



The current cost of living crisis has affected many people and community, voluntary and public sector partnerships in the city are keen to know more about this. This survey explores what life has been like for you over the past 12 months and is aimed at Dundee residents aged 16 years and over. We ask you to complete the survey on your own behalf and where relevant reflect the experience of your household in general.

Please see links below for further information about available support:

<https://www.dundee.gov.uk/costofliving>

## Section A: Difficulties

Please tell us if you have experienced difficulties in the following aspects of your life over the past 12 months.

### A1. Household costs

	I am coping	Struggle a little	Struggle a lot	Doesn't apply to me
Cost of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of gas/ electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent or mortgage payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of house maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs associated with your child at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of providing unpaid care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broadband/ mobile phone costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs associated with your pet(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## A2. Transport and accessibility

	I am coping	Struggle a little	Struggle a lot	Doesn't apply to me
Cost of public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to/availability of public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of running your car/ vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of using taxis when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## A3. Leisure/social activities

	I am coping	Struggle a little	Struggle a lot	Doesn't apply to me
Having enough money to do things you enjoy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying for special events/ occasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of local facilities such as bars, restaurants, cinemas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of online entertainment/ internet packages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs of exercising/ keeping physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs of doing things that are good for your mental wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## A4. Relationships

	I am coping	Struggle a little	Struggle a lot	Doesn't apply to me
Relationship with your partner/ spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with your child/ children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with your parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with your extended or chosen family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with friends/others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**A5. Please use this space if you would like to tell us more about the difficulties you have faced over the past 12 months due to the cost of living crisis.**

## Section B: Personal Finances

**B1. In the past twelve months have you:**

	Yes	No	Doesn't apply to me
Been unable to pay a bill, direct debit, standing order, or payment on loan or credit card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Borrowed more money compared to a year ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been unable to pay for an unexpected but necessary expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used savings for daily living expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked family or friends for financial help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not bought food/energy so you could pay a bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B2. How well do you feel able to manage your personal finances, with 1 being not well at all and 5 being very well?**

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Section C: Services

Please tell us if you used the following services to help you cope with the impact of cost of living and whether this was helpful or not.

### C1. Online and telephone support

	Yes, a positive experience	Yes, a negative experience	No, I didn't need to	No, I didn't know support was available
Council telephone helplines/ advice lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other local telephone helplines/ advice lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National telephone helplines/ advice lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Websites/ self-help resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### C2. Specific types of advice or support

	Yes, a positive experience	Yes, a negative experience	No, I didn't need to	No, I didn't know support was available
Money/benefits advice or support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid carers advice or support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment advice or support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health advice or support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health advice or support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use advice or support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please note in text box at Q11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### C3. Specific cost of living support

	Yes, a positive experience	Yes, a negative experience	No, I didn't need to	No, I didn't know support was available
Foodbanks or larders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warm spaces in community buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free/ low-cost hot meals in community buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free/ low cost activities in community buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free/ low cost clothes or blankets in community buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Well grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Fund for Carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify in text box at Q11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**C4. Please use this space if you would like to tell us more about your experience of using services to cope with the cost of living crisis. Please explain what worked well or what could have been better.**

## Section D: Health & Wellbeing

**D1. Please tell us if you have experienced any of the following effects over the past 12 months as a result of the cost of living crisis.**

	Yes	No	Doesn't apply to me
Worse general health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear/ anxiety/ stress/ worry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low mood/ depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social isolation/ loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hopelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing physical problems have got worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed physical problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing mental health problems have got worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased use of drugs, alcohol, tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling less able to carry out your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**D2. How would you say your health was in general, with 1 being very bad and 5 being very good?**

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D3. Please use this space if you would like to tell us more about the effects of the cost of living crisis on your health and wellbeing.**

**D4. Have you noticed or experienced any of the following changes over the past 12 months?**

	Yes	No
More volunteering	<input type="checkbox"/>	<input type="checkbox"/>
More community spirit	<input type="checkbox"/>	<input type="checkbox"/>
Got to know new people/ felt less isolated	<input type="checkbox"/>	<input type="checkbox"/>
More active travel, eg walking or cycling	<input type="checkbox"/>	<input type="checkbox"/>
Had a healthier lifestyle	<input type="checkbox"/>	<input type="checkbox"/>
Made more use of green spaces	<input type="checkbox"/>	<input type="checkbox"/>
Wasted less food	<input type="checkbox"/>	<input type="checkbox"/>
Took up a new hobby	<input type="checkbox"/>	<input type="checkbox"/>
Spent more time with family and friends	<input type="checkbox"/>	<input type="checkbox"/>
Cut down on things you didn't need	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>



