Born In Bradford Family Questionnaire - Phase 2

Please write today's date

_____

If you are happy to please provide the best contact telephone number and email address to contact you on:

Contact telephone number:

_____

Email address:

_____

YOUR NEIGHBOURHOOD

We'd like to start by asking you about the area where you live.
By your area, I mean within about a mile or 20 minute walk of your home.

	1 = Very dissatisfied	2	3	4	5 = Very satisfied
1) How satisfied or dissatisfied are you with the area you live in?	◯	◯	◯	◯	◯
2) How satisfied or dissatisfied are you with the parks and green spaces in your local area?	◯	◯	◯	◯	◯

3) How often do you visit Bradford's parks and green spaces?

	5 times a week or more	2 to 4 times a week	Once a week	1 to 3 times a month	Less than once a month
During the winter months (September-March)	◯	◯	◯	◯	◯
During the spring and summer months (April-August)	◯	◯	◯	◯	◯

4) Thinking about your neighbourhood, to what extent do you agree with this statement:
Other people think this is a good area.

◯ Strongly agree
◯ Agree
◯ Neither agree nor disagree
◯ Disagree
◯ Strongly disagree

5) Do children in your area have an outdoor space or facilities nearby where they can play safely?

◯ Yes
◯ No

6) How would you rate your neighbourhood as a place to bring up children?

◯ Excellent
◯ Very good
◯ Good
◯ Fair
◯ Poor

Your neighbourhood continued

7) In general, how safe or unsafe do you feel when outside in your neighbourhood

	Very safe	Fairly safe	Neither safe or unsafe	Fairly unsafe	Very unsafe
During the day	◯	◯	◯	◯	◯
After dark	◯	◯	◯	◯	◯

8) Generally speaking, would you say that most people can be trusted or you can't be too careful in dealing with people?

◯ Can be trusted
◯ Can't be too careful
◯ Don't know

9) How often do you personally feel discriminated against because of your race or religion?

◯ Never
◯ Rarely
◯ Sometimes
◯ Often
◯ Do not wish to answer
◯ Don't know

10) Since the Covid-19 pandemic do you feel discriminated against...

◯ More often
◯ Less often
◯ About the same

11) How many people can you count on in times of need?

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10 or more

12) How many of these people live in your local area? That is, within about a mile or a 20 minute walk from your home.

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10 or more

13) How easy is it to get practical help from friends/family/neighbours if you should need it?

◯ Very difficult
◯ Difficult
◯ Possible
◯ Easy
◯ Very easy

14) How often have you felt lonely during the past week?

- ◯ None, or almost none of the time
- ◯ Some of the time
- ◯ Most of the time
- ◯ All, or almost all of the time
- ◯ Don't know
- ◯ Do not wish to answer

15) To what extent do you agree or disagree with the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel confident in my ability to support my children's learning at home	◯	◯	◯	◯	◯
I honestly believe I have all the skills necessary to be a good parent to my child	◯	◯	◯	◯	◯

If you do not have a partner, you can skip to Question 17.

16) How would you describe the quality of your relationship with your current partner?

- ◯ Excellent
- ◯ Good
- ◯ Average
- ◯ Poor
- ◯ Very poor
- ◯ Do not wish to answer

Job security of the main earner

A lot of people's work has been affected by coronavirus. We would like to know how your family has been affected. To make it easier to answer these questions, we are asking about the person who usually contributes the most money to your household. If you and your partner contribute the same amount, please think of yourself when answering these questions.

17) Has anyone in your household lost their job since the pandemic started (e.g., since March 2020)? Please tick all that apply.

- ◯ Me
- ◯ My partner
- ◯ Other household member

18) Who is the main earner in the household?

- ◯ Me
- ◯ My partner
- ◯ Other household member
- ◯ Me and my partner earn the same amount

19) Is the main earner in your household currently ...

