



Health and wellbeing August 2015

Welcome

Thank you for taking part in the 21st Century Evangelicals online research.

These surveys are designed by the Evangelical Alliance. The findings will appear in IDEA magazine and on our website.

This quarter's survey is about your personal health and wellbeing. It's possible some people could find some questions sensitive but we can reassure you that all answers are anonymous.

In any case if you'd really rather not answer a particular question you can always leave it blank.

People vary, but we estimate the survey shouldn't take longer than about 20 minutes, unless you choose to write a lot in open-ended comment boxes.

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About you

In every survey we need to ask everyone a few short background questions so that we can easily break down the responses from different groups of people. We apologise if you have completed this for a previous survey – unfortunately we cannot carry over your demographic data.

1. Your gender:

- Male Female

2. In which decade were you born?

- | | |
|-----------------------------|-----------------------------|
| <input type="radio"/> 1920s | <input type="radio"/> 1960s |
| <input type="radio"/> 1930s | <input type="radio"/> 1970s |
| <input type="radio"/> 1940s | <input type="radio"/> 1980s |
| <input type="radio"/> 1950s | <input type="radio"/> 1990s |

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Are you a Christian?

3. Do you consider yourself to be a committed Christian (ie someone who believes in God, tries to follow Jesus, practises your faith, prays and attends church as you are able)?

Yes No Unsure

4. Do you consider yourself to be an evangelical Christian?

Yes No Unsure

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Where do you live?

5. In which region or nation of the UK do you normally reside?

- London (within M25)
- South-east England outside London (Kent, Hampshire, Sussex, Surrey, Berkshire, Buckinghamshire, Oxfordshire)
- East Anglia (Essex, Hertfordshire, Bedfordshire, Cambridgeshire, Norfolk, Suffolk)
- East Midlands (Derbyshire, Leicestershire, Rutland, Northamptonshire, Nottinghamshire, Lincolnshire)
- West Midlands (Herefordshire, Shropshire, Staffordshire, Warwickshire, Birmingham & West Midlands conurbation, Worcestershire)
- South-west England (Bristol, Gloucestershire, Somerset, Dorset, Wiltshire, Devon, Cornwall)
- North-west England (Cumbria, Lancashire, Greater Manchester, Merseyside, Cheshire)
- North-east England (Northumberland, County Durham, Tyne and Wear, Teesside)
- Yorkshire and the Humber
- Wales
- Scotland
- Northern Ireland
- Elsewhere or outside UK

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Ethnicity

6. How would you describe your ethnic background?

- White British
- White (but not British)
- Black (Caribbean background)
- Black (African background)
- South Asian (Indian, Pakistani, Bangladeshi, Sri-Lankan background)
- Chinese or other East Asian background
- A mixture of two or more of the above
- Prefer not to say
- Other background or preferred description (please specify below)

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Email address

7. We would like to invite you to take part in future research.

So, to make sure we can reach you, please enter your current email address below.

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Your state of health

We now begin the questions about your personal health and wellbeing.

The questions on this page are standard ones used in official surveys.

8. Over the last 12 months would you say your health has been

- Very good Fairly good Not very good Not good at all

9. Do you have any long-term illness, health problem or disability that limits your daily activities or the work you can do?

- Yes No Don't know

10. How would you rate your quality of life in relation to your psychological or emotional well-being?

- Very good Good Alright Bad Very bad

11. How would you rate your level of physical fitness in comparison with others of your age?

- Very good Good Alright Bad Very bad

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Current Wellbeing

The questions on this page are standard ones used in official surveys.

12. Overall...

Please rate these on the scale where 0 is 'not at all' and 10 is 'completely'.

