.....  No.....

If so, how many hours per month do you volunteer?

Hours per month

**Q70** For each of these questions please give an answer on a scale of 0 - 10. (0 = 'not at all' and 10 = 'completely').

- |                                                                                    | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
|------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Overall, how satisfied are you with your life nowadays?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall, how happy did you feel yesterday?                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall, how anxious did you feel yesterday?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall, to what extent do you feel the things you do in your life are worthwhile? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Q71** Do you have friends and relatives you can count on whenever you may need them?

- Yes.....  No.....

**Q72** How often do you meet socially with friends?

|                             |                          |                            |                          |
|-----------------------------|--------------------------|----------------------------|--------------------------|
| Never .....                 | <input type="checkbox"/> | Weekly.....                | <input type="checkbox"/> |
| Less than once a month..... | <input type="checkbox"/> | Several times a week ..... | <input type="checkbox"/> |
| Monthly .....               | <input type="checkbox"/> | Every day .....            | <input type="checkbox"/> |
| Several times a month ..... | <input type="checkbox"/> |                            |                          |

**Q73** How often do you meet socially with extended family on the Island?

|                             |                          |                            |                          |
|-----------------------------|--------------------------|----------------------------|--------------------------|
| Never .....                 | <input type="checkbox"/> | Weekly.....                | <input type="checkbox"/> |
| Less than once a month..... | <input type="checkbox"/> | Several times a week ..... | <input type="checkbox"/> |
| Monthly .....               | <input type="checkbox"/> | Every day .....            | <input type="checkbox"/> |
| Several times a month ..... | <input type="checkbox"/> |                            |                          |

**Q74** How often do you feel lonely?

|                       |                          |
|-----------------------|--------------------------|
| Often / always .....  | <input type="checkbox"/> |
| Some of the time..... | <input type="checkbox"/> |
| Occasionally.....     | <input type="checkbox"/> |
| Hardly ever .....     | <input type="checkbox"/> |
| Never .....           | <input type="checkbox"/> |

**Q75** Please tick the box that best describes your experience of each over the last 2 weeks

|                                                    | None of the<br>time      | Rarely                   | Some of<br>the time      | Often                    | All of the<br>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 feeling interested in other people       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've had energy to spare                           | <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 good about myself                | <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 feeling confident                        | <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 been feeling loved                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been interested in new things                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been feeling cheerful                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**Finally some more questions about yourself**

**Q76** What is your current relationship status?

- |                                                                                   |                          |                                                                 |                          |
|-----------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------|--------------------------|
| Single ( <i>never married and never registered in a civil partnership</i> ) ..... | <input type="checkbox"/> | Divorced .....                                                  | <input type="checkbox"/> |
| Married .....                                                                     | <input type="checkbox"/> | Widowed .....                                                   | <input type="checkbox"/> |
| Separated ( <i>still legally married</i> ) .....                                  | <input type="checkbox"/> | In a registered civil partnership .....                         | <input type="checkbox"/> |
| Formerly in a civil partnership ( <i>now legally dissolved</i> ) .....            | <input type="checkbox"/> | Separated ( <i>still legally in a civil partnership</i> ) ..... | <input type="checkbox"/> |
|                                                                                   |                          | Surviving partner from a civil partnership .....                | <input type="checkbox"/> |

**Q77** What is your place of birth?

- |                       |                          |                           |                          |
|-----------------------|--------------------------|---------------------------|--------------------------|
| Isle of Man .....     | <input type="checkbox"/> | Republic of Ireland ..... | <input type="checkbox"/> |
| United Kingdom .....  | <input type="checkbox"/> | Europe .....              | <input type="checkbox"/> |
| Channel Islands ..... | <input type="checkbox"/> | Other .....               | <input type="checkbox"/> |

Please specify other:

**Q78** How long have you lived on the Isle of Man? (*Ignore periods of absence for holiday or study*)

Resident for (years)

