



Galway Healthy Cities Project
Gaillimh Tionscnamh na gCathair Shláintiúil

Galway Healthy Cities – Health & Wellbeing Survey

The Galway Healthy Cities Project is part of a World Health Organization (WHO) initiative which aims to promote the health and wellbeing of all in Galway City. The project is currently undertaking a survey of over 1,000 random households in Galway City to:

- Gather data in relation to people's general health and lifestyle
- To find out what people feel are the issues that need to be addressed in Galway City in relation to enhancing their health and quality of life.

The information will be used to target actions to improve the health and wellbeing of the people in Galway City. For more information on Galway Healthy Cities visit: www.galwayhealthycities.ie

Important: If there are any questions which you do not want to answer simply move on to the next one. All of the data collected from this survey is strictly confidential and anonymous.

This study is funded by the Galway Healthy Cities Project and is being conducted by the Health Promotion Research Centre, National University of Ireland, Galway.

Section A: Local Area

A1. How long have you lived in this area?

<i>One year or less</i>	<i>Between 1-2 years</i>	<i>Between 3 and 5 years</i>	<i>Between 5 and 10 years</i>	<i>More than 10 years</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A2. How easy or difficult is it for you to walk to the following...?

Please tick one box for each line.

	<i>Very Difficult</i>	<i>Fairly Difficult</i>	<i>Neither difficult or easy</i>	<i>Easy</i>	<i>Very Easy</i>	<i>Don't Know</i>	<i>Does not Apply</i>
Local grocery shop/newsagent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post office/parcel service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church/ Place of Worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Pub/bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure facilities (e.g. cinema, theatre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports facilities (e.g. pitch, swimming pool)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare facility (e.g. crèche)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational institution (e.g. school, college)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your place of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Doctor or Health Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A3. Thinking generally about what you expect of local services in your area, how would you rate the following...?

Please tick one box for each line.

	<i>Very Poor</i>	<i>Poor</i>	<i>Average</i>	<i>Good</i>	<i>Very Good</i>	<i>Don't Know</i>	<i>Does not Apply</i>
Social & Leisure activities for people like yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities for young children up to the age of 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities for teenagers aged 13 - 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local health services e.g. your GP or Health Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Garda service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community rooms or meeting spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open Spaces/Green spaces /Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for further education/adult education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A4. How much of a problem are each of the following in your local area?

	<i>A big problem</i>	<i>A bit of a problem</i>	<i>Not a problem</i>	<i>Don't Know</i>
Rubbish or litter lying around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism and deliberate damage to property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House break-ins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed or volume of road traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking in residential areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car crime (damage, theft, joyriding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levels of noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A5. How do you usually travel to work, school or college?

	Please tick one
On foot	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>
Bus, minibus or coach	<input type="checkbox"/>
Motor cycle or scooter	<input type="checkbox"/>
Driving a car	<input type="checkbox"/>
Passenger in a car	<input type="checkbox"/>
Lorry or van	<input type="checkbox"/>
Work mainly at or from home	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>

Other (please specify) _____

A6. (a) Approximately what distance is your journey from home to work, school or college?

_____ kms Does not Apply

A6. (b) Approximately how long does your journey take from home to work, school or college?

_____ mins Does not Apply

A7. How often do you use seatbelts when you are in a car as a...

	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>	<i>Does not Apply</i>
Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front seat passenger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back seat passenger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: Social

B1. Please indicate on a scale of 1-10 how you feel about each of the following statements. (1 strongly disagree, 10 strongly agree)

- I am proud to tell people I live here _____
- I feel that I belong in this area _____
- I feel I have the support of friends or neighbours in this area _____
- I feel safe living here _____
- I would like to be living in the area three years from now _____

B2. Do you regularly join in the activities of any of the following types of organisations?

	Yes	No	Don't Know
Sports clubs (Parish, GAA, Golf, Other), gym, exercise classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Political parties, trade unions, environmental groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent-teacher associations, tenants' groups, residents' groups, neighbourhood watch, youth groups, other community action groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church or other religious/parish groups, charitable or voluntary organisations (e.g. collecting for charity, helping the sick, elderly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening classes, arts or music groups, education activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social clubs (e.g. mother & toddler group, rotary club, men's groups, elderly group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify: _____			

B3. Before today, had you heard of the Galway Healthy Cities project?

Yes

No

B4. In your opinion, what are your first three (3) priorities to make Galway City a better place to live?