	0 Not at All	1	2	3	4	5	6	7	8	9	10 completely
how satisfied are you with your mental well-being?	<input type="radio"/>										
how satisfied are you with your relationships with friends?	<input type="radio"/>										
how satisfied are you with your relationships with family, including spouse/partner?	<input type="radio"/>										
how satisfied are you with your physical health?	<input type="radio"/>										
how satisfied are you with your life these days?	<input type="radio"/>										
how worried are you with everything that is happening in the world these days?	<input type="radio"/>										
how optimistic do you feel about the next 12 months?	<input type="radio"/>										
to what extent do you feel that the things you do in your life are worthwhile?	<input type="radio"/>										
to what extent do you feel that the things you do in your life have purpose?	<input type="radio"/>										

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Health history

13. Have you ever had... ?

	Yes, it is current or ongoing	Yes, within the last 12 months	Yes, within the last five years	Yes, at least once over my lifetime	Never
a life threatening (physical) illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a life threatening accident/trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a significant illness or injury lasting over a month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
major surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a long-term disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a long-term condition requiring prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a period or episode of mental illness / depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a close family member with a serious medical condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a caring role for a family member with a long term illness or disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you would like to please feel free to give some details

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Keeping fit and healthy

14. Over the past 12 months have you done any of the following in an attempt to keep fit and healthy?

Please tick all that apply

- | | |
|---|--|
| <input type="checkbox"/> followed a fitness programme - gym, sports training etc. | <input type="checkbox"/> gone on a diet to lose weight |
| <input type="checkbox"/> maintained a long term active lifestyle, eg playing sport, cycling, walking etc. | <input type="checkbox"/> tried to reduce stress levels |
| <input type="checkbox"/> recently taken up a more active lifestyle | <input type="checkbox"/> tried to reduce or give up smoking |
| <input type="checkbox"/> tried to eat a healthy diet | <input type="checkbox"/> tried to reduce or give up drinking alcohol |
| <input type="checkbox"/> Other (please specify) | |

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Your habits

15. Have any of the following behaviours ever been part of your lifestyle?

	never done this	used to but have given this up	have reduced doing this	still do this
smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
drinking alcohol to excess	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
using illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
being dependent on (addicted to) prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
eating excessively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
eating too little	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
self harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
an inactive (couch potato) lifestyle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

16. Have you ever chosen to do any of the following as part of your lifestyle?

	never done this	used to but have given this up	still do this
total abstinence from alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
taking care to follow a healthy diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
following a strict exercise or fitness routine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
avoiding particular foods that are bad for your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify or give further details))

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Stress factors

17. Over the past 12 months have any of the following areas brought you under high levels of stress?

Please tick all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> work load or responsibilities | <input type="checkbox"/> other issues at church | <input type="checkbox"/> bereavement |
| <input type="checkbox"/> other anxieties about work | <input type="checkbox"/> relationship problems | <input type="checkbox"/> moving home |
| <input type="checkbox"/> unemployment | <input type="checkbox"/> your own health | <input type="checkbox"/> none of the above |
| <input type="checkbox"/> financial worries | <input type="checkbox"/> health of or need to care for a family member | |
| <input type="checkbox"/> church responsibilities | <input type="checkbox"/> other problems / issues with a close family member | |

Other (please specify)

18. Have you tried to reduce or manage stress in your life over the last 12 months by doing any of the following?

Tick all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> taking a holiday | <input type="checkbox"/> taking regular exercise | <input type="checkbox"/> meditation |
| <input type="checkbox"/> reducing working hours | <input type="checkbox"/> taking medication | <input type="checkbox"/> yoga |
| <input type="checkbox"/> taking sick leave | <input type="checkbox"/> regular personal prayer | <input type="checkbox"/> overeating |
| <input type="checkbox"/> being disciplined about taking a day of rest each week | <input type="checkbox"/> drinking alcohol | <input type="checkbox"/> undereating |
| <input type="checkbox"/> giving time to a hobby or leisure activity | <input type="checkbox"/> mindfulness techniques | <input type="checkbox"/> none of the above |

Other (please specify)

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Your opinions

19. How far do you agree... ?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Christians should lead healthy lifestyles to look after their God-given bodies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
God has given us the freedom to choose what we eat and whether we exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to keep fit and healthy, but I don't think it has anything to do with my faith	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't give my health much thought	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have problems with low self esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and fitness has become an idolatrous obsession in our society	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get anxious about my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often find it hard to cope with pain or illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being involved in a local church is good for people's health and wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My church offers lots of help and support to members when they are ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My church offers lots of help and support to people in the local community when they are ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you have faith God will always heal your diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When we are ill it is always wise to seek medical help, even if we believe God can heal us	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have/did have problems with an eating disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Churches need training in order to strengthen their healing ministry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Assisted dying legislation

With a bill currently before Parliament assisted dying is an important topic about which we would like to know your views.