**Q80** Please specify your ethnic group.

- |                                                                                                                      |                          |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|
| White - Manx/English/Welsh/Scottish/Northern Irish/British .....                                                     | <input type="checkbox"/> |
| White Irish .....                                                                                                    | <input type="checkbox"/> |
| White - Gypsy or Irish Traveller .....                                                                               | <input type="checkbox"/> |
| White - Any other white background ( <i>Please specify</i> ) .....                                                   | <input type="checkbox"/> |
| Mixed/Multiple ethnic groups - White and Black Caribbean .....                                                       | <input type="checkbox"/> |
| Mixed/Multiple ethnic groups - White and Black African .....                                                         | <input type="checkbox"/> |
| Mixed/Multiple ethnic groups - White and Asian .....                                                                 | <input type="checkbox"/> |
| Mixed/Multiple ethnic groups - Any other mixed/multiple ethnic background ( <i>Please specify</i> ) .....            | <input type="checkbox"/> |
| Asian/Asian British - Indian .....                                                                                   | <input type="checkbox"/> |
| Asian/Asian British - Pakistani .....                                                                                | <input type="checkbox"/> |
| Asian/Asian British - Bangladeshi .....                                                                              | <input type="checkbox"/> |
| Asian/Asian British - Chinese .....                                                                                  | <input type="checkbox"/> |
| Asian/Asian British - Any other Asian background ( <i>Please specify</i> ) .....                                     | <input type="checkbox"/> |
| Black/African/Caribbean/Black British - African .....                                                                | <input type="checkbox"/> |
| Black/African/Caribbean/Black British - Caribbean .....                                                              | <input type="checkbox"/> |
| Black/African/Caribbean/Black British - Any other Black/African/Caribbean background ( <i>Please specify</i> ) ..... | <input type="checkbox"/> |
| Other ethnic group - Arab .....                                                                                      | <input type="checkbox"/> |
| Any other ethnic group ( <i>Please specify</i> ) .....                                                               | <input type="checkbox"/> |

Please specify:

**Q81** At this time which of the following best fits how you see yourself?

- |                              |                          |                           |                          |
|------------------------------|--------------------------|---------------------------|--------------------------|
| Heterosexual / Straight..... | <input type="checkbox"/> | Unsure.....               | <input type="checkbox"/> |
| Gay / Lesbian .....          | <input type="checkbox"/> | None of the above.....    | <input type="checkbox"/> |
| Bisexual.....                | <input type="checkbox"/> | Prefer not to answer..... | <input type="checkbox"/> |

**Q82** What type of housing do you live in?

- |                                                                          |                          |
|--------------------------------------------------------------------------|--------------------------|
| Own home - owned outright .....                                          | <input type="checkbox"/> |
| Own home - bought with mortgage .....                                    | <input type="checkbox"/> |
| Private rental .....                                                     | <input type="checkbox"/> |
| Rented from Government or Local Authority.....                           | <input type="checkbox"/> |
| Accommodation provided with job .....                                    | <input type="checkbox"/> |
| Living rent free or paying a small rent (e.g. to parent / friends) ..... | <input type="checkbox"/> |
| Other.....                                                               | <input type="checkbox"/> |

Please specify other:

**Q83** Including yourself how many people live together in your household?

|                                  |                      |
|----------------------------------|----------------------|
| Adults                           | <input type="text"/> |
| Young people under the age of 16 | <input type="text"/> |

**Q84** Which of the following best describes your work situation?

- |                                                                        |                          |
|------------------------------------------------------------------------|--------------------------|
| Employed full-time (30 hours or more).....                             | <input type="checkbox"/> |
| Employed part-time (less than 30 hours) .....                          | <input type="checkbox"/> |
| Self-employed.....                                                     | <input type="checkbox"/> |
| Full-time student .....                                                | <input type="checkbox"/> |
| Not working for domestic reasons (looking after children or home)..... | <input type="checkbox"/> |
| Choose not to work .....                                               | <input type="checkbox"/> |
| Unemployed and seeking employment .....                                | <input type="checkbox"/> |
| Sick/disabled and unable to work.....                                  | <input type="checkbox"/> |
| Retired .....                                                          | <input type="checkbox"/> |
| Other.....                                                             | <input type="checkbox"/> |

Please specify other:

**Q85** On average, how many hours do you work a week?

|         |                      |
|---------|----------------------|
| Hours   | <input type="text"/> |
| Minutes | <input type="text"/> |

**Q86** Does your work involve shift work patterns outside 9am-5pm?

- |          |                          |         |                          |
|----------|--------------------------|---------|--------------------------|
| Yes..... | <input type="checkbox"/> | No..... | <input type="checkbox"/> |
|----------|--------------------------|---------|--------------------------|

