

MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

MRC Unit for Lifelong Health and Ageing at UCL, 1-19 Torrington Place, London, WC1E 7HB

Cost of Living Questionnaire

(Version: 02/03/2023)

The increase in the cost of living has affected many people's financial circumstances. We know that changes in financial circumstances can have a significant impact on many aspects of life including health and wellbeing.

We would therefore like to ask you about your household's financial circumstances - whether this has changed over the winter of 2022/23 and if this is affecting your physical and mental health.

When completing the questionnaire please use a pen to tick the appropriate response(s) to each question and for providing further details in the space provided.

The survey should take about 15 minutes to complete.

As always, answering these questions is voluntary and you can skip over any questions that you cannot or would prefer not to answer.

The 'Privacy and data protection' FAQs on the study website provide details about how we protect the information you provide and how it will be used for research.

If you have any problems, queries or concerns, you can contact us by calling 0800 952 0249 or 020 7670 5700 or emailing mrclha.enquiries@ucl.ac.uk

When you have finished filling in the questionnaire, please use the pre-paid envelope provided to post it back to us.

Thank you very much for your time and co-operation.

Please enter the date you completed the questionnaire:

Day Month 2023

INTD_CL23X INTD_CL23X INTD_CL23X

Please enter a tick if the questionnaire was completed by someone on your behalf.

If applicable: what is the relationship of this person to you?

PROXY_CL23X

PROXY_TEXT_CL23X (restricted access)

Questions 1 to 10 are about your current household financial circumstances

1. How well would you say your household is managing financially at the moment?
Please tick one option

FINMAN_CL23X

Best					Worst	
Living comfortably (1)	Doing alright (2)	Just about getting by (3)	Finding it quite difficult (4)	Finding it very difficult (5)	Prefer not to say (6)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Has your household had to go without things you really need because you were short of money? Please tick one option

GOWOUT_CL23X

No (0)

Yes, sometimes (1)

Yes, often (2)

Prefer not to say (3)

3. In the last year, have you experienced any difficulties with paying for:
Please tick one option for each row

	No (0)	Yes, sometimes (1)	Yes, all the time (2)	N/A (3)	Prefer not to say (4)
Utility bills e.g. heating, electricity, water DIFFPAY_1_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other bills such as mobile phone, council tax DIFFPAY_2_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other regular outgoings such as loan repayments DIFFPAY_3_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent/mortgage DIFFPAY_4_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel e.g. vehicle fuel, train or bus fares DIFFPAY_5_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes DIFFPAY_6_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food **DIFFPAY_7_CL23X**

4. Which of the following apply to your household as a result of increases in the cost of living? *Please tick all that apply.*

INCCOL_1_CL23X

I am spending less on non-essentials (e.g. holiday travel, dining out, hobbies, gifts, etc.) (1)

INCCOL_2_CL23X

I am using less fuel such as gas or electricity in my home (2)

INCCOL_3_CL23X

I have cut back on non-essential journeys (3)

INCCOL_4_CL23X

I am shopping around more (4)

INCCOL_5_CL23X

I am spending less on food shopping and essentials (5)

INCCOL_6_CL23X

I am using my savings (6)

INCCOL_7_CL23X

I am using credit more than usual (e.g. credit cards, loans, overdrafts) (7)

INCCOL_8_CL23X

None of the above (8)

INCCOL_9_CL23X

No changes (9)

INCCOL_10_CL23X

Prefer not to say (10)

5. Does your household currently receive any food from any of the following? *Please tick all that apply.*

FOOD_1_CL23X

Food banks (1)

FOOD_2_CL23X

Food provided by community organisations/allotment schemes (2)

FOOD_3_CL23X

Meals on wheels (3)

FOOD_4_CL23X

Food from faith-based organizations (4)

FOOD_5_CL23X

Food from friends/neighbours (5)

FOOD_6_CL23X

Food from family (not living in the home) (6)

FOOD_7_CL23X

Food from another source (7)

FOOD_8_CL23X

No assistance required (8)

FOOD_9_CL23X

Prefer not to say (9)

6. If you were to get into financial difficulties, would you know where to seek advice?

FINDIFF_CL23X

No (0)

Yes (1)

7. Does your household currently receive any of the following?

Please tick all that apply.

- BEN_1_CL23X Universal credit (1)
- BEN_2_CL23X Pension credit (2)
- BEN_3_CL23X Income support or Job Seeker's Allowance (3)
- BEN_4_CL23X Working Tax Credit or Child Tax credit (4)
- BEN_5_CL23X Employment and Support Allowance (5)
- BEN_6_CL23X Statutory sick pay (6)
- BEN_7_CL23X Housing benefit (7)
- BEN_8_CL23X Council tax support or reduction (8)
- BEN_9_CL23X Carers allowance, Personal independence payments, or Disability Living Allowance (9)
- BEN_10_CL23X No assistance received (10)
- BEN_11_CL23X Prefer not to say (11)

8. Which row best describes your household take-home income from earnings, benefits and any other source of regular income, after tax and deductions?

