

## Impacting and Limiting Conditions Tracker 2022

UK Adults 16+ (incl. NI)

### PLEASE NOTE:

- ALL PROMPTED QUESTIONS ARE INVERTED UNLESS SPECIFIED (1\2 SEE LIST 1-10 & OTHER 1\2 SEE LIST 10-1)
- DK\None\Prefer not to say – THESE ARE BUTTONS SO WILL APPEAR AT THE TOP OF THE SCREEN OUT OF THE VIEW OF THE RESPONDENT
- OTHER\ DK\None\Prefer not to say – THESE WON'T HAVE CODE NUMBERS JUST YET, THE SCRIPTERS ASSIGN THESE AS HIGH CODES 96,97,98,99 WHICH ARE STANDARD FOR US
- EACH QUESTION IS SCRIPTED WITH ITS FILTER ABOVE
- [ ] MEANS BOLD OR UNDERLINED IN THE SCRIPT
- IF A QUESTION DOESN'T HAVE A MULTI CHOICE TEXT ABOVE IT, IT WILL BE SINGLE CHOICE. INTERVIEWERS DO NOT NEED TO HAVE THIS INSTRUCTION ADDED

### OMNIBUS INTERNET QUOTA QUESTION

SHOW SCREEN - MULTI CHOICE

Q.L Which of the following do you currently ever use, if at all? Please choose all that apply

- 1: Internet access at home
- 2: Internet access at work (through workplace network connection)
- 3: Internet access via a mobile phone\ tablet using a mobile network (e.g. 3G \ 4G access)
- 4: Internet access on publicly accessible computers (e.g. internet café, library)
- 5: Other type of internet access
- 13: None of these \ Don't access the internet [EXCLUSIVE]

### SCRIPTERS: LEFT HAND SIDE JUSTIFY THE WHOLE LINK

F1 = All Adults 16+ in UK

F2 = All who access the internet QUOTA SECTION Q.L\1,2,3,4,5

F3 = All who have devices or services in their household Q1\1-8

F4 = All who have an impacting/limiting condition Q3\1-10

F5 = All broadband decision makers Q7\1,2

F1 = All Adults 16+ in UK

SHOW SCREEN – MULTI CHOICE

Q.1 Does your [household] have ...

PROBE: Anything else?

SCRIPTERS – DO NOT INVERT

1: A smart\connected TV set that is connected to the internet (a TV set that is connected directly to the internet and not through another device such as a games console, computer or set top box)

2: Any Other TV

3: Any Games console or handheld games player (NOT home computer) (e.g. Wii, PS3, Xbox 360, Xbox One, PS4, Nintendo Switch, Nintendo DS, PS Vita)

4: Computer - Laptop, desktop or netbook computer (PC or Mac)

5: A tablet (e.g. an iPad, Samsung Galaxy Tab or Amazon Kindle Fire)

6: Smart phone (e.g. iPhone, Blackberry, Android, Windows)

7: Any other mobile phone

8: Telephone (landline, i.e. NOT a mobile phone)

None of these FIX AND EXCLUSIVE

Don't know - BUTTON

F2 = All who access the internet QUOTA SECTION Q.L\1,2,3,4,5

SHOW SCREEN – MULTI CHOICE

Q.2 In the last 3 months, have you used the [internet] for...

1: Emails

2: Information - interests (e.g. news, sport, petitions)

3: Information on products

4: Online grocery shopping

5: Other online shopping (not groceries)

6: Online banking\finances

7: Job searching

8: Playing games online

9: Online gaming for money

10: Downloading\streaming music\podcasts

11: Downloading\streaming movies\TV\short videos or clips

12: Online dating

13: Making voice or video calls over the internet (using a VOIP service such as Skype or Facetime)

14: Social networking\blogs\Vlogs

15: To apply for some type of benefit (e.g. Universal Credit, housing, health, employment etc.)

16: To access public services provided by the Government or council (e.g. doctor or hospital appointments, apply for a bus pass, get advice about tax, renew a driving licence, passport etc.)

17. Using an online message service (e.g. WhatsApp, Facebook messenger, iMessage)

Other – PEN WRITE IN

None of these FIX AND EXCLUSIVE

Don't know - BUTTON

F1 = All Adults 16+ in UK

SHOW SCREEN – MULTI CHOICE

Q.3 Which of these, if any, impact or limit your daily activities or the work you can do?

Please just read out or choose the letter or letters that apply to you.

