

Lifestyle Survey 2006

Leisure Activities, Hobbies and Holidays

1. How many times did you visit the following places in the past 12 months?
(Tick one circle **ONLY** in each row)

	1- 3	4 – 6	7 – 11	12 +	Never
Cinema	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎	<input type="radio"/> ₍₅₎
Live performances (e.g. plays, concerts, dance performances)	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎	<input type="radio"/> ₍₅₎
Cultural sites (e.g. museums, art galleries)	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎	<input type="radio"/> ₍₅₎
Live sport events (e.g. football game)	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎	<input type="radio"/> ₍₅₎
Bars/ Wine bars	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎	<input type="radio"/> ₍₅₎
Clubs (e.g. band, football, political)	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎	<input type="radio"/> ₍₅₎
Casinos	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎	<input type="radio"/> ₍₅₎
Dance clubs/nightclubs/discos	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎	<input type="radio"/> ₍₅₎
Restaurants	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎	<input type="radio"/> ₍₅₎

2. On average, how many times a week do you walk for at least 30 minutes at a time?
(Mark '0' if you do not walk for at least 30 minutes a day)

3. On average, how many minutes a week do you spend doing any intensive exercise e.g. jogging, football, **fast** walking, tennis etc.
(Mark '0' if you do not do any intensive exercise)

4. Do you attend a gym/fitness club at least once a week?
(Tick one circle **ONLY**)

Yes ₍₁₎

No ₍₂₎

5. What kind of transport do you use most for work or school?
(Tick one circle **ONLY**)

Car ₍₁₎

Motorcycle ₍₂₎

Walk ₍₃₎

Bicycle ₍₄₎

Bus ₍₅₎

Minivan/coach ₍₆₎

Taxi ₍₇₎

I don't work or go to school ₍₈₎

6. What kind of transport do you use most to go out? (include to go shopping)
(Tick one circle **ONLY**)

- Car (1)
- Motorcycle (2)
- Walk (3)
- Bicycle (4)
- Bus (5)
- Minivan/ coach (6)
- Taxi (7)
- I never go out (8)

7. What is the genre of music that you mostly like listening to?
(Tick one circle **ONLY**)

- Country (1)
- Pop (2)
- Rock (3)
- Hip-hop/ Rap/ R&B (4)
- Techno/ Trance/ House (5)
- Classical (6)
- Reggae (7)
- Jazz (8)
- There is more than one type (9)
- I don't like music (10)

8. Which of the following hobbies have you got?
(Tick where applicable)

- Singing/dancing/acting (1)
- Playing a musical instrument (2)
- Bingo/Lotteries/Gambling (3)
- Reading (4)
- Collectibles (e.g. stamps) (5)
- Arts and Crafts (6)
- Internet (7)
- Gardening (8)
- Home decoration (9)
- Photography (10)
- Sewing/ knitting (11)
- Bird-hunting/trapping (12)
- Model Building (e.g. cars) (13)
- Travelling (14)

9. During the past 12 months, how many nights in total did you spend on holiday locally and/or abroad? Include weekend breaks. *(Fill where applicable)*

	Number of nights
Locally (Malta/Gozo)	<input type="text"/>
Abroad	<input type="text"/>

Health

10. How would you rate your physical health?
(Tick one circle ONLY)
- Very good ₍₁₎
- Good ₍₂₎
- Neither good nor bad ₍₃₎
- Bad ₍₄₎
- Very bad ₍₅₎
11. How would you rate your mental health?
(Tick one circle ONLY)
- Very good ₍₁₎
- Good ₍₂₎
- Neither good nor bad ₍₃₎
- Bad ₍₄₎
- Very bad ₍₅₎
12. Is your daily activity or work limited by a long-term illness, health problem or disability?
(Tick one circle ONLY)
- Yes ₍₁₎
- No ₍₂₎
13. Have you had a check up with a GP and/or a dentist in the past 12 months?
(Tick one circle ONLY)
- GP ₍₁₎
- Dentist ₍₂₎
- Both with a GP and a dentist ₍₃₎
- Did not go to neither ₍₄₎
14. If you have had sexual intercourse in the past 12 months, did you use any type of contraception/protection? *(Tick one circle ONLY)*
- Always ₍₁₎
- Sometimes ₍₂₎
- Never ₍₃₎
- Did not have sexual intercourse ₍₄₎
15. What is your body weight without clothes?
_____ kilos (or _____ stones _____ pounds)
16. What is your height without shoes?
_____ cm (or _____ feet _____ inches)

Tobacco, Alcohol and Use of Other Substances

17. How many cigarettes do you smoke everyday?
(Mark '0' if you do not smoke cigarettes)

18. On average, how much alcohol do you consume every week?
(Fill where applicable and mark '0' where not applicable)

Wine (glasses)	Beer (small bottles)	Spirits (tots)

19. During the past 12 months have you driven a car after consuming 3 or more alcoholic drinks?
(Tick one circle **ONLY**)

