

Healthy Living in Richmond

What would help you?

Thank you for considering taking part in this survey.

Public health aims to prevent disease and promote healthy living for the population as a whole.

We all know that healthy behaviours like regular exercise, stopping smoking, cutting down on alcohol or having a healthy and nutritious diet can prolong life, promote wellbeing and prevent disease. However sometimes these can be hard to do.

To get an accurate picture of what people across the borough need to maintain a healthy lifestyle, we want to hear from a wide range of people. We need your support!

By taking part in this survey you will help us to understand what would enable individuals in the borough to maintain a healthy lifestyle and what

is preventing them from doing so. Your answers will help to shape future interventions in Richmond.

By participating in this survey you consent to your data being stored by Healthwatch Richmond, and this may be shared with Public Health Richmond to help improve lifestyle and wellbeing services. We will not share any personally identifiable information.

If you have any questions about this survey or wish to give us more information about your situation, please contact us at **info@healthwatchrichmond.co.uk** or by phone: **020 8099 5335**

Once completed, please send us this survey by freepost (no stamp needed) to:
**FREEPOST: RTXT-TYAK-HATJ, Healthwatch Richmond,
82 Hampton Road, Twickenham TW2 5QS**

If you would rather complete this survey online instead, please go to **www.healthwatchrichmond.co.uk** or scan the QR code.



Section 1: Healthy Eating



Would you like to eat more healthily?

- I do not believe I should / do not intend to change my behaviour
- I believe I should change my behaviour but have not yet made plans to do so
- I intend to take action about this but have not started yet
- I am actively trying to modify my behaviour
- I have modified my behaviour some time ago
- Not applicable / prefer not to answer

What are your main reasons for wanting/not wanting to make this change?

Reasons may include but are not limited to: preventing disease and illness, your appearance and the way you look, feeling healthier - or already being happy with these, having time to prepare or buy fresh food, having the right information, having the skills to prepare healthier meals, cost or money, liking or not liking certain foods, how easy/difficult it is to access healthy food.

What is likely to influence you to change or not change this behaviour?

Influences may include but are not limited to: peer, social or professional groups and norms, managers, relatives and family, health professionals, health checks, information and advertising.

What barriers do you / did you face in changing your behaviour or habits?

Barriers may include but are not limited to: lack of time and competing priorities, social or family pressure, affordability of healthy food, lack of access to healthy food such as in supermarkets, difficulty adjusting habits and cravings, lack of social support.

What would help/ has helped you overcome these barriers or change your behaviour or habit?

Factors may include but are not limited to: support from family and friends, improved motivation and self-belief, concern about consequences of poor diet, time for food shopping and preparation, affordability of healthy foods, and access to healthier fresh food options, food education such as nutritional information and cooking classes, healthy social environments.

Section 2: Physical Activity



Would you like to increase your level of physical activity?

- I do not believe I should / do not intend to change my behaviour
- I believe I should change my behaviour but have not yet made plans to do so
- I intend to take action about this but have not started yet
- I am actively trying to modify my behaviour
- I have modified my behaviour some time ago
- Not applicable / prefer not to answer

What are your main reasons for wanting/not wanting to make this change?

Reasons may include but are not limited to: preventing disease and illness, your appearance and the way you look, feeling healthier - or already being happy with these, having time, having the right information, cost or money, liking or not liking exercise, access to spaces for exercise.

What is likely to influence you to change or not change this behaviour?

Influences may include but are not limited to: peer, social or professional groups and norms, managers, relatives and family, health professionals, health checks, information and advertising.

What barriers do you/ did you face in changing your behaviour or habits?

Barriers may include but are not limited to: lack of time, competing priorities, lack of spaces to exercise or transportation to these places, lack of knowledge of where or how to do physical activity, affordability, difficulty adjusting habits, lack of social or family support, anxiety or fear of getting injured.

What would help/ has helped you overcome these barriers or change your behaviour or habit?

Factors may include but are not limited to: support from family and friends, improved motivation and self-belief, concern about consequences of lack of physical activity, time to do exercise, affordability and access to spaces for exercise and classes, opportunity to combine social life and exercise, improved education on the importance of exercise and how to exercise properly, safe environments to exercise, incentives to exercise such as from your employer.

Section 3: Alcohol Consumption



Would you like to reduce the amount of alcohol that you drink?

- I do not believe I should / do not intend to change my behaviour
- I believe I should change my behaviour but have not yet made plans to do so
- I intend to take action about this but have not started yet
- I am actively trying to modify my behaviour
- I have modified my behaviour some time ago
- Not applicable / prefer not to answer

What are your main reasons for wanting/not wanting to make this change?

Reasons may include but are not limited to: preventing disease and illness, your appearance and the way you look, feeling healthier, saving money, having the right information, you're comfortable with your habits, difficulties because of social pressure, using alcohol as a stress reliever.

What is likely to influence you to change or not change this behaviour?

