

# The Big

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<<ID>>

July 2006

Dear <<VAR4>>

## What it's like to live in your area – tell us what you think!

We would like to ask for your help in completing this survey which Ipsos MORI, an independent research and polling organisation, is carrying out for Cumbria County Council and its partner organisations in Cumbria. So that Cumbria County Council and its partners can work to **improve the quality of life for everybody** in Cumbria, we need to know **your views** on what your quality of life is like now and the issues in your local area that affect you.

You have been chosen to receive this questionnaire at random from a list of all Cumbria residents. It does not matter if you've only just moved to the area, or if you don't pay council tax. All of your answers will be treated in **strictest confidence** by Ipsos MORI and your responses will only be used for the purposes of this research. Please take this opportunity to express your views. The findings from this survey will be published on the Council website in late 2006, so that you can see what others also think about quality of life in Cumbria.

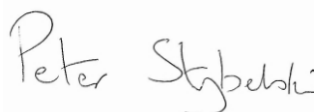
We would greatly appreciate it if you could take the time (15 minutes or so) to complete the attached questionnaire and return it to Ipsos MORI in the pre-paid envelope (no stamp required) as soon as possible, or by the closing date of **Friday 11<sup>th</sup> August 2006**. If you have any questions about the survey please contact Anna Carlsson at Ipsos MORI on 020 7347 3484 or [anna.carlsson@ipsos-mori.com](mailto:anna.carlsson@ipsos-mori.com). You can also contact Kieran Barr at Cumbria County Council on 01228 606308, or by email at [kieran.barr@cumbriacc.gov.uk](mailto:kieran.barr@cumbriacc.gov.uk).

### As a thank you...

Ipsos MORI is holding a prize draw for this survey. Completed and returned questionnaires will be automatically entered into a **prize draw** with a first prize of £100 worth of shopping vouchers.

We look forward to hearing from you and **good luck with the prize draw!**

Yours sincerely



**Peter Stybelski**  
Chief Executive, Cumbria County Council

If you require a large print copy or other assistance in completing the survey then please contact Anna Carlsson at Ipsos MORI on 020 7347 3484 or email [anna.carlsson@ipsos-mori.com](mailto:anna.carlsson@ipsos-mori.com).

Serial No.

Cumbrian Survey

# ABOUT YOUR QUALITY OF LIFE

**Q1. Thinking generally, which of the things below would you say are most important in making somewhere a good place to live?**

PLEASE TICK ✓ UP TO FIVE BOXES ONLY IN THE LEFT COLUMN BELOW

**Q2. And thinking about this local area, which of the things below, if any, do you think most need improving?**

PLEASE TICK ✓ UP TO FIVE BOXES ONLY IN THE RIGHT COLUMN BELOW

	Q1 Most important in making somewhere a good place to live	Q2 Most needs improving in this local area
Access to nature	<input type="checkbox"/>	<input type="checkbox"/>
Activities for teenagers	<input type="checkbox"/>	<input type="checkbox"/>
Affordable decent housing	<input type="checkbox"/>	<input type="checkbox"/>
Clean streets	<input type="checkbox"/>	<input type="checkbox"/>
Community activities	<input type="checkbox"/>	<input type="checkbox"/>
Cultural facilities (e.g. cinemas, museums)	<input type="checkbox"/>	<input type="checkbox"/>
Education provision	<input type="checkbox"/>	<input type="checkbox"/>
Facilities for young children	<input type="checkbox"/>	<input type="checkbox"/>
Health services	<input type="checkbox"/>	<input type="checkbox"/>
Job prospects	<input type="checkbox"/>	<input type="checkbox"/>
The level of crime	<input type="checkbox"/>	<input type="checkbox"/>
The level of pollution	<input type="checkbox"/>	<input type="checkbox"/>
The level of traffic congestion	<input type="checkbox"/>	<input type="checkbox"/>
Parks and open spaces	<input type="checkbox"/>	<input type="checkbox"/>
Public transport	<input type="checkbox"/>	<input type="checkbox"/>
Race relations	<input type="checkbox"/>	<input type="checkbox"/>
Road and pavement repairs	<input type="checkbox"/>	<input type="checkbox"/>
Shopping facilities	<input type="checkbox"/>	<input type="checkbox"/>
Sports & leisure facilities	<input type="checkbox"/>	<input type="checkbox"/>
Wage levels & local cost of living	<input type="checkbox"/>	<input type="checkbox"/>
Other (TICK AND WRITE IN THE BOX FOR EACH)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
None of these	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