- ◯ Employed
- ◯ Employed but not working (on furlough)
- ◯ Employed on the wage subsidy scheme (e.g., working less hours with wage topped by the Government)
- ◯ Self employed and working
- ◯ Self employed and not working
- ◯ Unemployed - go to question 23
- ◯ Don't know

20) If the main earner is currently working, are they mainly working from home, or going out to work?

- ◯ Working from home
- ◯ Going out to work

21) If the main earner is employed but on furlough, what do they expect to happen in November?

- ◯ Return to work on normal hours
- ◯ Return to work on reduced hours with a loss of pay
- ◯ Continue to be furloughed
- ◯ Move onto the wage subsidy scheme (e.g., working less hours with wage topped up by the Government)
- ◯ Lose their job
- ◯ Has not been told what will happen to their job
- ◯ Don't know
- ◯ Other

22) How much do you agree/disagree with the following statements today:

I worry about the job security of the main earner

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

In the next 12 months, do you expect the income of the main earner is likely to be unstable and uncertain?

- ◯ Yes
- ◯ No
- ◯ Don't know

In 12 months time, do you expect the main earner to still have their job?

- ◯ Yes
- ◯ No
- ◯ Don't know

Your household essentials

The next questions are about food and money.

23) Please read each statement below and tell us whether the statement was often true, sometimes true, or never true for you or anyone in your household in the last 3 months.

	Often true	Sometimes true	Never true	Don't know	Do not wish to answer
The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.	◯	◯	◯	◯	◯
(I/we) couldn't afford to eat balanced meals.	◯	◯	◯	◯	◯

24) Did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

◯ Yes
◯ No
◯ Don't know
◯ Do not wish to answer

If you answered 'Yes', how often did you or other adults cut the size of meals or skip meals?

◯ Every week
◯ Not every week but at least once a month
◯ Less than once a month but a few times
◯ Don't know
◯ Do not wish to answer

25) Did you or other adults ever eat less than you felt you should because there wasn't enough money for food?

◯ Yes
◯ No
◯ Don't know
◯ Do not wish to answer

26) Were you ever hungry but didn't eat because there wasn't enough money for food?

◯ Yes
◯ No
◯ Don't know
◯ Do not wish to answer

Your household essentials continued

27) Have you or your family received any food from any of the following people/organisations? (tick all that apply)

	Before the pandemic (Jan-Mar 2020)	During lockdown (Mar-Jun 2020)	In the last three months (Jul-Sept 2020)
Food banks	◯	◯	◯
Free food provided by schools	◯	◯	◯
Food provided by community organisations/allotment schemes	◯	◯	◯
Bradford Street Food	◯	◯	◯
Meals on wheels	◯	◯	◯
Food from faith based organisations	◯	◯	◯
Food from friends/neighbour	◯	◯	◯
Food from family (not living in your home)	◯	◯	◯
Other	◯	◯	◯

If you answered other, could you please describe _____

28) How well would you say you are managing financially right now?

◯ Living comfortably
◯ Doing alright
◯ Just about getting by
◯ Finding it quite difficult
◯ Finding it very difficult
◯ Don't know
◯ Do not wish to answer

29) Sometimes people are not able to pay every bill when it is due. Are you currently up to date with all bills?

◯ Yes
◯ No
◯ Don't know
◯ Do not wish to answer

30) How much do you agree/disagree with the following statements today? Please choose just one option for each statement.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I worry about paying the rent / mortgage	◯	◯	◯	◯	◯
I worry about getting evicted / having my home repossessed	◯	◯	◯	◯	◯

Health

Now we would like to know a bit about your health and wellbeing.

31) How would you describe your health generally?	◯ Excellent ◯ Very good ◯ Good ◯ Fair ◯ Poor ◯ Don't know ◯ Do not wish to answer
32) How often do you currently do any kind of physical activity?	◯ Every day ◯ Most days ◯ 1 or 2 days a week ◯ Never
33) How often do you do any kind of physical activity outside?	◯ Every day ◯ Most days ◯ 1 or 2 days a week ◯ Never
34) How often do your children do any kind of physical activity?	◯ Every day ◯ Most days ◯ 1 or 2 days a week ◯ Never
35) How often do your children do any kind of physical activity outside?	◯ Every day ◯ Most days ◯ 1 or 2 days a week ◯ Never
36) How often does your child usually brush their teeth (or have them brushed for them if they are young) with fluoride toothpaste?	◯ Three or more times a day ◯ Twice a day ◯ Once a day ◯ Less than once a day ◯ Never
37) Compared to before the pandemic, is this	◯ More ◯ Less ◯ About the same

Health continued

38) How often does your child eat...