1. _____

2. _____

3. _____

Section C: Lifestyle

C1. How often do you take moderate exercise (i.e. exercise that lasts more than 30minutes and makes you slightly sweat, such as housework, walking, etc.)

<i>5 times per week or more</i>	<i>2-4 times per week</i>	<i>Once per week</i>	<i>2-3 times per month</i>	<i>Monthly or less</i>	<i>Never</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C2. How often do you take vigorous exercise (i.e. exercise that lasts more than 30 minutes and makes you breathless such as cycling, dancing, jogging, digging in the garden etc.)

<i>5 times per week or more</i>	<i>2-4 times per week</i>	<i>Once per week</i>	<i>2-3 times per month</i>	<i>Monthly or less</i>	<i>Never</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3. How satisfied are you with the amount of exercise or activity that you do in a typical week

<i>Very Satisfied</i>	<i>Satisfied</i>	<i>Neither satisfied or dissatisfied</i>	<i>Dissatisfied</i>	<i>Very dissatisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C4. What if anything is preventing you from taking more exercise? Please tick up to three (3) issues that apply from the list below.

No time	<input type="checkbox"/>
Lack of motivation	<input type="checkbox"/>
No one to join me	<input type="checkbox"/>
Lack of suitable places for walking	<input type="checkbox"/>
Unsafe environment	<input type="checkbox"/>
Lack of accessible facilities	<input type="checkbox"/>
Cost of using facilities	<input type="checkbox"/>
Weather	<input type="checkbox"/>
No reason	<input type="checkbox"/>
Other (please specify): _____	

C5. What would help you to increase your level of exercise or activity? Please tick up to three (3) issues that apply from the list below.

- | | |
|---|--------------------------|
| Advice and support from a health professional | <input type="checkbox"/> |
| An exercise group | <input type="checkbox"/> |
| Someone to join me | <input type="checkbox"/> |
| Information on the benefits | <input type="checkbox"/> |
| Nothing | <input type="checkbox"/> |
| Other (please specify): _____ | |

C6. How many portions of Fruit and Vegetables do you usually eat each day?

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| <i>I hardly ever eat fruit or
vegetables</i> | <i>1 – 2 portions</i> | <i>3 – 4 portions</i> | <i>5 + portions</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C7. Can you afford to buy food of your choice for your household?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Always</i> | <i>Usually</i> | <i>Sometimes</i> | <i>Rarely</i> | <i>Never</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C8. What if anything would help you eat more healthy food? Please tick up to three (3) issues that apply from the list below.

- | | |
|--|--------------------------|
| Improve my knowledge on healthy foods | <input type="checkbox"/> |
| Improve my skills in cooking healthy foods | <input type="checkbox"/> |
| Greater availability of affordable healthy foods | <input type="checkbox"/> |
| Joining a group or class (i.e. WeightWatchers) | <input type="checkbox"/> |
| Nothing | <input type="checkbox"/> |
| Other (please specify): _____ | |

C9. Which statement best describes the rules about smoking inside your home?

- | | |
|--|--------------------------|
| Smoking is not allowed anywhere inside the house | <input type="checkbox"/> |
| Smoking is allowed in some places or at sometime | <input type="checkbox"/> |
| Smoking is allowed everywhere in the house | <input type="checkbox"/> |
| Don't Know | <input type="checkbox"/> |

C10. Do you smoke every day, some days, or not at all?

Every day *Some days* *Not at all* *Non-smoker*

C11. If you smoke, are you currently?

Trying to quit *Planning to quit* *Thinking about quitting but not planning to* *Not thinking about quitting* *Non-Smoker*

C12. The next question is in relation to the amount of alcohol that you drink.

A standard drink is defined as:

- A half pint or a glass of beer, larger or cider
- A single measure of spirits (whiskey, vodka, gin)
- A single glass of wine, sherry or port
- A bottle of Alcopops

How often do you have 6 or more [standard] drinks on one occasion?

Every day *5-6 times a week* *2-4 times a week* *Once a week* *1-3 times a month* *Less often* *Never*

C13. How well informed are you about the following issues?

Please tick a box for each line.

	<i>Well Informed</i>	<i>Informed</i>	<i>Little informed</i>	<i>Not Informed</i>	<i>Don't know</i>
Healthy Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effects of Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are specific to your health and quality of life. Quality of life refers to the overall physical, mental, social and environmental well-being for an individual. It is the degree of enjoyment and satisfaction experienced in everyday life as opposed to financial or material well-being.