# ABOUT YOUR COMMUNITY & SAFETY

**Q3. To what extent do you agree with the following statements?**

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I can influence decisions that affect my local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By working together people in my neighbourhood can influence decisions that affect their neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my local area people from different backgrounds (e.g. race, disability, social group) get on well together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a strong sense of community spirit in my local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust many or most of the people locally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I belong to my local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q4. In the last year have you given your time, without pay, to any charitable, religious or volunteer organization?**

PLEASE TICK ONE BOX

Yes (Go to Q5)	No (Go to Q6)
<input type="checkbox"/>	<input type="checkbox"/>

**Q5. If you have volunteered during the past year (you answered yes to Q4. above), roughly how many total hours have you volunteered, on average, per week?**

PLEASE TICK ONE BOX

Less than 2 hours	<input type="checkbox"/>
2-5 hours	<input type="checkbox"/>
6-9 hours	<input type="checkbox"/>
10-13 hours	<input type="checkbox"/>
More than 14 hours plus	<input type="checkbox"/>

**Q6. Which of the statements below comes closest to your own attitude towards your district and county council?**

PLEASE TICK ONE BOX

I'm not interested in what the council does, or whether they do their job	<input type="checkbox"/>
I'm not interested in what the council does as long as they do their job	<input type="checkbox"/>
I like to know what the council is doing, but I'm happy to let them get on with their job	<input type="checkbox"/>
I would like to have more of a say in what the council does, and the services it provides	<input type="checkbox"/>
I already work for, or am involved with, the council and the services it provides	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

# ABOUT YOUR COMMUNITY & SAFETY

**Q7. How safe or unsafe do you feel in your local area, i.e. the area within 15-20 minutes walk of your home?**

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Very safe	Fairly safe	Not very safe	Not at all safe	Don't know
Outdoors after dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoors after dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoors during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoors during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q8. How much of a problem do you feel that the following are in your local area, i.e. the area within 15-20 minutes walk of your home?**

PLEASE TICK ONE BOX FOR EACH STATEMENT

	A serious problem	A minor problem	Not a problem	Don't know
Noisy neighbours or loud parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teenagers hanging around on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being attacked because of their skin colour, ethnic origin or religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People using drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People dealing drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being drunk or rowdy in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People sleeping rough on the streets or in other public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned or burnt out cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crimes against your property (e.g. damage or burglary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliberate rubbish and wheelie bin fires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door step crimes (rogue traders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents not taking responsibility for the behaviour of their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People not treating other people with respect and consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q9. How worried are you about being a victim of any type of crime in your local area?**

PLEASE TICK ONE BOX

Very worried	A little worried	Not worried	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q10. Have you been a victim of any type of crime in the past 12 months?**

PLEASE TICK ONE BOX

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

# ABOUT YOUR COMMUNITY & SAFETY

**Q11. In terms of crime and safety, do you feel that in the last 3 years your local area has got better, got worse or stayed the same?**  
PLEASE TICK ONE BOX

Better	Stayed the same	Worse	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q12. How well informed do you feel about what is being done to tackle anti-social behaviour in your local area, i.e. the area within 15-20 minutes walk of your home?**  
PLEASE TICK ONE BOX

