

Isle of Man Health & Lifestyle Survey 2021

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.

We will treat the information you give us in the strictest confidence in accordance with the Cabinet Office Privacy Notice. This can be found at <https://www.gov.im/co-privacy>

If you have any problems completing this survey please email phsurvey@gov.im

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 click 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
-

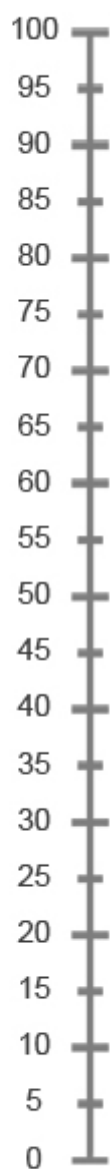
Q8 ANXIETY / DEPRESSION

- ☐ 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
-

- 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 (**September 2020 - March 2021**), 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 applicable	No invite received	Don't see the benefit	Too embarrassed	Too painful / uncomfortable	Cost too high	Don't feel I need it	COVID-19	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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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

Next some questions about the exercise you take

Q20 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

Q21 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

Questions **22** and **23** 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."

Q22 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

Q23 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

Q24 What is your height (*without shoes*)?

Feet

Inches

Or...

Meters

Centimetres

Q25 What is your weight (*lightly dressed*)?

Stones

Pounds

Or...

Kilograms

Q26 Do you think you are ...

Underweight.....☐

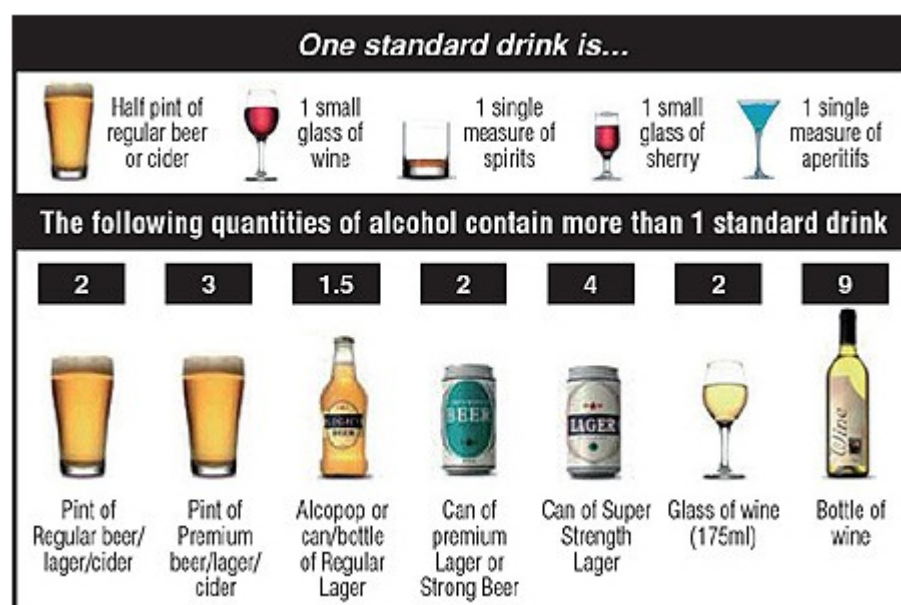
About healthy weight☐

Overweight.....☐

Very overweight☐

Unsure about my weight.....☐

Next some questions on your use of alcohol



1 unit = 1 standard drink

Q27 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 ...

Q28 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 ☐

Q29 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+ ☐

Q30 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..... ☐

Next some questions about smoking

Q31 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..... <input type="checkbox"/>	I used to smoke daily but do not smoke at all now <input type="checkbox"/>
I have tried smoking once or twice..... <input type="checkbox"/>	I smoke occasionally but not every day <input type="checkbox"/>
I used to smoke occasionally but do not smoke at all now <input type="checkbox"/>	I smoke daily <input type="checkbox"/>

Q32 SMOKERS ONLY: Are you planning to stop smoking?

No <input type="checkbox"/>	Yes, soon..... <input type="checkbox"/>
Yes, sometime in the future..... <input type="checkbox"/>	I don't know <input type="checkbox"/>

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.

Q33 During the past month how would you rate your sleep quality overall?