Influences could include, but are not limited to: peer, social or professional groups and norms, managers, relatives and family, health professionals, health checks, information and advertising.

What barriers do you / did you face in changing your behaviour or habits?

Barriers may include but are not limited to: Lack of social support, lack of social environments without alcohol, difficulty adjusting habits, lack of information or treatment services to meet my needs.

What would help/ has helped you overcome these barriers or change your behaviour or habit?

Factors may include but are not limited to: support from family and friends, improved motivation and self-belief, better information or education about the consequences of alcohol, reduced social pressures to drink, mental health support, advice and information on the benefits of reduced alcohol consumption, changes to incentives from your employer

Section 4: Smoking Habits



Would you like to reduce the amount you smoke?

- I do not believe I should / do not intend to change my behaviour
- I believe I should change my behaviour but have not yet made plans to do so
- I intend to take action about this but have not started yet
- I am actively trying to modify my behaviour
- I have modified my behaviour some time ago
- Not applicable / prefer not to answer

What are your main reasons for wanting/not wanting to make this change?

Reasons may include but are not limited to: preventing disease and illness, your appearance and the way you look, feeling healthier - or already being happy with these, having time, having the right information, cost or money, using smoking to relax/relieve stress.

What is likely to influence you to change or not change this behaviour?

Influences may include but are not limited to: peer, social or professional groups and norms, managers, relatives and family, health professionals, health checks, information and advertising.

What barriers do you / did you face in changing your behaviour or habits?

Barriers may include but are not limited to: Lack of social support, lack of social environments without smoking, difficulty adjusting habits, lack of information or appropriate treatment services to meet my needs.

What would help/ has helped you overcome these barriers or change your behaviour or habit?

Factors may include but are not limited to: support from family and friends, improved motivation and self-belief, concern about consequences of smoking, reduced social pressure to smoke, mental health support, advice and education on the benefits of smoking cessation, incentives to stop smoking such as from your employer.

Which of these descriptions best applies to your employment status?

- | | |
|---|---|
| <input type="checkbox"/> Student | <input type="checkbox"/> Permanently unable to work due to long-term sickness or disability or caring |
| <input type="checkbox"/> In paid employment or self-employment (or away temporarily) | <input type="checkbox"/> Retired from paid work |
| <input type="checkbox"/> On a Government scheme for employment training | <input type="checkbox"/> Looking after the home or family |
| <input type="checkbox"/> Looking for paid work or for a Government training scheme | Other, specify: |
| <input type="checkbox"/> Intending to look for work but prevented by temporary sickness or injury or caring | <div style="border: 1px solid black; height: 60px; width: 100%;"></div> |

What is your occupational status?

- | | |
|---|--|
| <input type="checkbox"/> Not in employment | <input type="checkbox"/> Routine non-manual worker (include non-professional clerical employees and other lower white-collar employees within the social and health services). |
| <input type="checkbox"/> Managerial (Managers have subordinates and do managerial/administrative work). | <input type="checkbox"/> Manual worker (include work in transport and other technical occupations as well as in cleaning and canteens) |
| <input type="checkbox"/> Professional (including other upper white collar employees, such as teachers and doctors but do professional work and typically do not have subordinates). | |
| <input type="checkbox"/> Semi-professional (includes nurses, foremen and technicians, and other intermediate level white-collar employees). | |

Do you have a disability or long term health condition?

- | | |
|--|--|
| <input type="checkbox"/> Yes - physical or mobility impairment | <input type="checkbox"/> Yes - long term condition |
| <input type="checkbox"/> Yes - sensory impairment | <input type="checkbox"/> Yes - other |
| <input type="checkbox"/> Yes - learning disability or difficulties | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes - mental health condition | <input type="checkbox"/> Prefer not to say |
| | <input type="checkbox"/> Unsure |

To what extent do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

- a lot a little not limited at all.

Do you provide unpaid care to family members or friends who due to illness, disability, a mental health problem or an addiction, cannot cope without your support?

- No
- Yes, 1 – 19 hours a week
- Yes, 20 – 49 hours a week
- Yes, 50 or more hours a week

Which of the following best describes your current financial status?

- I have enough for basic necessities, and at least a fair amount of disposable income, that I can save or spend on leisure.
- I have enough for basic necessities, and a small amount of disposable income, that I can save or spend on leisure.
- I only have enough for basic necessities, I am living paycheck to paycheck or using savings.
- I don't have enough for basic necessities, I am struggling to make ends meet.

Would you be willing to take part in further research to improve lifestyle services and support?

- I consent to being contacted again for further research related to this specific project (eg. group discussions).
- I consent to receive news and updates about local health and social care services from Healthwatch Richmond.
- I do not want to be contacted.

What is your email address?

**Please return this survey by post (no stamp needed)
at the following address:**

**FREEPOST: RTXT-TYAK-HATJ,
Healthwatch Richmond,
82 Hampton Road,
Twickenham TW2 5QS**