

# Wellbeing Survey

South Ayrshire Health and Social Care Partnership (HSCP) want to find out about your views on your wellbeing.

While the HSCP is ultimately here to serve the public and offer high quality services, if we are to truly shift to a focus on prevention and enablement, we need to work with the community to achieve our objectives – together. The HSCP want to make use of existing routes into the community to develop the notion of a ‘Wellbeing Pledge’ further and to do this we need to know how you feel about your own wellbeing.

The ‘Wellbeing Pledge’ was inspired by our engagement on the Strategic Plan, reflecting the notion of two parties (public services and the community) contributing to a common goal.

Your responses will help the HSCP and community planning partners to gauge the wellbeing of residents in South Ayrshire and help to influence decisions affecting service improvement and development. We will repeat this survey every two years so that we can monitor changes in views and perceptions.

## About You

The information you provide is confidential and individuals will not be able to be identified. The information will be used for statistical and research purposes only. We are keen to capture how far this survey has spread across South Ayrshire as we endeavour to reach as many people as possible.

1. Please select the band of your age:

- 16 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65+ years
- Prefer not to say

2. Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

3. Which locality area do you live in?

- Ayr North and villages (including Ayr North Harbour, Wallacetown, Newton South, Dalmilling, Craigie, Lochside, Braehead, Whitletts, Annbank, Mossblown and Tarbolton)
- Ayr South and Coylton (including Alloway, Doonfoot, Ayr South Harbour, Ayr town centre, Belmont, Castlehill, Kincaidston, Holmston, Forehill)
- Girvan and South Carrick villages (including Dailly, Barr, Colmonell, Lendalfoot, Ballantrae, Barrhill and Pinmore)
- Maybole and North Carrick villages (including Fisherton, Dunure, Maidens, Kirkoswald, Turnberry, Minishant, Kirkmichael, Crosshill and Straiton)
- Prestwick and villages (including Prestwick Airport, Monkton, Prestwick East, Prestwick West, Symington, Heathfield and Newton North)
- Troon and villages (including Barassie, Muirhead, Dundonald and Loans)

4. Which of the following would you say best describes your current situation?

- Self-employed
  - Employed full-time on permanent contract
  - Employed full-time on temporary/fixed term contract
  - Employed part-time on permanent contract
  - Employed part-time on temporary/fixed term contract
  - Employed on zero-hour contract
  - Looking after the home or family
  - Permanently retired from work
  - Unemployed and seeking work
  - At school
  - In further or higher education
  - Government work or training scheme
  - Permanently sick or disabled
  - Unable to work due to short-term illness or injury
  - Prefer not to answer
  -
- Other

5. What is your sex?

- Female
- Male
- Prefer not to say

6. Do you consider yourself to be trans, or have a trans history?

No

Yes

Prefer not to say

7. If yes, please describe your trans status e.g. non-binary, trans man, trans woman.

8. Which of the following best describes your sexual orientation?

Heterosexual/Straight

Gay/Lesbian

Bisexual

Prefer not to say

Other

9. What is your legal marital or civil partnership status?

- Never married nor ever registered in a civil partnership
- Married
- In a registered civil partnership
- Separated, but still legally married
- Separated, but still legally in a civil partnership
- Divorced
- Formerly in a civil partnership which is now legally dissolved
- Widowed
- Surviving partner from a civil partnership
- Prefer not to say

10. What is your ethnic group? Please select one that best describes your ethnic group or background.

- White Scottish
- White Other British
- White Irish
- White Gypsy / Traveller
- White Polish
- Other White ethnic group
- Any mixed or multiple ethnic groups
- Asian Pakistani, Asian Pakistani Scottish or Asian Pakistani British
- Asian Indian, Asian Indian Scottish or Asian Indian British
- Asian Bangladeshi, Asian Bangladeshi Scottish or Asian Bangladeshi British
- Asian Chinese, Asian Chinese Scottish or Asian Chinese British
- Other Asian ethnic group
- African, African Scottish or African British
- Other African ethnic group
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other Caribbean or Black ethnic group
- Arab, Arab Scottish or Arab British
- Prefer not to say
- Other

11. What religion, religious denomination or body do you belong to?

- None
- Church of Scotland
- Roman Catholic
- Other Christian
- Muslim
- Buddhist
- Sikh
- Jewish
- Hindu
- Pagan
- Prefer not to say

 

Other

## General Health, Long-term Conditions and Caring

12. Which statement comes closest to describing how you feel about your overall quality of life at the moment?

- Very good
- Good
- Fair
- Bad
- Very bad

13. Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?