Very good ☐ Good ☐ Fair ☐ Bad ☐ Very bad ☐

Q34 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).

Q35 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:

Q36 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 ☐

Q37 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

Q38 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 (<i>e.g. PTA</i>) | <input type="checkbox"/> | Parent / toddler groups..... | <input type="checkbox"/> |
| Parish Committee..... | <input type="checkbox"/> | Whist / Bridge / Bingo..... | <input type="checkbox"/> |
| Youth organisation (<i>e.g. Brownies / Scouts</i>) | <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:

Q39 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	
-----------------	--

Q40 For each of these questions please give an answer on a scale of 0 - 10. (0 = 'not at all' and 10 = 'completely').

- [illegible]

Q41 Do you have friends and relatives you can count on whenever you may need them?

Yes.....☐ No.....☐

Q42 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"/>		

Q43 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"/>		

Q44 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"/>

Q45 Please tick the box that best describes your experience of each over the last 2 weeks

	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 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"/>

Next some questions about COVID-19

Q46 Are you eligible for a free flu vaccination this year (**September 2021 - March 2022**)?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

Q47 Have you received a COVID-19 vaccination?

- ☐ Yes, one dose
- ☐ Yes, two or more doses
- ☐ No

Q48 If you answered 'No' to the above, please tick the one which applies to your COVID-19 vaccination:

- ☐ Have been offered a vaccine and waiting to be vaccinated
- ☐ Have been offered a vaccine but declined the offer
- ☐ Are neither likely nor unlikely to have a vaccine if offered
- ☐ Would be very or fairly unlikely to have a vaccine if offered
- ☐ Prefer not to say

Q49 In the past 7 days, have you:

- ☐ Worked from home only (not travelled to work)
- ☐ Travelled to work only (not worked from home)
- ☐ Both worked from home and travelled to work
- ☐ Not worked from home and not travelled to work

Q50 Since COVID-19 have you changed your career?

- ☐ Yes
- ☐ No

If yes, please give reason

Q51 In the past month, how often did you talk with any of your neighbours?

- ☐ Nearly every day / every day
- ☐ A few times a week
- ☐ A few times a month
- ☐ Not at all
- ☐ Not sure

Q52 During a typical month prior to March 2020 (when COVID-19 began spreading on the Island), how often did you talk with any of your neighbours?

- ☐ Nearly every day / every day
- ☐ A few times a week
- ☐ A few times a month
- ☐ Not at all
- ☐ Not sure

Q53 In the past month, how often did you communicate with friends and family by phone, text, email, app, or using the internet?

- ☐ Nearly every day / every day
☐ A few times a week
☐ A few times a month
☐ Not at all
☐ Not sure

Q54 During a typical month prior to March 2020 (when COVID-19 began spreading on the Island), how often did you communicate with friends and family by phone, text, email, app, or using the internet?

- ☐ Nearly every day / every day
☐ A few times a week
☐ A few times a month
☐ Not at all
☐ Not sure

Q55 Have you received a diagnosis of COVID-19, confirmed by a positive PCR test?

- ☐ Yes
☐ No
☐ Don't know
☐ Prefer not to say

Q56 How have your relationships changed since the start of COVID-19?

	Improved	Worsened	No change
Spouse/Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wider community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q57 Now that the Island's border restrictions have relaxed, are you willing to travel to:

	Yes	No	Not sure
The United Kingdom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q58 If you are not willing to travel just yet how long do you think you will wait?

- ☐ less than 6 months
☐ 6 to 12 months
☐ Longer
☐ Unsure
☐ Not interested in travelling

Q59 What would be the main factor that influences your decision to travel?

- ☐ Safety against virus
- ☐ Price
- ☐ Flexibility to changes or cancellations
- ☐ Other

Please specify other:

Finally some more questions about yourself

Q60 What is your current relationship status?

Single, without partner ☐
Single, with partner ☐
Married ☐
Separated (*still legally married*) ☐
Formerly in a civil partnership (*now legally dissolved*) ☐

Divorced ☐
Widowed ☐
In a registered civil partnership ☐
Separated (*still legally in a civil partnership*) ☐
Surviving partner from a civil partnership ☐

Q61 What is your place of birth?