Very well informed	Fairly well informed	Not very well informed	Not well informed at all	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q13. How effective do you feel the criminal justice system in Cumbria is in bringing offenders to justice?**  
PLEASE TICK ONE BOX

Very effective	Fairly effective	Not very effective	Not at all effective	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# ABOUT YOUR LOCAL ENVIRONMENT

**Q14. How big a problem do you think the following environmental issues are in your local area, i.e. the area within 15-20 minutes walk of your home?**  
PLEASE TICK ONE BOX FOR EACH STATEMENT

	Serious problem	Minor problem	Not a problem	Don't know
Noise pollution, e.g. noise from traffic, construction, businesses or neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog fouling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubbish and litter lying around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism, graffiti and other deliberate damage to property or vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State of the local river/stream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air quality and traffic pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pavements blocked by parked cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neglected or derelict buildings or land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The appearance or location of new developments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roads and footpaths in poor condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q15. Overall how satisfied are you with your local area as a place to live?**  
PLEASE TICK ONE BOX ONLY

Very satisfied	Fairly satisfied	Not very satisfied	Not at all satisfied	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ABOUT YOUR LOCAL ENVIRONMENT

**Q16. On the whole, do you think over the past 3 years your local area, i.e. the area within 15-20 minutes walk of your home, has got better, got worse or stayed the same?**

PLEASE TICK ONE BOX ONLY

Better	Same	Worse	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q17. Why do you say this?**

PLEASE WRITE IN BELOW

## ABOUT LOCAL SERVICES & FACILITIES

**Q18. Have you or any other member of your household used any of the following services or facilities in the last 12 months?**

PLEASE TICK AS MANY AS APPLY

Libraries	<input type="checkbox"/>
Social services	<input type="checkbox"/>
Fire and rescue services	<input type="checkbox"/>
Local hospitals	<input type="checkbox"/>
Local GPs	<input type="checkbox"/>
Local dentists	<input type="checkbox"/>
Parks and green spaces	<input type="checkbox"/>
Children's playgrounds and play areas	<input type="checkbox"/>
Public toilets	<input type="checkbox"/>
Local bus services	<input type="checkbox"/>
Local train services	<input type="checkbox"/>
Adult and continuing education	<input type="checkbox"/>
Leisure facilities/services for young people	<input type="checkbox"/>
Leisure facilities/services for adults	<input type="checkbox"/>



# TRANSPORT & MOBILITY

**Q21. Please list how many miles you travel for different journeys on a typical weekday:**  
PLEASE TICK ONE BOX FOR EACH STATEMENT

	Distance travelled				
	Under 3 miles	3 - 4 miles	5 - 8 miles	More than 8 miles	N/A
<b>Reasons for journey</b>					
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/ clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q22. Please list how much time it takes you to travel for different journeys on a typical weekday:**  
PLEASE TICK ONE BOX FOR EACH STATEMENT

	Time Taken					
	None	Less than 15 min	15 - 29 min	30 - 59 min	1 - 2 hours	More than 2 hours
<b>Reasons for journey</b>						
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/ clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# ABOUT YOUR WORK

**Q23. Which of these activities best describes what you are doing at present?**  
PLEASE TICK ONE BOX ONLY

Employed full time (30 hours per week or more paid or unpaid i.e. as a volunteer)	<input type="checkbox"/>
Employed part time (16-30 hours per week paid or unpaid)	<input type="checkbox"/>
Employed less than 16 hours a week	<input type="checkbox"/>
Looking after the home and family	<input type="checkbox"/>
Wholly retired from work	<input type="checkbox"/>
Self-employed, full or part time	<input type="checkbox"/>
Unemployed and available for work	<input type="checkbox"/>
Permanently sick or disabled	<input type="checkbox"/>
Full time education at school, college or university	<input type="checkbox"/>
On government supported training scheme (e.g. Modern Apprenticeship/National Traineeship/Training for work/Adult training)	<input type="checkbox"/>
Full time carer for someone with physical or mental illness or disability	<input type="checkbox"/>
Doing something else (TICK AND WRITE IN BELOW)	<input type="checkbox"/>
<input type="text"/>	