**D5. Please use this space to tell us more about the changes you have noticed or experienced due to the rising cost of living over the past 12 months.**

## **Section E: Future Support**

**E1. We are interested in exploring what would help you manage with the cost of living. Please tell us what would make the most difference to you/your family. Please choose all that apply**

- Better access to services and support
- Support to access benefits
- Support to increase income through benefits or employment
- Support to manage household bills
- Access to low cost or free activities
- Improvements to the quality of your house
- Support with your health and wellbeing
- Support in your role as an unpaid carer
- Opportunities to connect with other people
- Other

Other



## Section F: About you

Please provide the following information so that we can fully analyse this survey. All responses are confidential and information will only be used for the purposes of this survey. It will not be possible to identify you or connect your personal information to your responses.

Please answer the following questions for you personally.

### F1. Postcode

### F2. Age group

16-24

25-34

35-44

45-54

55-59

60-64

65-74

75+

### F3. Gender

Female

Male

Other

Prefer not to say





**F4. Ethnicity**

- White Scottish/British/Northern Irish/Irish
- White Eastern European
- Asian or Asian British
- Black, Black British, Caribbean or African
- Gypsy or Irish Traveller
- Roma
- Mixed or multiple ethnic groups
- Other

Other

**F5. Living situation**

- Live alone
- Live with family/ others
- No permanent address
- Other

Other



**F6. Housing tenure**

Rent - council (Local Authority) or housing association / registered social landlord

Rent - private landlord or letting agency

Own with mortgage

Own outright

Part own and part rent

Temporary accommodation

Supported accommodation

Refugee status

Other

Other

**F7. Employment status**

Employed full time

Employed part time

Unemployed

Self employed / freelance

Zero hours/ low hours/ short term contract

Long term sick or disabled

Student or school pupil

Retired

Looking after family or home

Other

Other



**F8. Are you in receipt of any of the following?**

**Universal Credit, Income-based Job Seeker Allowance, Income-related Employment and Support Allowance, Income Support, Working Tax Credit, Child Tax Credit, Housing Benefit, Pension Credit, Council Tax Reduction**

Yes

No

**F9. Do you have a disability or health condition?**

**Please choose all that apply**

None

Physical impairment

Long term/ chronic condition

Mental health issue

Learning disability

Substance use issues

Other

Other

**F10. Do you provide unpaid care for another person? e.g. family, friends, neighbours, or others due to a physical or mental health related condition or disability.**

Yes

No



**F11. If you answered 'Yes' to the previous question, please answer the following:**

**I feel supported to continue in my caring role**

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

## **Section G: Further Communication**

**G1. We would like to discuss the issues raised with some people who completed this survey. If you would like to be considered for further communication please leave your name and email address and/or telephone number below. These details will not link you to your responses in this survey. Any further information you provide will be completely confidential.**

Name

Email address and/or phone number



**Thank you for completing this survey.**

**Please see links below for information about available further support:**

<https://www.dundee.gov.uk/costofliving>

<https://costofliving.campaign.gov.scot/>

**Hope Point, Dundee Wellbeing Support**

**Freephone 0800 955 0008**

**Text 01382 604 123**

**Breathing Space**

<https://breathingspace.scot/>

**Tel. 0800 83 85 87**

**Samaritans**

<https://www.samaritans.org/?nation=scotland>

**Tel. 116 123**

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**If you have completed this survey on a paper form we would be grateful if you could drop it off or send to any of the following community centres:**

**Ardler Complex, Turnberry Avenue, Ardler Village, Dundee, DD2 3TP**

**Charleston Community Centre, 66 Craigowan Road, Dundee DD2 4NL**

**Douglas Community Centre, Balmoral Avenue Dundee, DD4 8SD**

**Finmill Centre, Findcastle Street, Dundee, DD4 9EW**

**Hilltown Community Centre, Coldside Campus, 15 Alexander Street, Dundee, DD3 7DL**

**Kirkton Community Centre, Derwent Avenue, Dundee DD3 0AX**

**Menzieshill Community Hub, 260 Dickson Avenue, Dundee, DD2 4TQ**

**The Crescent, 71 Lothian Crescent, Dundee, DD4 0HU**

**Community Learning and Development, 1 Shore Terrace, Dundee, DD1 3AH**

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**Or the paper form can be scanned and emailed to**

**Sheila Allan, Community Health Inequalities Manager, [sheila.allan@dundee.gov.uk](mailto:sheila.allan@dundee.gov.uk)**