C14. What are the three things that are having the worst effect on your health and quality of life at the moment?

1. _____

2. _____

3. _____

C15. What are the three things that would improve your health and quality of life?

1. _____

2. _____

3. _____

Section D : General Health

D1. Male Female

D2. What age are you? _____ years

D3. What is your Nationality?

If you have more than one nationality, please declare all of them.

NATIONALITY, _____

D4. In general would you say your health is...?

<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D5. Where do you usually get information about health? Please tick up to three (3) choices that apply from the list below.

Family Doctor	<input type="checkbox"/>
Other Health Professionals (i.e. chiropractor, physiotherapist, etc.)	<input type="checkbox"/>
Health Promotion Services or HSE West	<input type="checkbox"/>
Voluntary agencies (i.e. COPE, Samaritans, etc.)	<input type="checkbox"/>
Internet	<input type="checkbox"/>
Family/friends	<input type="checkbox"/>
Media (i.e. newspapers, radio, etc.)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>
I don't usually get information about health	<input type="checkbox"/>

D6 Please indicate on a scale from 1 to 10 how satisfied you are with the following (10 very satisfied, 1 very dissatisfied):

		<i>Does not apply</i>
Your current job	_____	<input type="checkbox"/>
Your education	_____	<input type="checkbox"/>
Your accommodation	_____	<input type="checkbox"/>
Your social life	_____	<input type="checkbox"/>
Your health	_____	<input type="checkbox"/>
Your family life	_____	<input type="checkbox"/>
Your current standard of living	_____	<input type="checkbox"/>
Your life overall	_____	<input type="checkbox"/>

D7 Is your daily activity limited by a long term illness, health problem or disability?

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

D8 Here are few questions on your own well being and how you have been feeling in the past four (4) weeks. For each question, please give the one answer that best describes the way you have been feeling.

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Did you feel full of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you felt downhearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel worn out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section E : General Household Information

The following are some questions about you and your household. The information is needed so that we can look at the health of people in different situations. I would like to repeat that the information you provide will be treated in the strictest confidence.

E1. What is the highest level of education (full-time) or part-time) which you have completed to date? ✓ one box only.

Your current job	<input type="checkbox"/>
-----	-----
Your education	<input type="checkbox"/>
-----	-----
Your accommodation	<input type="checkbox"/>
-----	-----
Your social life	<input type="checkbox"/>
-----	-----

E2. What is your current marital status?

Single (never married)	<input type="checkbox"/>
-----	-----
Cohabiting	<input type="checkbox"/>
-----	-----
Married	<input type="checkbox"/>
-----	-----
Separated	<input type="checkbox"/>
-----	-----
Divorced	<input type="checkbox"/>
-----	-----
Widowed	<input type="checkbox"/>
-----	-----

E3. How many individuals, in each of the following age categories, live in your household?

Adults (18-65)	_____
Adults (65+)	_____
Children (14-17)	_____
Children (5-13)	_____
Children (<5)	_____

E4. How would you describe your present principal status?

Working for payment or profit	<input type="checkbox"/>
Looking for first regular job	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Actively seeking employment	<input type="checkbox"/>
Student	<input type="checkbox"/>
Looking after home/family	<input type="checkbox"/>
Retired from employment	<input type="checkbox"/>
Unable to work due to permanent sickness or disability	<input type="checkbox"/>
Other (please specify): _____	

E5. What is the nature of occupancy of your household's accommodation?

Owner occupied	<input type="checkbox"/>
Rented from a Local Authority	<input type="checkbox"/>
Rented from a Voluntary Body	<input type="checkbox"/>
Rented privately	<input type="checkbox"/>
Other (please specify): _____	

E6. How many cars or vans are owned or are available for use by one or more members of your household?

Number of cars or vans _____

E7. Does your household have any of the following?

	Yes	No
A personal computer	<input type="checkbox"/>	<input type="checkbox"/>
Access to the Internet	<input type="checkbox"/>	<input type="checkbox"/>
Access to broadband services	<input type="checkbox"/>	<input type="checkbox"/>

E8. Are you covered by a medical card?

Yes – full medical card

Yes – GP only medical card

No

On behalf of the Galway Healthy Cities project, thank you for taking the time to complete this questionnaire.

For more information on the Galway Health Cities survey please visit www.galwayhealthcities.ie