Isle of Man ☐
United Kingdom ☐
Channel Islands ☐

Republic of Ireland ☐
Europe ☐
Other ☐

Please specify other:

Q62 How long have you lived on the Isle of Man? (*Ignore periods of absence for holiday or study*)

Resident for (years)

Q63 If you have been resident for less than two years please tell us your reasons for relocating:

- ☐ Career (*yours, your partner's, other family member's*)
- ☐ To be closer to family
- ☐ Island is my home
- ☐ Children
- ☐ Due to COVID-19
- ☐ Other

Please specify other:

Q64 Please specify your ethnic group.

- White - Manx/English/Welsh/Scottish/Northern Irish/British ☐
- White Irish..... ☐
- White - Gypsy or Irish Traveller ☐
- White - Any other white background (*Please specify*) ☐
- Mixed/Multiple ethnic groups - White and Black Caribbean ☐
- Mixed/Multiple ethnic groups - White and Black African ☐
- Mixed/Multiple ethnic groups - White and Asian ☐
- Mixed/Multiple ethnic groups - Any other mixed/multiple ethnic background (*Please specify*) ☐
- Asian/Asian British - Indian ☐
- Asian/Asian British - Pakistani..... ☐
- Asian/Asian British - Bangladeshi ☐
- Asian/Asian British - Chinese ☐
- Asian/Asian British - Any other Asian background (*Please specify*) ☐
- Black/African/Caribbean/Black British - African ☐
- Black/African/Caribbean/Black British - Caribbean..... ☐
- Black/African/Caribbean/Black British - Any other Black/African/Caribbean background (*Please specify*) ☐
- Other ethnic group - Arab..... ☐
- Any other ethnic group (*Please specify*) ☐

Please specify:

Q65 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"/> |

Q66 What type of housing do you live in?

- Own home - owned outright ☐
- Own home - bought with mortgage ☐
- Private rental ☐
- Rented from Government or Local Authority..... ☐
- Accommodation provided with job ☐
- Living rent free or paying a small rent (*e.g. to parent / friends*) ☐
- Other..... ☐

Please specify other:

Q67 What type of dwelling do you live in?

- ☐ Small terraced house
- ☐ Medium/large terraced house
- ☐ Semi detached
- ☐ Detached
- ☐ Bungalow
- ☐ Converted flat
- ☐ Purpose built flat

Q68 Do you have access to outdoor space as part of your dwelling?

- ☐ Yes
☐ No
☐ Don't know
-

Q69 Including yourself how many people live together in your household?

Adults

Young people
under the age of
16

Q70 What industry do you work in?

Q71 Which of the following best describes your work situation?

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

Please specify other:

Q72 On average, how many hours do you work a week?

Hours

Minutes

Q73 Does your work involve shift work patterns outside 9am-5pm?

- Yes..... ☐ No..... ☐
-

Q74 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:

Q75 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..... ☐

Q76 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"/>		

Q77 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"/>

Q78 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"/>

Q79 Do you have any other comments?

Q80 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.

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: 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 or gov.im/quit4you

Samaritans: telephone 116 123 (this number is free to call) or email jo@samaritans.org

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

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

www.drinkaware.co.uk

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

MIND Mental Health charity: www.mind.org.uk

Relate: telephone +44(0)1624 623902 or www.relate.org.uk

Kooth: (*Free, safe and anonymous online support for young people*) www.kooth.com

Qwell: (*Online counselling and wellbeing for adults*) www.qwell.io

Cancer Support Services: telephone +44(0)1624 650735 or email MacmillanCancerInformationCentre.Nobles@gov.im

Screening Programmes: www.gov.im/screening

Cruse Bereavement: telephone +44(0)1624 668191 / +44(0)1624 668192 or email info@cruseisleofman.org

Enhance the UK: (*Changing society's views on disability*) www.enhanceuk.org

COVID-19: www.gov.im/covid-19

Vaccination Programmes: www.gov.im/vaccinations

CABINET OFFICE

Public Health Directorate, Cronk Coar, Noble's Hospital, Strang, Douglas, Isle of Man, IM4 4RJ

Tel: +44(0)1624 642639 Email: publichealth@gov.im

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