

## SUPPLEMENTARY FILE 2: ADULT HOUSEHOLD SURVEY

Adults were interviewed in their homes by trained fieldworkers. Households were selected at random from the Post Office Address File for each of the 20 intervention and 20 control LSOAs, which contains a record for each Post Office delivery point. The addresses were assigned a number and a random number generator was used to select 150 addresses for the fieldworkers to visit. Each of the 150 addresses was visited on 5 separate days, at varying times of the day, before being classified as a non-responding address. At responding addresses, every eligible, consenting adult (aged 16 years and older) was interviewed independently. The target sample for each LSOA was 100 interviews. Further addresses were selected at random if 100 interviews had not been completed after visiting each of the 150 initial addresses five times. Where business addresses were selected and visited, they were removed from the sample and a replacement selected at random from the sampling frame. Written, informed consent was obtained from all participants.

The structured adult questionnaire was administered using computer-assisted personal interviewing, where the fieldworkers asked the survey respondents the questions and recorded the answers on an electronic version of the questionnaire on a small laptop computer. The data were synchronised to the survey database daily. Use of computer-assisted interviewing improved data quality compared to the baseline paper survey, because automatic checks for missing and inconsistent values were built-in to the questionnaire. The survey collected the primary and secondary health outcomes, a range of secondary social outcomes, information on general health and other health behaviours, sociodemographic characteristics, awareness of and participation in the *Well London* programme and other similar community activities. All data were collected in both the intervention and control neighbourhoods, although additional, more detailed questions on intervention participation were asked in the intervention neighbourhoods. The domains covered in the questionnaire are presented in more detail below. A copy of the questionnaire is available from the authors on request.

<b>Domains collected</b>	<b>Questions</b>
<i>Healthy physical activity</i>	International Physical Activity Questionnaire[1] Intention to do more physical activity and perceived barriers
<i>Healthy/unhealthy eating</i>	Food frequency questionnaire for fruit and vegetables adapted from Health Survey for England[2] Intention to eat more healthily and perceived barriers
<i>Mental wellbeing</i>	12-item General Health Questionnaire [3] Warwick Edinburgh Mental Wellbeing Scale[4, 5] The Hope Scale[6]
<i>Social networks and support</i>	Questions from the Office for National Statistics Social Capital Harmonised Question Set[7, 8], the SHARP <sup>1</sup> study[9], British Household Panel Survey and the Citizenship Survey (England): <ul style="list-style-type: none"> <li>- Social networks: frequency of seeing/speaking to relatives/friends/neighbours</li> <li>- Social support: number of people who would provide practical, financial, emotional help/support</li> </ul>
<i>Neighbourhood characteristics</i>	Questions from the Office for National Statistics Social Capital Harmonised Question Set[7, 8], the SHARP study[9], British Household Panel Survey and the Citizenship Survey (England): <ul style="list-style-type: none"> <li>- Satisfaction with the neighbourhood environment (general, environment, buildings, noise, parks, children’s play areas)</li> <li>- Neighbourhood problems (drunkenness in public places; rubbish and litter; vandalism and graffiti; drug dealing; racially motivated crime and harassment; teenage gangs; troublesome neighbours)</li> <li>- Community cohesion (neighbours helping one another; neighbours from different backgrounds getting along; neighbours working together to improve the area; trust)</li> <li>- Perceived safety in the neighbourhood during the day and at night</li> </ul>
<i>Community and civic participation</i>	Participation in arts and cultural activities – questions from the Taking Part Survey conducted by the Department for Culture Media and Sport. From the ONS Harmonised Question Set on Social Capital: <ul style="list-style-type: none"> <li>- Taking actions to solve problems in the local area</li> <li>- Volunteering</li> </ul>

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<sup>1</sup> Scotland's Housing And Regeneration Project (2002-2008)

Domains collected	Questions
	<ul style="list-style-type: none"> <li>- Perceived influence on decisions in local area</li> </ul>
<i>General health</i>	Health related quality of life Euroqol five domain EQ-5D[10-12]; chronic disease diagnoses; GP consultations (general, mental health)
<i>Alcohol and tobacco use</i>	Questions adapted from the Health Survey for England[2]
<i>Anthropometrics</i>	Self-reported height and weight; waist circumference measured with tape measure during interview (self-report if refuse measurement)
<i>Sociodemographics</i>	Age; gender; ethnicity; nationality; marital status; housing tenure and duration of residency; educational attainment; personal and household income; employment status and occupation; household size and relationships; languages spoken; religion
<i>Intervention participation</i>	<p>Intervention neighbourhoods</p> <ul style="list-style-type: none"> <li>- Awareness of the <i>Well London</i> programme</li> <li>- Awareness of specific projects within the programme with list of projects to aid recall and prevent recall bias due to poor brand recognition</li> <li>- Participation in the <i>Well London</i> programme</li> <li>- Participation in specific projects in the programme with list of projects to aid recall and prevent recall bias due to poor brand recognition</li> <li>- Participation in other similar community-based activities during the intervention period</li> </ul> <p>Control neighbourhoods</p> <ul style="list-style-type: none"> <li>- Awareness of the <i>Well London</i> programme</li> <li>- Participation in the <i>Well London</i> programme</li> <li>- Participation in other similar community-based activities during the intervention period</li> </ul>

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