## ABOUT YOUR WORK

**Q24. Which of these statements is closest to your view about the balance between your work and home life?**

PLEASE TICK ONE BOX ONLY

I feel I spend far too much of my time at work and not enough at home or at leisure	<input type="checkbox"/>
I feel I spend a bit too much of my time at work and not enough at home or at leisure	<input type="checkbox"/>
I am happy with how my time is divided between being at work and being at home or at leisure	<input type="checkbox"/>
I do not currently work	<input type="checkbox"/>

## ABOUT YOU

To help us understand about the Cumbria residents who are replying to this questionnaire, it is important that we ask you a few questions about yourself. As with all the questions, your answers will be completely confidential.

**Q25. Are you..?**

Male	Female
<input type="checkbox"/>	<input type="checkbox"/>

**Q26. What was your age at your last birthday?**

PLEASE TICK ONE BOX ONLY

16 - 24	25 - 34	35 - 44	45 - 54	55 - 59	60 - 64	65 - 74	75 +
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q27. Is your home...**

PLEASE TICK ONE BOX ONLY

Owned outright by you, your partner or family	<input type="checkbox"/>	Rented from a private landlord	<input type="checkbox"/>
Buying on mortgage by you, your partner or family	<input type="checkbox"/>	Shared ownership	<input type="checkbox"/>
Rented from a housing association or trust	<input type="checkbox"/>	Residential care home/nursing home	<input type="checkbox"/>
Rented from the council	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Q28. What is your highest level of educational or technical qualification?**

PLEASE TICK ONE BOX ONLY

NVQ level 1 or other vocational qualification	<input type="checkbox"/>	Degree level or equivalent	<input type="checkbox"/>
GCSE, O Level or equivalent	<input type="checkbox"/>	Higher degree or equivalent	<input type="checkbox"/>
A Level or equivalent	<input type="checkbox"/>	No formal qualifications	<input type="checkbox"/>

# ABOUT YOU

**Q29. How would you describe your ethnic origin?**  
PLEASE TICK ONE BOX ONLY

<b>White</b>		<b>Black/Black British</b>	
British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>
Gypsy/Roma or other Travelling Community	<input type="checkbox"/>	Any Other Black Background (TICK AND WRITE IN BELOW)	<input type="checkbox"/>
Any Other White Background (TICK AND WRITE IN BELOW)	<input type="checkbox"/>	<input type="text"/>	
<input type="text"/>			
<b>Asian/Asian British</b>		<b>Mixed</b>	
Indian	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
Any Other Asian Background (TICK AND WRITE IN BELOW)	<input type="checkbox"/>	Other Mixed Background (TICK AND WRITE IN BELOW)	<input type="checkbox"/>
<input type="text"/>		<input type="text"/>	
<b>Chinese or other ethnic group</b>			
Chinese	<input type="checkbox"/>		
Other (TICK AND WRITE IN BELOW)	<input type="checkbox"/>		
<input type="text"/>			

**Q30. Taking all things together, would you say in general you are...**  
PLEASE TICK ONE BOX ONLY

Very Happy	Happy	Neither happy nor unhappy	Unhappy	Very unhappy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q31. Over the last 12 months, would you say that on the whole your health has been...**  
PLEASE TICK ONE BOX ONLY

Very Good	Good	Fair	Bad	Very bad
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q32. Do you have any long term illness, health problem or disability which limits your daily activities or the work you can do?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**Q33. Do you think of yourself as a disabled person?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