SCRIPTERS – DO NOT INVERT

1: A: Hearing? Poor hearing, or are deaf

2: B: Eyesight? Poor vision, colour blindness, partial sight, or are blind

3: C: Mobility? Cannot walk at all/use a wheelchair or mobility scooter etc., or cannot walk very far or manage stairs or can only do so with difficulty

4: D: Dexterity? Limited ability to reach/ difficulty opening things with your hands/ difficulty using a telephone handset/ television remote control/ computer keyboard etc.:

5: E: Breathing? Breathlessness or chest pains

6: F: Mental abilities? Such as learning, understanding, concentration, memory, communicating, cognitive loss or deterioration

7: G: Social behaviour? Conditions associated with this such as autism, attention deficit disorder, Asperger's, etc.

8: H: Your mental health? Such as Anxiety, depression, or trauma-related conditions

9: I: Difficulty with speech? For example, due to stroke, stutter or stammer

10: J: Other illnesses/ conditions which impact or limit your daily activities or the work you can do (Please specify) - OPEN ENDED

11: Nothing – no impairments or conditions impact or limit your daily activities or the work you do – FIX AND EXCLUSIVE

Prefer not to say – BUTTON

Don't know - BUTTON

F4 = All who have a impacting/limiting condition Q3\1-10

Q3a. And does this/ do these condition(s) have a substantial and long-term negative effect on your ability to do normal daily activities?

Yes

No

Don't know

F3 = All who have devices or services in their household Q1\1-8

SHOW SCREEN – MULTI CHOICE

Q.4 Can I just check - You mentioned you have the following services\devices in the household. Which, if any, of the following do you [personally] use?

SCRIPTERS DO NOT INVERT.

- 1: Television [SHOW IF Q1\2]
- 2: Smart TV [SHOW IF Q1\1]
- 3: Landline [SHOW IF Q1\9]
- 4: Mobile phone (not smartphone) [SHOW IF Q1\8]
- 5: Smartphone [SHOW IF Q1\7]
- 6: Computer - Laptop, desktop or netbook computer (PC or Mac)
- 7: Tablet PC (iPad or similar) [SHOW IF Q1\6]
- 8: Games console or handheld games player [SHOW IF Q1\3]
- None of these FIX AND EXCLUSIVE
- Don't know - BUTTON

F4 = All who have a impacting/limiting condition Q3\1-10

SHOW SCREEN – MULTI CODE

Q.5 You mentioned an illness or condition that limits your daily activities or the work you can do. Does this prevent you from using any of the following services or devices? i.e. you cannot use this service or device at all because of this.

SCRIPTERS – ONLY SHOW CODES 1-8 IF THEY WERE **NOT** SELECTED AT Q1 OR WERE SELECTED AT Q1 **BUT NOT** CHOSEN AT Q4. THIS FILTER SHOULD THEREFORE SHOW CODES OF SERVICES/DEVICES RESPONDENTS **ARE NOT** CURRENTLY USING/ACCESSING. INTERNET (CODE 9) REMAINS THE SAME AS PREVIOUS SCRIPTING IE SHOWN TO NON-INTERNET USERS.

SCRIPTERS DO NOT INVERT.

- 1: Television
- 2: Smart TV
- 3: Landline
- 4: Mobile phone (not smartphone)
- 5: Smartphone
- 6: Computer - Laptop, desktop or netbook computer (PC or Mac)
- 7: Tablet PC (iPad or similar)
- 8: Games console or handheld games player
- 9: Internet [SHOW IF QUOTA SECTION Q.L\13]
- None of these FIX AND EXCLUSIVE
- Don't know - BUTTON

F4 = All who have a impacting/limiting condition Q3\1-10

SHOW SCREEN – MULTI CODE

Q.6 You mentioned an illness or condition that limits your daily activities or the work you can do. Does this limit your use of any of the following services or devices? i.e. you can still use this service or device, however you experience difficulties when using it.

SCRIPTERS – EXCLUDE ANY CODES SELECTED AT Q5. OTHERWISE, ALL CODES SHOULD BE SHOWN REGARDLESS OF WHETHER THEY ARE AVAILABLE IN THE HOUSEHOLD OR PERSONALLY USED.

SCRIPTERS DO NOT INVERT

- 1: Television
  - 2: Smart TV
  - 3: Landline
  - 4: Mobile phone (not smartphone)
  - 5: Smartphone
  - 6: Computer - Laptop, desktop or netbook computer (PC or Mac)
  - 7: Tablet PC (iPad or similar)
  - 8: Games console or handheld games player
  - 9: Internet [SHOW IF QUOTA SECTION Q.L\1-5]
- None of these FIX AND EXCLUSIVE
- Don't know - BUTTON

F1 = All Adults 16+ in UK

SHOW SCREEN – SINGLE CODE

Q.7 In your household, are you primarily or jointly responsible for deciding which communications providers (e.g. landline, fixed broadband, mobile phone and Pay TV) to use?