- Yes ₍₁₎
- No ₍₂₎
- Do not normally drink ₍₃₎

20. On how many occasions have you used any of the following in the past 12 months?
(Tick one circle **ONLY** in each row)

	1 – 3	4 – 6	7+	Never
Tranquilisers, antidepressants or sedatives (e.g. sleeping pills) <i>with</i> a doctor's prescription	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎
Tranquilisers, antidepressants or sedatives (e.g. sleeping pills) <i>without</i> a doctor's prescription	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎
Marijuana/Hashish/Cannabis	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎
Inhalants (e.g. gas, solvents etc.)	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎
Ecstasy	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎
Amphetamine (e.g. Speed etc.)	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎
Hallucinogens (e.g. LSD, Acid etc.)	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎
Heroin	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎
Cocaine/Crack	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎

Eating Habits

21. On how many days during the past week (7-day period) have you consumed the following?
(Tick one circle **ONLY** in each row)

	1 – 2	3 – 5	6 – 7	Never
Fresh fruit	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎
Vegetables	<input type="radio"/> ₍₁₎	<input type="radio"/> ₍₂₎	<input type="radio"/> ₍₃₎	<input type="radio"/> ₍₄₎

22. Which of the following diets do you follow?
(Tick one circle **ONLY**)

- Vegetarian ₍₁₎
- Diabetic ₍₂₎
- Weight reducing ₍₃₎
- Gluten free ₍₄₎
- Low cholesterol ₍₅₎
- Other ₍₆₎
- More than one type ₍₇₎
- None ₍₈₎

23. On how many days during the past week have you eaten fried food?
(Tick one circle **ONLY**)
- Daily ₍₁₎
- 5-6 ₍₂₎
- 3-4 ₍₃₎
- 1-2 ₍₄₎
- Never ₍₅₎

Quality of Life

24. How would you rate your standard of living?
(Tick one circle **ONLY**)
- Very good ₍₁₎
- Good ₍₂₎
- Neither good nor bad ₍₃₎
- Bad ₍₄₎
- Very bad ₍₅₎
25. In general how satisfied are you with your current job?
(Tick one circle **ONLY**)
- Very satisfied ₍₁₎
- Satisfied ₍₂₎
- Neither satisfied nor dissatisfied ₍₃₎
- Dissatisfied ₍₄₎
- Very dissatisfied ₍₅₎
- Do not have a job ₍₆₎
26. In general, how satisfied are you with the area you live in?
(Tick one circle **ONLY**)
- Very satisfied ₍₁₎
- Satisfied ₍₂₎
- Neither satisfied nor dissatisfied ₍₃₎
- Dissatisfied ₍₄₎
- Very dissatisfied ₍₅₎
27. In general, how satisfied are you in your current relationship with your partner?
(Tick one circle **ONLY**)
- Very satisfied ₍₁₎
- Satisfied ₍₂₎
- Neither satisfied nor dissatisfied ₍₃₎
- Dissatisfied ₍₄₎
- Very dissatisfied ₍₅₎
- I am not in a relationship ₍₆₎

28. In general, how satisfied are you with your life?
(Tick one circle **ONLY**)
- Very satisfied (1)
- Satisfied (2)
- Neither satisfied nor dissatisfied (3)
- Dissatisfied (4)
- Very dissatisfied (5)

Demographics

29. Are you male or female?
(Tick one circle **ONLY**)
- Male (1)
- Female (2)

30. How many children were ever born alive to you?
(Answer only if you are a female. Mark '0' if you did not have any children)
- What is the age of your eldest child?

31. In which locality do you live?
- _____
- | For official use only | | |
|-----------------------|--|--|
| | | |

32. What is your age?

33. Which of the following best describes your current marital status?
(Tick one circle **ONLY**)
- Married (1)
- Separated (2)
- Cohabiting (Living with a partner) (3)
- Divorced (4)
- Widowed (5)
- Never married (6)

34. What is the highest educational level that you have successfully completed?
(Tick one circle **ONLY**)
- No schooling (1)
- Pre-primary e.g. kindergarten (2)
- Primary (3)
- Secondary (4)
- Post-Secondary (5)
- Tertiary (6)

35. Do you own or make use of a car?
(Tick one circle **ONLY**)
- Yes (1)
- No (2)

36. What, if any, is your religion or church?
(Tick one circle **ONLY**)

Roman Catholic (1)

Jehovah's Witnesses (2)

Church of England/Anglican (3)

Other Protestant/ Other Christian (4)

Muslim (5)

Other (6) → Please specify _____

None (7)

37. Which of the following best describes your main economic activity?
(Tick one circle **ONLY**)

I look after the home e.g. housewife (1)

Student (2)

Unemployed or temporarily not working (3)

Retired (4)

Unable to work because of illness/
disability (5)

Self employed (6)

Employee (7)

Other inactive (8)

38. If you are currently in employment, what is the job title of your main occupation? (e.g. doctor, teacher, stone-mason etc.)

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39. On average, if you are currently in employment, how many hours per week do you work? (Include any part-time work and overtime)

- Thank you for your time -