# ABOUT YOU

**Q34. Have you ever smoked cigarettes, cigars or other tobacco products?**

Yes (go to Q35)	No (go to Q37)
<input type="checkbox"/>	<input type="checkbox"/>

**Q35. Which of these statements best describes you?**

PLEASE TICK ONE BOX ONLY

I smoke daily <input type="checkbox"/>	I used to smoke occasionally but do not smoke at all now <input type="checkbox"/>
I smoke occasionally but not every day <input type="checkbox"/>	I used to smoke daily but I do not smoke at all now <input type="checkbox"/>

**Q36. Do you smoke cigarettes at all nowadays?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**Q37. On a typical day, how many portions of fruit and vegetables do you eat? (a portion is e.g. an apple, a handful of grapes or 3 heaped tablespoons of carrots)**  
PLEASE TICK ONE BOX ONLY

0	1 - 2	3 - 4	5	6 +
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q38. In an average week how many units of alcohol do you drink? (1 unit of alcohol = half a pint of lager or 1 shot of spirits or a 125ml glass of wine)**  
PLEASE TICK ONE BOX ONLY

0 - 6	7 - 14	15 - 21	22 - 28	29 - 35	36 +
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q39. How often do you take moderate exercise - things like going for a walk, going for a gentle swim or bowling? PLEASE TICK ONE BOX ONLY**

Every day of the week	<input type="checkbox"/>
Four to six times a week	<input type="checkbox"/>
One to three times a week	<input type="checkbox"/>
More than once a month, but less than once a week	<input type="checkbox"/>
Less than once a month	<input type="checkbox"/>
Never	<input type="checkbox"/>

**Q40. How often do you take vigorous exercise - that lasts for more than 30 minutes and increases your breathing rate (like jogging, football, aerobics, digging the garden)? PLEASE TICK ONE BOX ONLY**

Every day of the week	<input type="checkbox"/>
Four to six times a week	<input type="checkbox"/>
One to three times a week	<input type="checkbox"/>
More than once a month, but less than once a week	<input type="checkbox"/>
Less than once a month	<input type="checkbox"/>
Never	<input type="checkbox"/>

# ABOUT YOU

You may feel that the following final questions are sensitive. Please feel free not to answer these if you do not feel comfortable with them.

**Q41. How much do you weigh? Also, please tick the box if you are pregnant.**  
PLEASE FILL IN THE BOXES BELOW, EITHER IN STONES AND POUNDS OR KILOGRAMS. ALSO TICK THE BOX IF YOU ARE PREGNANT

stones       pounds      OR       kilograms

I am pregnant

**Q42. How tall are you?**  
PLEASE FILL IN THE BOXES BELOW, EITHER IN FEET AND INCHES OR CM

feet       inches      OR       cm

**Q43. Which of the following best describes your sexuality?**  
PLEASE TICK ONE BOX ONLY

Bisexual (Orientation towards people of the same and opposite sex)	<input type="checkbox"/>
Heterosexual (Orientation towards people of the opposite sex)	<input type="checkbox"/>
Lesbian or Gay (Orientation towards people of the same sex)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

**Cumbria County Council is working with the local community to make the local area a better place to live. They may want to consult you further about your priorities. Would you be willing for Ipsos MORI to pass your details on to the Council for the purpose of future research? Your answers to this survey will remain confidential to Ipsos MORI.**

Yes - I would like to take part in future research	<input type="checkbox"/>	PLEASE TICK
No - I do NOT want to take part in future research	<input type="checkbox"/>	PLEASE TICK

If you wish to take part in future research, please sign below, and give us your name and telephone number. This information will only be used to contact you for future research purposes.

Signature:.....

Name: Mr/Mrs/Miss/Ms(\*delete as appropriate):.....

Daytime telephone number (please include area code if landline):.....

**Thank you very much for taking the time to fill in this survey!**

**Your questionnaire will be entered into a prize draw for the chance to win £100 of shopping vouchers. If you do not want to take part in the prize draw, please tick this box:**

**Please return this questionnaire free of charge by using the pre-paid envelope**