

SECTION 5: PLACE SURVEY QUESTION BANK

QB–1. Thinking about your local area, for each of the following things below, do you think each has got better or worse over the last three years, or has it stayed the same?

Please tick ✓ one box per row

	Better	Stayed the same	Worse	Don't know
Access to nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities for teenagers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable decent housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural facilities (e.g. cinemas, museums)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities for young children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job prospects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The level of crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The level of pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The level of traffic congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks and open spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road and pavement repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports and leisure facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wage levels and local cost of living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household waste collection

undertakes a <insert frequency e.g. weekly> collection of general household waste.

QB–2. Please indicate whether you are satisfied or dissatisfied with each of the following elements of the service which we provide:

Please tick ✓ one box per row

	Very satisfied	Fairly satisfied	Neither	Fairly dissatisfied	Very dissatisfied	It does not apply/ Don't know
The bin provided for your general household waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The place you have to leave your waste for collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The reliability of the waste collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How “clean and tidy” the street is following the waste collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The collection of bulky household waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The waste collection service overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Doorstep recycling collection

<Authority> undertakes a <insert frequency e.g. weekly> collection of waste for recycling <in the following areas [insert area names for recycling collections where not made throughout authority]>.

QB–3. Please indicate whether you are satisfied or dissatisfied with each of the following elements of the service which we provide:

Please tick ✓ one box per row

	Very satisfied	Fairly satisfied	Neither	Fairly dissatisfied	Very dissatisfied	It does not apply/ Don't know
The container provided for items of recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The place you have to leave your items for recycling awaiting collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The reliability of the collection of items for recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How “clean and tidy” the street is following the collection of items for recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The service for the collection of items for recycling overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Local recycling facilities

<Authority> provides a range of local recycling facilities such as <authority to provide brief examples of locally provided services (not collection based) e.g. bottle banks>.

QB–4. Please indicate whether you are satisfied or dissatisfied with each of the following elements of the service which we provide:

Please tick ✓ one box per row

	Very satisfied	Fairly satisfied	Neither	Fairly dissatisfied	Very dissatisfied	It does not apply/ Don't know
The location of the recycling facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The items you can deposit for recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How “clean and tidy” the site is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The provision of local recycling facilities overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The local tip/household waste recycling centre

<Authority> provides sites for the disposal and/or recycling of bulky household waste, that is, the local “tip” or “household waste recycling centre”. <authority to provide list of container park sites/local tips/Household waste recycling centres (examples only if list is extensive)>

QB–5. Please indicate whether you are satisfied or dissatisfied with each of the following elements of the service, which we provide. PLEASE ONLY ANSWER THIS QUESTION IF YOU HAVE USED A LOCAL TIP OR HOUSEHOLD WASTE RECYCLING CENTRE IN THE LAST 12 MONTHS

Please tick ✓ one box per row

	Very satisfied	Fairly satisfied	Neither	Fairly dissatisfied	Very dissatisfied	It does not apply/ Don't know
The location of the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The opening hours of the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The recycling facilities at the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How clean the site is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How helpful the staff are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How “user-friendly” the site is (the ability to deposit your waste easily)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The local tip/household waste recycling centre overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Public transport information

<Authority> has responsibility for the following types of information about local transport services: <provide brief details e.g. timetables>. The authority also has a role in ensuring the information produced by private transport companies for local services is of the standard required.

QB–6. Please indicate whether you are satisfied or dissatisfied with each of the following elements of the information on transport we provide.

Please tick ✓ one box per row

	Very satisfied	Fairly satisfied	Neither	Fairly dissatisfied	Very dissatisfied	It does not apply/ Don't know
The amount of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The clarity of the information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The accuracy of the information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The provision of public transport information overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The local bus service

<Authority> has responsibility for local bus services <and [provide details of any other appropriate local transport services e.g. light rail]> for example: <[provide brief examples of routes/services]>. The authority also has a role in ensuring privately run local services are meeting the needs of the local community.

QB-7. Please indicate whether you are satisfied or dissatisfied with each of the following elements of the local bus service. PLEASE ANSWER THIS QUESTION WHETHER YOU USE THE BUS OR NOT.

Please tick ✓ one box per row

	Very satisfied	Fairly satisfied	Neither	Fairly dissatisfied	Very dissatisfied	It does not apply/ Don't know
The frequency of buses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The number of bus stops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The state of the bus stops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether buses arrive on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How easy buses are to get on and off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The local bus service overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

QB-8. Have you received or seen any of the information provided on local transport services, in the last 12 months <authority to provide brief examples of information on local transport services (e.g. timetables)>?

Please tick ✓ one box only

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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QB-9. From your home, how easy is it for you to get to the following using your usual form of transport?

Please tick ✓ one box per row

[illegible]

QB–10. Here are some things that other people have said about their Council. To what extent do you think that these statements apply to your local Council?

Please tick ✓ one box per row

	A great deal	To some extent	Not very much	Not at all	Don't know
Is making the local area a better place to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is working to make the area safer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is working to make the area cleaner and greener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has improved town centres in the local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is efficient and well run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides good value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spends its money wisely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is remote and impersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involves residents when making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotes the interests of local residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens to the concerns of local residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acts on the concerns of local residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with other agencies to provide services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treats all type of people fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps its promises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does enough for people like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QB-11. How would you rate the following types of noise in your local area?

Please tick ✓ one box per row

	Serious problem	A problem, but not serious	Not a problem	Don't know
Road traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial/commercial premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction/demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pubs, clubs & entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animals (e.g. dogs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QB-12. On the whole, do you think that over the past two years your local area has got better or worse?