1. I am the sole decision maker
2. I am jointly responsible for decisions
3. I don't make the decision
4. Not applicable – I don't have any communications services

SCRIPTERS – SET THIS UP AS A GRID WITH STATEMENTS DOWN THE SIDE AND ANSWERS ACROSS THE TOP. SINGLE CHOICE PER STATEMENT

F1 = All Adults 16+ in UK – EXCEPT THOSE WHO DON'T HAVE ANY COMMUNICATIONS SERVICES (CODE 4 AT Q7)

SHOW SCREEN - SINGLE CODED

Q8. Thinking about your communications services (e.g. landline, fixed broadband, mobile phone and Pay TV), how confident are you with each of the following:

#### **ANSWERS**

Very confident

Fairly confident

Not very confident

Not at all confident

Don't know

#### **STATEMENTS**

1. Speaking to your current communications providers about new deals

2. Comparing the costs of the various deals available
3. Understanding the language and terminology used by providers
4. Sharing, when asked by your communications providers, any specific needs or support you have because of your personal circumstances such as an illness, limiting condition, financial situation, bereavement
5. Asking your communications providers for specific support you need because of your personal circumstances such as an illness, limiting condition, financial situation, bereavement

F4 = All who have an impacting/limiting condition Q3\1-10

Q9. Your communications provider must provide a range of services designed to benefit people with impacting or limiting conditions. Are you aware of any of the following services;

#### SERVICES

1. Free directory enquiries for customers who are unable to use a printed directory because of a limiting or impacting condition
2. Priority for getting a fault repaired - for customers who depend on the telephone/broadband because of an impacting or limiting condition and have an urgent need for a repair
3. Communications like bills and contracts in accessible formats such as large print and Braille
4. Third party bill management - this allows you to nominate a friend or relative to act on your behalf if you need help to manage your affairs
5. Text relay - for calls to and from people who are hearing- or speech-impaired
6. Emergency SMS - for people who cannot make a voice call and who need to contact the emergency services

#### ANSWERS

Yes

No

Don't know

F1 = All Adults 16+ in UK

#### SHOW SCREEN - SINGLE CODED

Q11. Which one of these bands describes your total household income before tax or any other deductions are made? Please include any benefits or credits that you or anyone else in your household receives, including household benefit, as well as any income from employment?

#### PER WEEK

#### PER YEAR

1: Up to £199 per week

Up to £10,399 per year

2: £200 to £299 per week

£10,400 to £15,599 per year

3: £300 to £499 per week

£15,600 to £25,999 per year

4: £500 to £699 per week                      £26,000 to £36,399 per year

5: £700 to £999 per week                      £36,400 to £51,999 per year

6: £1,000 and above per week                £52,000 and above per year

Don't know

Prefer Not to say

F1 = All Adults 16+ in UK

Q12. Do you or anyone in your household currently receives any of the following benefits?

Please select all that apply

MULTI CODE 1-10

1. Income Support
2. Income-based Jobseeker's Allowance
3. Pensions Credit (Guaranteed Credit)
4. Pensions Credit (no Guaranteed Credit)
5. Employment and Support Allowance (ESA)
6. Universal Credit (and household has other earnings).
7. Universal Credit (and household has no other earnings).
8. Personal Independence Payment (PIP)
9. Carer's allowance
10. Other
11. None of these
12. Don't know

F1 = All Adults 16+ in UK

SHOW SCREEN - MULTICODE

Q13. People sometimes have to deal with events which can impact their ability to carry out daily activities.

Which, if any, of the following events have you experienced in the last 12 months, that meant managing your household affairs such as bills, and contracts became more difficult or less of a priority than normal

1. Got married
2. Moved house/ made major home improvements
3. New baby/child
4. Lost job / had unplanned reduction in working hours

5. Made bankrupt/entered into an individual voluntary agreement (IVA)
  6. Had relationship breakdown/ separation / divorce
  7. Experienced a serious accident or illness - either yourself or close family member
  8. Experienced the death of a close family member
  9. Became the main carer for a close family member
  10. Experienced serious damage to home/property e.g. fire/flood
  11. Was a victim of crime e.g. burglary
  12. Involved in a legal dispute
- None of these
- Prefer not to say