	Three or more times a day	Twice a day	Once a day	Less than once a day	Never
Sugary foods (this includes chocolates, biscuits, cakes, cereals, sweet pies, pastries, sweet tarts and pies)	◯	◯	◯	◯	◯
Sugar sweetened drinks (this includes fizzy soft drinks, fruit juice, fruit squash, sports drinks, flavoured waters, energy drinks)	◯	◯	◯	◯	◯

39) Compared to before the pandemic, is this

◯ More
◯ Less
◯ About the same

40) What was the average number of hours you slept per night in the last 7 days?

_____
(Enter a number of hours)

41) Under each heading, please tick ONE box that best describes your health TODAY.

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

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

Usual activites

◯ I have no problems doing my usual activites
◯ 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 activites

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

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

42) Which of the following best describes how you've been feeling over the past week?

◯ I do not worry about my health
◯ I occasionally worry about my health
◯ I spend much of my time worrying about my health
◯ I spend most of my time worrying about health

Wellbeing

Next we would like to ask some questions about your mental health and wellbeing.

43) Overall, to what extent do you feel that the things you do in your life are worthwhile? (Where 0 is 'not at all worthwhile' and 10 is 'completely worthwhile').

- ◯ 0 = Not at all worthwhile
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10 = Completely worthwhile

44) Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	◯	◯	◯	◯
Feeling down, depressed, or hopeless	◯	◯	◯	◯
Trouble falling or staying asleep, or sleeping too much	◯	◯	◯	◯
Feeling tired or having little energy	◯	◯	◯	◯
Poor appetite or overeating	◯	◯	◯	◯
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	◯	◯	◯	◯
Trouble concentrating on things, such as reading the newspaper or watching television	◯	◯	◯	◯
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	◯	◯	◯	◯

45) If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- ◯ Not at all
- ◯ Several days
- ◯ More than half the days
- ◯ Nearly every day

Wellbeing continued

46) Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on an edge?	○	○	○	○
Not being able to stop or control worrying?	○	○	○	○
Worrying too much about different things?	○	○	○	○
Trouble relaxing?	○	○	○	○
Being so restless that it is hard to sit still?	○	○	○	○
Becoming easily annoyed or irritable?	○	○	○	○
Feeling afraid as if something awful might happen?	○	○	○	○

Covid-19 symptoms

47) We are interested in whether you have experienced any symptoms listed below since March 2020. Please complete the table for any of the symptoms you have had and when you had them. Please complete for any symptoms that were experienced irrespective of whether or not you saw a doctor and irrespective of whether or not you were told you had flu, or Covid-19 (coronavirus) or any other diagnosis. Please give your best estimate or leave blank if you can't remember.

	Not had	Mar	Apr	May	Jun	Jul	Aug	Sept
Decrease in appetite	◯	◯	◯	◯	◯	◯	◯	◯
Nausea and/or vomiting	◯	◯	◯	◯	◯	◯	◯	◯
Diarrhoea	◯	◯	◯	◯	◯	◯	◯	◯
Abdominal pain/tummy ache	◯	◯	◯	◯	◯	◯	◯	◯
Runny nose	◯	◯	◯	◯	◯	◯	◯	◯
Sneezing	◯	◯	◯	◯	◯	◯	◯	◯
Blocked nose	◯	◯	◯	◯	◯	◯	◯	◯
Sore eyes	◯	◯	◯	◯	◯	◯	◯	◯
Loss of sense of smell or taste	◯	◯	◯	◯	◯	◯	◯	◯
Sore throat	◯	◯	◯	◯	◯	◯	◯	◯
Hoarse voice	◯	◯	◯	◯	◯	◯	◯	◯
Headache (if more often or worse than usual)	◯	◯	◯	◯	◯	◯	◯	◯
Dizziness	◯	◯	◯	◯	◯	◯	◯	◯
NEW persistent cough	◯	◯	◯	◯	◯	◯	◯	◯