Weekly/monthly/annual categories are equivalent for each row, but they have been included as different people receive incomes at different intervals.

Please tick one option only.

	Weekly	Monthly	Annually	HHINC_CL23X
A	Less than £200 per week	Less than £800 per month	Less than £10,000 per year (1)	<input type="checkbox"/>
B	£200 or more per week, less than £350 per week	£800 or more per month, less than £1400 per month	£10,000 or more per year, less than £18,000 per year (2)	<input type="checkbox"/>
C	£350 or more per week, less than £500 per week	£1400 or more per month, less than £2000 per month	£18,000 or more per year, less than £26,000 per year (3)	<input type="checkbox"/>
D	£500 or more per week, less than £750 per week	£2000 or more per month, less than £3000 per month	£26,000 or more per year, less than £39,000 per year (4)	<input type="checkbox"/>
E	£750 or more per week, less than £1000 per week	£3000 or more per month, less than £4000 per month	£39,000 or more per year, less than £52,000 per year (5)	<input type="checkbox"/>

F More than £1000 per week More than £4000 per month More than £52,000 per year
(6)

Prefer not to answer (7)

9. Has your household take-home income from earnings, benefits, or any other regular source of income, after tax and deductions changed in the last 12 months?

HHINCCH_CL23X

- Increased (1)
- Decreased (2)
- Stayed roughly the same (3)

10. Due to the increasing costs, have you had any issues accessing healthcare services or dental care?

Please tick all that apply.

- HHISS_1_CL23X Yes, paid carers (1)
- HHISS_2_CL23X Yes, nursing homes costs (2)
- HHISS_3_CL23X Yes, NHS dental costs (3)
- HHISS_4_CL23X Yes, private dental costs (4)
- HHISS_5_CL23X Yes, private health insurance (5)
- HHISS_6_CL23X None of the above (6)
- HHISS_7_CL23X Prefer not to say (7)

11. Do you have any additional comments related to your current household financial circumstance

_____ **HHFIN_TEXT_CL23X (restricted access)** _____

Questions 12 to 17 are about you and your physical and mental health

12. Overall, how satisfied are you with your life nowadays, where 0 means 'not at all' and 10 means 'completely'?

We appreciate that 0-10 scales can be difficult to answer. Please pick the figure which is most likely to represent how you feel now.

Please tick one option.

SATIS_CL23X

Not at all satisfied

Completely satisfied

0 1 2 3 4 5 6 7 8 9 10

13. I feel like this because....

_____ **SATIS_TEXT_CL23X (restricted access)** _____

14. How is your health in general?

GHI_CL23X

- Excellent (1)
- Very good (2)
- Good (3)
- Fair (4)
- Poor (5)

15. How is your mental health in general?

MHI_CL23X

- Excellent (1)
- Very good (2)
- Good (3)
- Fair (4)
- Poor (5)

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

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)	Don't know (6)
I worry about getting into debt or my current debt worsening WORRY_1_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about paying the rent/mortgage WORRY_2_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about getting evicted/having my home repossessed WORRY_3_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about keeping warm in the winter WORRY_4_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about having enough to eat WORRY_5_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry I might lose my job WORRY_6_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have other money worries WORRY_7_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry that I am becoming more socially isolated WORRY_8_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about my health or the health of my family WORRY_9_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about getting access to care provision WORRY_10_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Please select the answer that best describes your experience over the last two weeks
Please tick one option for each row

None of the time (1)	Rarely (2)	Some of the time (3)	Often (4)	All of the time (5)
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I've been feeling optimistic about the future WELLBA_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful WELLBB_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed WELLBC_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well WELLBF_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly WELLBG_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people WELLBI_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my own mind about things WELLBK_CL23X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. We would welcome any comments about any of your own experiences that have not been captured by the questions:

_____ **COMMENTS_CL23X (restricted access)** _____

19. Several organisations, including the NSHD, and health providers have phone numbers which show up as withheld. We are interested to know if this impacts whether the call is answered. Do you answer your phone if you see the caller's phone number is withheld?

- Yes, all the time **PHONE_CL23X**
- Yes, sometimes - Please define the situation when you would answer.

_____ **PHONE_txt_CL23X (restricted access)** _____

- Never
- Not applicable

NTAG

Thank you for completing the questionnaire