The question below has recently been asked in a general survey of the UK population.

20. Currently it is illegal for a doctor to help someone with a terminal illness to end their life, even if the person considers their suffering unbearable and they are of sound mind.

A proposed new law would allow terminally ill adults the option of assisted dying. This would mean being provided with life-ending medication, to take themselves, if two doctors thought they met all of the safeguards. They would need to be of sound mind, be terminally ill and have six months or less to live, and a High Court judge would have to be satisfied that they had made a voluntary, clear and settled decision to end their life, with time to consider all other options

Whether or not you would want the choice for yourself, do you support or oppose this proposal for assisted dying becoming law?

Strongly support Somewhat support Somewhat oppose Strongly oppose Don't know

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Your church background

We are now going to ask some questions about your church

21. How would you describe the church (congregation) you most often attend (or where you are in membership)?

- Anglican (Church of England, Church in Wales, Episcopalian)
- Baptist
- Charismatic – independent or non-denominational (eg Vineyard, Pioneer, Newfrontiers or local community church)
- Pentecostal (eg Elim, Assemblies of God, New Testament Church of God, Redeemed Christian Church of God)
- Church of Scotland or other Presbyterian
- Free Church denomination (eg Methodist, URC, Salvation Army)
- Other evangelical church, denomination, assembly or fellowship
- Uncommitted to any church at present
- Other (please specify)

22. How large (approximately) is the main Sunday congregation or gathering of this church (including all children and adults)?

- Fewer than 25 people
- 25 to 50 people
- 51 to 100 people
- 101 to 200 people
- 201 to 300 people
- More than 300 people

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Are you a church leader

23. Are you a church leader or minister?

Tick all that apply

- Yes, with lone (or senior) responsibility for one (or more) congregation(s)
- Yes, as part of a team of leaders, elders or ministers
- I serve on a church Council (PCC), Board of Trustees or deacons group
- I have responsibility for leading a group, ministry or activity within the church (eg home group or children's work)
- No, I am not a recognised church leader

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Your church and its ministries

24. Does your church:

Please tick all that apply

- | | |
|--|---|
| <input type="checkbox"/> organise activities that promote health or fitness | <input type="checkbox"/> organise practical support for members and their families facing a health issues |
| <input type="checkbox"/> teach about health issues and the importance of being healthy | <input type="checkbox"/> organise practical support for people in the wider community with health issues |
| <input type="checkbox"/> serve up a lot of unhealthy food at events | <input type="checkbox"/> organise visits to people who are unwell, in hospital or house-bound |
| <input type="checkbox"/> make its building available to sports/dieting/healthy living/support groups | <input type="checkbox"/> get involved in hospital chaplaincy |
| <input type="checkbox"/> offer Christian healing ministry | <input type="checkbox"/> get involved in volunteering or fund raising for hospitals or hospices |
| <input type="checkbox"/> pray for the sick in worship | <input type="checkbox"/> run activities or ministries supporting people with mental health issues |

Other health-related activities at your church (or details about those you ticked)

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When you were ill

25. Can you think of an occasion within the last five years when you or someone close to you was significantly ill or in hospital?

yes - myself

no

yes - someone close to me

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Did you ask for help?

26. Were you able to ask the church to help in that situation?

- I didn't want to ask anyone for help
- I wanted to ask for help but did not feel able to ask anyone at church
- I asked one of the church leaders for help
- I didn't ask a church leader but was able to ask one or more of my friends from church for help
- I didn't need to ask, the church became aware and offered appropriate help
- I didn't need to ask the church, and I was almost overwhelmed with offers of help

Please feel free to comment

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How your church helped

27. In which ways did your church offer support?

Please tick all that apply

- | | |
|---|---|
| <input type="checkbox"/> prayer | <input type="checkbox"/> help looking after my family |
| <input type="checkbox"/> listening/counselling | <input type="checkbox"/> cooking meals for me/us |
| <input type="checkbox"/> visiting in home or hospital | <input type="checkbox"/> financial help |
| <input type="checkbox"/> help with transport | <input type="checkbox"/> they did not help at all |
| <input type="checkbox"/> help with shopping or household chores | <input type="checkbox"/> leader helped but others in church did not |