Covid-19 symptoms continued

	Not had	Mar	Apr	May	Jun	Jul	Aug	Sept
Tightness in the chest	◯	◯	◯	◯	◯	◯	◯	◯
Chest pain	◯	◯	◯	◯	◯	◯	◯	◯
Shortness of breath (affecting normal activities)	◯	◯	◯	◯	◯	◯	◯	◯
Fever (feeling too hot)	◯	◯	◯	◯	◯	◯	◯	◯
Chills (feeling too cold)	◯	◯	◯	◯	◯	◯	◯	◯
Difficulty sleeping	◯	◯	◯	◯	◯	◯	◯	◯
Felt more tired than normal	◯	◯	◯	◯	◯	◯	◯	◯
Severe fatigue (e.g., inability to get out of bed)	◯	◯	◯	◯	◯	◯	◯	◯
Numbness or tingling somewhere in the body	◯	◯	◯	◯	◯	◯	◯	◯
Feeling of heaviness in arms or legs	◯	◯	◯	◯	◯	◯	◯	◯
Achy muscles	◯	◯	◯	◯	◯	◯	◯	◯
Raised, red, itchy areas on the skin	◯	◯	◯	◯	◯	◯	◯	◯
Sudden swelling of the face or lips	◯	◯	◯	◯	◯	◯	◯	◯
	◯	◯	◯	◯	◯	◯	◯	◯

48) Have you experienced any of the symptoms above in the last week?

- ◯ Yes
- ◯ No

49) Have you been in close contact with anyone with Covid-19 in the last two weeks?

- ◯ Yes, I was in contact with a confirmed/tested Covid-19 case
- ◯ Yes, I was in contact with a suspected Covid-19 case
- ◯ No, not to my knowledge

50) Do you think you have or have had Covid-19?

- ◯ Yes, confirmed by a positive test
- ◯ Yes, suspected by a doctor but not tested
- ◯ Yes, my own suspicions
- ◯ No

If yes, when were you told/when did you think you first had Covid-19?

_____
(dd/mm/yy)

51) Have you ever had a test to see if you have or have had Covid-19 (tell us about the latest reason if you have had more than one). Tick all that apply:

- ◯ No - go to question 55.
- ◯ Yes, because I had symptoms
- ◯ Yes, because I have been in contact with someone who had Covid-19
- ◯ Yes, because of my job
- ◯ Yes, for another reason, please specify below.

If you said Yes, for another reason, please specify

_____

What kind of test have you had (tick all that apply)?	◯ A swab test (swab taken from your throat or nose) which tests for active infection) ◯ An antibody test (this usually involves a drop of blood taken from your finger) which tests for past infection ◯ Other ◯ Don't know
If you said Other, please can you describe here	_____
52) Have you had a positive result from a swab test?	◯ Yes ◯ No ◯ Don't know
When was the sample taken for the test that came back positive? (give the latest date if you have had more than one)	_____ (dd/mm/yy)
53) Have you had a positive result from an antibody test?	◯ No ◯ Yes ◯ Don't know
When was the sample taken for the test that came back positive? (give the latest date if you have had more than one)	_____ (dd/mm/yy)
54) Have you had a positive result from the other test?	◯ No ◯ Yes ◯ Don't know
When was the sample taken for the test that came back positive? (give the latest date if you have had more than one)	_____ (dd/mm/yy)
55) If you or a household member had symptoms or a positive test result, did you self-isolate?	◯ Yes - go to question 56. ◯ No
If you answered no, can you please tell us why?	_____
56) Have you had the flu vaccine in the last year?	◯ Yes ◯ No ◯ Don't know
57) Which of the following best describes your thoughts about getting vaccinated against coronavirus (Covid-19), once a vaccine becomes available to you? Choose one response	◯ I've not yet thought about getting vaccinated against Covid-19 ◯ I'm not yet sure about getting vaccinated against Covid-19 ◯ I've decided I DON'T want to get vaccinated against Covid-19 ◯ I've decided I DO want to get vaccinated against Covid-19
58) What is your main reason for this?	_____

59) Which of the following best describes your thoughts about getting your children vaccinated against coronavirus (Covid-19), once a vaccine becomes available to you? Choose one response.

