Health and Wellbeing Survey

Community Member Survey

A sense of wellbeing comes from our environment, as well as within ourselves. It's how we experience life and the quality of our lives. Are we in good physical and mental health, and being part of our communities? What factors affect our lives and how do we live in our community. Help the City provide supportive health and wellbeing inniatives. What would you like to see? What is important to you and what could be improved?



SECTION 1 (ABOUT YOU)

Your Name: _____

Gender: ☐ Male ☐ Female ☐ Prefer not to identify
Age: ☐ 0-15 ☐ 16-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56-65 ☐ 65+

Which suburb do you live in? _____

Which best describes your household?

☐ Single ☐ Couple only ☐ Family, young children (0-5yrs) ☐ Family, children (6-18 yrs) ☐ Adults

SECTION 2

1. **Overall, how satisfied are you with your day to day life?** (0 being very unhappy & 10 being very happy)

Unhappy **Very Happy :)**
0 1 2 3 4 5 6 7 8 9 10+

2. **How "happy" did you feel yesterday?** (0 being very unhappy & 10 being very happy)

Unhappy **Very Happy :)**
0 1 2 3 4 5 6 7 8 9 10+

3. **Overall in the last two weeks, how stressed have you felt?**

Very Stressed **Relaxed & Happy**
0 1 2 3 4 5 6 7 8 9 10+

4. **I feel like I belong to my community - I feel I have a "sense of place"**

☐ Yes ☐ No ☐ Unsure

5. **How often do you chat with your neighbours**

☐ Never ☐ Rarely ☐ Once a year ☐ 6 Monthly ☐ 3 Monthly ☐ Monthly ☐ Weekly

6. **What have you changed in the last month to improve your health?**

_____

7. **What would you like to change to improve your health?**

_____

8. **If help was needed, there are people that would be there to help me** (friends, neighbours, family)
   Yes! ☐ No ☐ ☐ Unsure

9. **Spending time with family and friends contributes to your wellbeing. How often do you socialise, meet up with friends or family? (Face to Face)**

   ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Six monthly ☐ Yearly ☐ Rarely

10. **Do you feel safe in your community?**

    ☐ Yes I do ☐ Often ☐ Sometimes ☐ Rarely ☐ No

11. **What would you change in your community if you could, to improve your connection with your town?**

_____

12. **Do you attend community events, activities, classes?** Yes! ☐ No ☐

13. **Do you volunteer on occasion or actively support a community group**

    ☐ Yes I do **-** How: _____ No ☐

14. **How long have you lived in the City of Kalamunda** _____

15. **What do you think you could do to improve your own connection to the place in which you live?**

_____

16. **Having time for fun/leisure activities is important to your wellbeing. How often do you get out for a recreational activity?** ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly

17. **Please estimate the number of hours that you spend at your workplace on a typical day.**

    Retired Inbetween Jobs 1-2 3-4 5-6 7-8 9-10 11+ Hours or Full Time Parent (circle)

18. **Please estimate the number of hours that you spend sitting at your workplace, including during meal and snack breaks, on a typical day.**

    0 1-2 3-4 5-6 7-8 9+ Hours (Please circle)

19. **How many times, on a typical day while at your workplace, do you interrupt your sitting, e.g. by standing up, walking somewhere or getting a drink?**

    ☐ 5 times or less ☐ 6-10 times ☐ 11-20 times ☐ More than 20 times

20. **What could you do today that could improve you/your family's overall health and wellbeing?**

_____

COMPLETED SURVEYS: Please submit on or before 31 August 201

City of Kalamunda Administration:2 Railway Road, Kalamunda: PO BOX 42, Kalamunda W

Fax (08) 9293 2715 / Email enquiries@kalamunda.wa.gov.au

If you have any questions please contact the City on 9257 9964

www.kalamunda.wa.gov.au **www.engage.kalamunda.wa.gov.au**

city of kalamunda