Other (please specify single words only)

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Divine healing

28. Do you believe God miraculously heals the sick today?

- Yes, often
 No
 Yes, sometimes
 Don't know

29. Do you personally / in your church pray for healing of people who are sick in any of these ways?

	personally	your church	neither
with laying on of hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with anointing with oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with strong faith and confidence that God will heal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that God will guide and help the medics and bring healing through their treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
generally in the hope that God will help or comfort the person who is suffering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
praying for healing on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Testimonies

30. Do you have any testimonies where you personally received or witnessed divine healing? (i.e. not just stories you have heard)

	yes within the last 12 months	yes at least once in my lifetime	no
for yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
for a family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
for someone in your church	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
for someone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you wish please give some details

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Prayer and healing

We appreciate this issue may be sensitive for some people, so please feel free to skip this page if you prefer.

31. Have you had any disappointments in respect of prayer for healing?

- Yes, for myself Yes, for someone our church was praying for
 Yes, for someone close to me No

If you wish please give some details

32. Do you have any of the feelings in respect of prayer for healing?

Please tick all that apply

- I can't understand why God seems to heal some people but not others
 I find it hard to believe or trust in God for healing
 I am happy with the way our church teaches about God's healing
 I can't understand why we don't see more miracles than we do
 I like the way our church practices the ministry of healing
 I wish our church put less emphasis on the ministry of healing
 I wish our church put more emphasis on the ministry of healing
 I just don't believe many of the dramatic stories of miracles that are told in Christian circles
 Churches need training in order to strengthen their healing ministry
 None of the above

Other (please specify or if you wish give some details)

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Other Therapies

33. What do you think about the use of these therapies for yourself or your family?

	I have used this and found it worked	I have tried this, but it didn't help the condition	I might try this if other options don't help	I wouldn't try it myself	I don't think a Christian should ever try this	don't know
homeopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
acupuncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
herbal medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hypnotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
chiropractic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
osteopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
aromatherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
yoga	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
reiki	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chinese medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please feel free to comment

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Any other comments

34. Would you like to share any particular passages or verses of scripture about health, well being or healing that have been important to you?

35. Please tell us briefly in your own words anything else you would like to say about health and wellbeing

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A few extra questions

Thanks for completing the questionnaire to this point.

You've already given us answers to the most important questions.

If you do have a few extra minutes to spare we'd be grateful if you could answer a few more related questions.

36. In your household do you live?

- alone as some other form of family unit
- as a couple with no one else shared household with people who are not family members
- as a nuclear family (parents plus offspring only)
- Other (please specify)

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Immediate Wellbeing

The questions on this page are standard ones used in official surveys.

37. Please think about 'yesterday' even if it was not a typical day.

Please rate these on the scale where 0 is 'not at all' and 10 is 'completely'.

	0 Not at All	1	2	3	4	5	6	7	8	9	10 completely
how happy did you feel yesterday?	<input type="radio"/>										
how anxious did you feel yesterday?	<input type="radio"/>										
how bored did you feel yesterday?	<input type="radio"/>										
how lonely did you feel yesterday?	<input type="radio"/>										
how joyful did you feel yesterday?	<input type="radio"/>										
how excited did you feel yesterday?	<input type="radio"/>										
how stressed did you feel yesterday?	<input type="radio"/>										
how fit and healthy did you feel yesterday?	<input type="radio"/>										

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Have you read the latest report?

Finally, we would like to know if you have seen or heard about our most recent report.

38. Our 'Good News for the Poor?' report was published in May 2015.

In the last few months have you...?

	Yes	No	Can't recall
Read the report?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heard a church leader refer to the report?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read, seen or heard any media coverage about that report?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have seen it do you have any comments about the report?

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You have finished.

Thank you for completing this survey.

**For more details about the project and to read our previous reports, please visit
www.eauk.org/surveys**

Please tell your Christian friends and people at your church about our surveys and encourage them to go to the website and take part.