(Such as sensory deficits, non-temporary mobility problems, depression, developmental disorders such as autism and Asperger's syndrome, learning disabilities such as Down's syndrome or cerebral palsy as well as common illnesses such as asthma, diabetes, heart and other circulatory conditions, respiratory conditions, digestive conditions etc. are covered if they have lasted or are expected to last 12 months or more. Seasonal conditions such as hay fever which recur and have lasted or are expected to recur in the future should be included. The progressive conditions HIV, cancer and Multiple Sclerosis should also be included even if non-symptomatic or in remission.)

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



14. If yes, does your condition or illness reduce your ability to carry out day-to-day activities?

- Yes, a lot
- Yes, a little
- Not at all
- Do not suffer condition or illness.

15. Over the last 12 months, would you say your health as a whole has been .... ?

- Very good
- Good
- Fair
- Bad

16. 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 problems related to old age?

- Yes
- No

17. If yes, approximately how many hours each week do you provide help or support?

- up to 4 hours a week
- 5 to 19 hours a week
- 20 to 34 hours a week
- 35 to 49 hours a week
- 50 or more hours a week
- varies
- Do not provide help or support.

18. How much do you agree or disagree with the following about how you feel as a carer?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have a good balance between caring and other things in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am still able to spend enough time with people I want to spend time with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring has had a negative impact on my health and wellbeing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a say in services provided for the person(s) I look after.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services are well coordinated for the person(s) I look after.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel supported to continue caring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Physical Activity and Food Insecurity

19. How often do you accumulate at least 30 minutes of moderate physical activity? (Moderate physical activity is the effort required for brisk walking and can also include gardening, vigorous housework or cycling. It doesn't have to be 30 minutes all at once. Short bursts of activity lasting about 10 minutes or more can be added together.)

- Daily
- Most days of the week
- 2 or 3 days a week
- Once a week
- 2 or 3 times a month
- Monthly
- Never

20. Thinking first of weekdays, that is Monday to Friday, how much time on an average day do you spend sitting watching TV or another type of screen such as a computer, tablet, phone, games console or handheld gaming device?

Please do not include any time spent in front of a screen while at school, work or college.

21. And how much time on an average weekend day, that is Saturday or Sunday, do you spend sitting down doing any other activity, such as eating a meal, reading, or listening to music or napping in a chair?

Please do not include time spent doing these activities while at work.

## Smoking

22. Do you smoke cigarettes nowadays?

- Yes
- No, I used to smoke cigarettes
- No, I have never smoked

23. Do you use an E-cigarette?

- Yes
- No, I used to use an E-cigarette
- No, I have never used an E-cigarette

24. If you do smoke cigarettes or use an E-cigarette, how have your smoking habits changed since the beginning of the COVID-19 pandemic?

- I smoke more now
- I smoke less now
- My smoking habits haven't changed.

# Alcohol

25. How often do you have a drink containing alcohol?

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

26. 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 or more

27. How often do you have six or more drinks on one occasion?

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

28. How often during the last year have you found that you were not able to stop drinking once you had started?

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

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

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

## Drugs

30. Have you taken any illicit drugs in the last 12 months?

- Yes
- No
- Prefer not to say

# Mental Wellbeing

31. Please select the box that best describes your experience of each of the listed emotions/feelings over the last two 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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling relaxed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been dealing with problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been thinking clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been feeling close to other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been able to make up my own mind about things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Social Isolation and Loneliness

32. How much of the time during the past two weeks have you felt lonely?

- None or almost none of the time
- Some of the time
- Most of the time
- All of the time
- Don't know

33. Not counting the people you live with, how often do you personally contact your relatives, friends or neighbours either in person, by phone, letter, email or through the internet?

- On most days
- Once or twice a week
- Once or twice a month
- Less often than once a month
- Never

34. If you are concerned about the wellbeing of a child or young person would you know what to do or how, where or who to report it to?

- Yes
- No
- Not sure

35. If yes, please tell us where or who you would report your concerns about a child or young person to?

36. If you are concerned about the wellbeing of a vulnerable adult would you know what to do or how, where or who to report it to?

- Yes
- No
- Not sure

37. If yes, please tell us where or who you would report your concerns about a vulnerable adult to?

## Community Involvement

38. How involved do you feel in the local community?

- A great deal
- A fair amount
- Not very much
- Not at all

39. To what extent do you agree or disagree with the statements below about your neighbourhood?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
If I was alone and needed help, I could rely on someone in this neighbourhood to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If my home was empty, I could count on someone in this neighbourhood to keep an eye on my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I could turn to someone in this neighbourhood for advice or support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In an emergency, such as a flood, I would offer to help people in my neighbourhood who might not be able to cope well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This is a neighbourhood where people are kind to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This is a neighbourhood where most people can be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are welcoming places and opportunities to meet new people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are places where people can meet up and socialise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strongly agree

Agree

Neither agree  
nor disagree

Disagree

Strongly  
disagree

This is a  
neighbourhood where  
people from different  
backgrounds get on  
well together.