- ◯ I've not yet thought about getting my child(ren) vaccinated against Covid-19
- ◯ I'm not yet sure about getting my child(ren) vaccinated against Covid-19
- ◯ I've decided I DON'T want to get my child(ren) vaccinated against Covid-19
- ◯ I've decided I DO want to get my child(ren) vaccinated against Covid-19

60) What is your main reason for this?

_____

61) If you were offered an antibody test (this usually involves a drop of blood taken from your finger which tests for past infection of covid-19), would you...

	Yes	No	Don't know
Take the test yourself	◯	◯	◯
Test your child(ren)	◯	◯	◯

Information about Covid-19

62) Where do you get your information about Covid-19 from (tick all that apply)?

- ☐ Newspaper
- ☐ TV
- ☐ Internet
- ☐ Social media
- ☐ WhatsApp
- ☐ Friends and family
- ☐ Health professionals
- ☐ Other

If you said Other, please specify

_____

63) Which is your most important source for your Covid-19 information?

- ◯ Newspaper
- ◯ TV
- ◯ Internet
- ◯ Social media
- ◯ WhatsApp
- ◯ Friends and family
- ◯ Health professionals
- ◯ Other

64) How confident are you that the Government are doing the right thing to stop the spread of Covid-19?

- ◯ Very confident
- ◯ Somewhat confident
- ◯ Neither confident nor unconfident
- ◯ Somewhat unconfident
- ◯ Extremely unconfident

65) Do you wear a mask when required (e.g., in shops)?

- ◯ Always
- ◯ Sometimes
- ◯ Never

66) Do you follow government guidance, laws and regulations on Covid-19?

- ◯ Always
- ◯ Sometimes
- ◯ Never

Information about Covid-19 continued

67) For each of the following organisations can you tell us how much you trust them to do the right thing in the Covid-19 pandemic?

	Trust it a great deal	Tend to trust it	Tend to distrust it	Distrust it greatly	Don't know
The Government	◯	◯	◯	◯	◯
The NHS	◯	◯	◯	◯	◯
Your local hospital	◯	◯	◯	◯	◯
Bradford Council	◯	◯	◯	◯	◯
Local voluntary organisations	◯	◯	◯	◯	◯
Schools	◯	◯	◯	◯	◯
Police	◯	◯	◯	◯	◯
Public Health England	◯	◯	◯	◯	◯
Faith organisations (e.g., churches or mosques)	◯	◯	◯	◯	◯
Born in Bradford	◯	◯	◯	◯	◯

68) Now we'd like to find out how you have been getting to work.

	Car/Van	School bus	Other bus	Walk	Bicycle	Taxi	Train	Other
How do you normally get to work now? (Tick one)	◯	◯	◯	◯	◯	◯	◯	◯
How did you normally get to work before the lockdown (e.g., in January/February this year)? (Tick one)	◯	◯	◯	◯	◯	◯	◯	◯

Thinking about the person or people you usually live with, how many cars/taxis/vans do they have? (count any that are their own, rented, borrowed or belonging to their work).

◯ None
◯ 1
◯ 2
◯ 3
◯ More than 3

Only answer the next question if you mainly travel by car/van/taxi to work this year.
How would you feel about walking for a short time as part of your journey to work, say for 10 minutes?

◯ Very happy
◯ Quite happy
◯ Quite unhappy
◯ Very unhappy

69) Do you require the use of a car for your work?