**Q87** If you do not work 9am-5pm, which of the following best describes your usual work pattern?

- |                       |                          |                                |                          |
|-----------------------|--------------------------|--------------------------------|--------------------------|
| Day shift .....       | <input type="checkbox"/> | Irregular shift / on call..... | <input type="checkbox"/> |
| Afternoon shift ..... | <input type="checkbox"/> | Rotating shifts .....          | <input type="checkbox"/> |
| Night shift .....     | <input type="checkbox"/> | Other .....                    | <input type="checkbox"/> |
| Split shift.....      | <input type="checkbox"/> |                                |                          |

Please specify other:

**Q88** Apart from anything you do as part of paid employment, do you look after, or give any regular help or support to family members, friends, neighbours or others because of either long-term physical, mental ill-health, disability; or problems related to old age?

- Yes.....  No.....

**Q89** If yes, in total, how many hours each week approximately do you spend providing any regular help or support?

- |             |                          |              |                          |
|-------------|--------------------------|--------------|--------------------------|
| 0-9 .....   | <input type="checkbox"/> | 40-49 .....  | <input type="checkbox"/> |
| 10-19 ..... | <input type="checkbox"/> | 50+ .....    | <input type="checkbox"/> |
| 20-29 ..... | <input type="checkbox"/> | Varies ..... | <input type="checkbox"/> |
| 30-39 ..... | <input type="checkbox"/> |              |                          |

**Q90** Into which band does your total **household** income fall, before any deductions or stoppages such as tax and Social Insurance Contributions? (*Include all income from salaries or wages from paid work, income from any state benefits, occupational or state pensions and any other income*).

- |                        |                          |                       |                          |
|------------------------|--------------------------|-----------------------|--------------------------|
| Less than £10,000..... | <input type="checkbox"/> | £60,000-£69,999 ..... | <input type="checkbox"/> |
| £10,000-£19,999 .....  | <input type="checkbox"/> | £70,000-£79,999 ..... | <input type="checkbox"/> |
| £20,000-£29,999 .....  | <input type="checkbox"/> | £80,000-£89,999 ..... | <input type="checkbox"/> |
| £30,000-£39,999 .....  | <input type="checkbox"/> | £90,000-£99,999 ..... | <input type="checkbox"/> |
| £40,000-£49,999 .....  | <input type="checkbox"/> | £100,000+ .....       | <input type="checkbox"/> |
| £50,000-£59,999 .....  | <input type="checkbox"/> | I don't know .....    | <input type="checkbox"/> |

**Q91** Which of these best describes your highest level of qualification?

- |                               |                          |                             |                          |
|-------------------------------|--------------------------|-----------------------------|--------------------------|
| No formal qualifications..... | <input type="checkbox"/> | A Level or GNVQ.....        | <input type="checkbox"/> |
| GCSE/O'Level.....             | <input type="checkbox"/> | Degree level or higher..... | <input type="checkbox"/> |

**Q92** Do you have any other comments?

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**Q93** What are the first 3 digits of your postcode?

**Thank you for taking the time to complete this survey.**

Public Health is about: improving the health and wellbeing of the population; understanding what makes us healthy, what makes us sick, and what we can do about it together; and reducing health inequalities in our population. The Isle of Man Health & Lifestyle Survey will give us valuable information to help towards these goals within Isle of Man Government.

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If you have been affected by any of the issues raised in this questionnaire please contact the relevant organisation below or make an appointment to see your GP:

**NHS One You:** <http://www.nhs.uk/oneyou>

**Drug and Alcohol Team:** telephone +44(0)1624 617889

**Stop Smoking Service:** telephone +44(0)1624 642404 or email [tobacco@gov.im](mailto:tobacco@gov.im) or [gov.im/quit4you](http://gov.im/quit4you)

**Samaritans:** telephone 16 123 (this number is free to call) or email [jo@samaritans.org](mailto:jo@samaritans.org)

**Victim Support:** telephone +44(0)1624 679950 or email [enquiries@victimsupport.im](mailto:enquiries@victimsupport.im)

**Motiv8 Addiction Services:** telephone +44(0)1624 627656/+44(0)7624 426400 or email [motiv8@iom.com](mailto:motiv8@iom.com)

**[www.drinkaware.co.uk](http://www.drinkaware.co.uk)**

**Police:** telephone +44(0)1624 631212 (confidential enquiries line)

**MIND Mental Health charity:** [www.mind.org.uk](http://www.mind.org.uk)

**DEPARTMENT OF HEALTH AND SOCIAL CARE**

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