This is a  
neighbourhood where  
local people take action  
to help improve the  
neighbourhood.

40. In the last 12 months, have you given any unpaid (voluntary) help to any local groups, organisations or clubs?

Please select all that apply.

- Children's education and schools (e.g. school trips, sports days, parent council, in classroom)
- Youth or children's activities outside school
- Physical activity, sport and exercise (coaching or organising)
- Adult learning and advice
- Religious and belief groups
- Politics
- Groups or organisations for older people
- Groups or organisations relating to health, disability and wellbeing
- Emergency services, public safety and first aid
- Environmental protection
- Local community or neighbourhood groups
- Hobbies and recreation
- Trade union activities, justice and human rights
- Animal welfare
- I have not volunteered
- 

Other

41. Thinking about all the unpaid (voluntary) help you give to local groups, organisations or individuals, how frequently do you do this?

- Several times a week
- About once a week
- Less than once a week but at least once a month
- Less than once a month

42. What, if anything, might encourage you to undertake some or more local work or activities on an unpaid (voluntary) bases in the future?

Please select all that apply.

- If someone I knew volunteered with me.
- If there were more people like me volunteering.
- If I knew more about the opportunities available.
- If I had more confidence.
- If I thought I could help others.
- If someone asked me to do something.
- If it would improve my skills.
- If it helps me gain qualifications.
- If it would improve my career/job prospects.
- If it fitted in with my interests and skills.
- If it was good fun.
- If I was certain that it wouldn't affect my benefits.
- If I was sure I wouldn't be out of pocket.
- If I could volunteer when I felt like it.
- If it involved family or a local issue.
- If it's easy to get to, nearby or transport was available.
- If I had more time.
- If my health improved.
- Nothing.
- Don't know.
- 

Other

43. To what extent do you agree that you can influence decisions affecting your local area/neighbourhood?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

44. Would you like to be more involved in the decisions that affect your local area/neighbourhood.

- Yes
- No
- Don't know



# Money and Debt Management

45. How is your household managing financially this year?

- Managing very well
- Managing quite well
- Getting by alright
- Not managing well and have some financial difficulties
- In deep financial trouble
- Don't know
- Prefer not to say

46. Which of the following services have your used within the last 12 months?  
Please select all that apply.

- Debt/money advice
  - A benefits check to make sure you are claiming all the benefits you are entitled to.
  - Budgeting advice
  - Assistance with form filling
  - A payday loan company
  - A food bank
  - A pawn broker/cash converter company
  - None of these
  -
- Other

47. Do you know where to access money, debt or benefits advice services locally?

Yes

No

48. To what extent do you monitor your use of energy in your property? Include all use of energy (heating, lighting, cooking etc.)

Very closely

Fairly closely

Not very closely

Not at all

Don't know

49. During the winter months, do you generally find that your heating keeps you warm enough at home or not?

Yes always

Only some of the time

No never

Don't know

50. In the last 12 months, have you worried about running out of food because of a lack of money or other resources?

Yes

No

51. In the last 12 months, have you eaten less than you should have because of a lack of money or other resources.

Yes

No

52. In the last 12 months, have you run out of food because of a lack of money or other resources.

Yes

No

## Communicating and Engaging with You

53. How well informed are you about the services provided by South Ayrshire Health and Social Care Partnership, South Ayrshire Council and partners?

- Very well
- Quite well
- Neither well nor poorly
- Quite poorly
- Very poorly
- Don't know

54. How would you prefer to find out about what South Ayrshire Health and Social Care Partnership, South Ayrshire Council and partners are doing and the services they deliver?

Please choose up to 3 (no more than 3) from the list below and enter them in order of preference in the text box below with most preferred choice entered first.

- Websites
- Social media (Facebook, Twitter)
- Email alerts
- Text alerts
- Leaflets or information sent to your home
- Posters/notices in public buildings
- Face-to-face with partner
- Local press - newspapers (including online)
- Local radio
- Word of mouth
- Forums (Community Councils, Patient Groups, Locality Planning Partnerships, Tenant Associations, etc.)
- Voluntary or community groups (including websites)
- Information in alternative formats such as braille or other languages
- Other - please specify

55. What types of opportunities to express your views to the South Ayrshire Health and Social Care Partnership, South Ayrshire Council and partners have you used in the last 12 months?

Please select all that apply.

- Online surveys
- Postal surveys
- Telephone surveys
- Face-to-face surveys
- Public websites
- Public meeting
- Community Councils
- Locality Planning Partnerships
- Councillor surgeries
- Facebook/Twitter/other social media
- Focus groups
- Local newspapers
- Drop-in consultations (at a range of venues)
- 

Other

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