◯ Yes
◯ No

Your worries and concerns

The last section of the questionnaire is for you to tell us about your recent worries, concerns and positive experiences.

70) What are your three biggest worries right now? (Please write your biggest worry first).

Worry 1: _____

Worry 2: _____

Worry 3: _____

71) Can you tell us about a challenge you have faced in the last two weeks? _____

72) Can you tell us whether there are any parts of your life that have continued to be easier or more enjoyable since lockdown first began in March? _____

73) Can you please tell us if any of the following circumstances have changed since the coronavirus lockdown that began in March this year?

Your relationship with your partner	◯ Yes ◯ No
The people that you live with	◯ Yes ◯ No
You have moved house	◯ Yes ◯ No

If you have answered YES to any of the questions please go to the next page and tell us about your new circumstances.
It is really important that we know about your new circumstances.
If you have answered NO to all of these questions you have now finished the survey.

New circumstances

IF YOUR RELATIONSHIP HAS CHANGED

74) What is your current relationship status?
- ◯ Married
- ◯ Not married but in a relationship
- ◯ Single
- ◯ Do not wish to answer

75) Are you currently living with your partner?
- ◯ Yes
- ◯ No

76) Does your child (or children) live with you all the time?
- ◯ Yes
- ◯ No - shared parenting

IF THE PEOPLE YOU LIVE WITH HAS CHANGED

77) Do any children aged 16 and under live in your home?
- ◯ Yes
- ◯ No

78) How many children aged between 0 and 4 years live in your home?

_____
(Enter a number of children)

79) How many children aged between 5 and 10 years live in your home?

_____
(Enter a number of children)

80) How many children aged between 11 and 16 years live in your home?

_____
(Enter a number of children)

81) How many adults (people aged over 16 years) live in your home?

_____
(Enter a number of adults)

82) How many of these adults are over the age of 70?

_____
(Enter a number of adults)

IF YOU HAVE MOVED HOUSE

83) If you have moved house please can you tell us why?
- ◯ Had already planned to move before the pandemic
- ◯ Couldn't afford the rent / mortgage payments
- ◯ Evicted / lost home
- ◯ Moved in with others (e.g., as social bubble, to share costs)
- ◯ Other

If you checked other, please describe

_____

84) Do you (or your household) own or rent the home you live in?

- ◯ Own it outright
- ◯ Buying it with the help of a mortgage/loan
- ◯ Part own and part rent (shared ownership)
- ◯ Rent it (includes all those who are on Housing Benefit or Local Housing Allowance)
- ◯ Live here rent-free (including rent-free in relative's/friend's property but excluding squatters)
- ◯ Squatting

85) If you rent, who is your landlord?

- ◯ Private landlord or letting agency
- ◯ Housing association, housing co-operative, charitable trust
- ◯ Local authority, local council
- ◯ Relative or friend (before you lived here) of a household member
- ◯ Employer (individual) of a household member
- ◯ Employer (company) of a household member
- ◯ Another organisation
- ◯ Don't know

86) How many bedrooms are there in your home?

_____
(Enter a number of bedrooms)

87) Can you access the internet from your home (e.g. broadband / data on phone)?

- ◯ Yes
- ◯ No

88) Does your home need any major repairs doing to it right now?

- ◯ Yes
- ◯ No

89) Are all of your large electrical appliances (e.g. washing machine, fridge) in good working order?

- ◯ Yes
- ◯ No

90) Do you have any damp or mould in your home?

- ◯ Yes
- ◯ No

91) Do you have trouble with any vermin (mice or other rodents, cockroaches, etc.) in your home?

- ◯ Yes
- ◯ No

92) Does your home have an outdoor space which you and your family can use?

- ◯ Yes
- ◯ No

93) Is your outdoor space private or shared?

- ◯ Private
- ◯ Shared

94) Is your outdoor space a ...

- ☐ Yard
- ☐ Small garden
- ☐ Medium garden
- ☐ Large garden
- ☐ Other

95) Is your outdoor space safe for your children to play in?

- ◯ Yes
- ◯ No
- ◯ Don't know