Please tick ✓ one box only

Better Worse Has not changed much Have lived here less than 2 years Don't know

QB-13. To what extent do you agree or disagree with the following statement:

“By working together, people in my neighbourhood can influence decisions that affect the neighbourhood”?

Please tick ✓ one box only

Definitely agree Agree Neither agree nor disagree Disagree Definitely Disagree Don't know

QB-14. How strongly do you feel you belong to each of the following?

Please tick ✓ one box per row

	Very strongly	Fairly strongly	Not very strongly	Not at all strongly	Don't know
Your neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<Insert name of authority>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
England	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Britain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QB-15. To what extent do you agree or disagree that this local area is a place where residents respect ethnic differences between people?

Please tick ✓ tick one box

Definitely agree	Tend to Agree	Tend to Disagree	Definitely Disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QB-16. Here is a list of a number of everyday situations. In which of these situations, if any, would you say you regularly meet and talk with people of a different ethnic origin to you?

Please tick ✓ all boxes that apply

At local shops	<input type="checkbox"/>	In your neighbourhood	<input type="checkbox"/>
At work	<input type="checkbox"/>	On buses and trains	<input type="checkbox"/>
At a place of study e.g. school, college or university	<input type="checkbox"/>	At sports or fitness activities	<input type="checkbox"/>
At a place of worship	<input type="checkbox"/>	At youth clubs	<input type="checkbox"/>
At a relative's home	<input type="checkbox"/>	At other places	<input type="checkbox"/>
At restaurants, pubs, cinemas, community centres etc.	<input type="checkbox"/>	None	<input type="checkbox"/>

QB-17. Here is a list of a number of everyday situations. In which of these situations, if any, would you say you regularly meet and talk with people of a different social class to you?

Please tick ✓ all boxes that apply

At local shops	<input type="checkbox"/>	In your neighbourhood	<input type="checkbox"/>
At work	<input type="checkbox"/>	On buses and trains	<input type="checkbox"/>
At a place of study e.g. school, college or university	<input type="checkbox"/>	At sports or fitness activities	<input type="checkbox"/>
At a place of worship	<input type="checkbox"/>	At youth clubs	<input type="checkbox"/>
At a relative's home	<input type="checkbox"/>	At other places	<input type="checkbox"/>
At restaurants, pubs, cinemas, community centres etc.	<input type="checkbox"/>	None	<input type="checkbox"/>

QB-18. For each of the following services provided by <authority>, do you think the service has got better or worse over the last three years, or has it stayed the same?

Please tick ✓ one box per row

	Better	Stayed the same	Worse	Don't know
Keeping public land clear of litter and refuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection of household waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local recycling facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doorstep collection of items for recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local tips/Household waste recycling centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local transport information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local bus service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport/leisure facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museums/galleries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatres/concert halls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks and open spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other services

also provides other services. <[name of fire authority] has responsibility for fire and rescue services in your area>.

QB–19. Please indicate how satisfied or dissatisfied you are overall with the following services provided by <Authority>. PLEASE ANSWER THIS QUESTION WHETHER YOU HAVE USED THESE SERVICES OR NOT.

Please tick ✓ one box per row

	Very satisfied	Fairly satisfied	Neither	Fairly dissatisfied	Very dissatisfied
Housing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire and rescue service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local authority education service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QB–20. Please indicate whether you or any other member of your family have used any of the following services provided by <authority> in the last 12 months.

Please tick ✓ all boxes that apply

Housing services	Planning services	Personal social services	Fire & rescue service	Local authority education services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QB–21. How well informed do you feel about each of the following?**Please tick ✓ one box per row**

	Very well informed	Fairly well informed	Not very well informed	Not well informed at all	Don't know
How to pay bills to the Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How and where to register to vote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you can get involved in local decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to complain to the Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What the Council spends its money on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What standard of service you should expect from the Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether the Council is delivering on its promises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What the Council is doing to tackle anti-social behaviour in your local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well the Council is performing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how well informed do you think your Council keeps residents about the services and benefits it provides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QB–22. How do you find out about <authority>? Please tick the MAIN source you use from the list below.**Please tick ✓ one box only**

Local media (newspapers, television, radio)	<input type="checkbox"/>
Information provided by the Council (newspaper/magazine, leaflets, posters)	<input type="checkbox"/>
Council website/internet	<input type="checkbox"/>
From local Councillor	<input type="checkbox"/>
Direct contact with the Council	<input type="checkbox"/>
Word of mouth (e.g. family or friends)	<input type="checkbox"/>
Other source (✓ and write in below)	<input type="checkbox"/>
None of the above	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

Making a complaint

QB-23. Have you contacted the authority with a complaint(s) in the last 12 months?

Please tick ✓ one box only

Yes

☐

No

☐

QB-24. What did the complaint(s) relate to?

Please write in below. Write in 'don't know' if you cannot recall

QB-25. How satisfied or dissatisfied are you with the way in which your complaint(s) was (were) handled?

Please tick ✓ one box only

Very
satisfied

☐

Fairly
satisfied

☐

Neither satisfied
nor dissatisfied

☐

Fairly
dissatisfied

☐

Very
dissatisfied

☐

Contacting your Council for other reasons

THE FOLLOWING QUESTIONS ARE ABOUT YOUR MOST RECENT CONTACT WITH THE COUNCIL FOR OTHER REASONS THAN TO MAKE A COMPLAINT.

QB-26. Which of these describes the reasons why you made YOUR MOST RECENT contact with the council?

Please tick ✓ all boxes that apply

Reported an issue or problem

☐

Don't know/can't remember

☐

Asked for advice/information

☐

Any other reason (✓ and write in below)

☐

Applied to use a service

☐

QB-27. How were you in contact with the Council?**Please tick ✓ all boxes that apply**

- | | | | |
|--------------|--------------------------|-------------------------------------|--------------------------|
| In person | <input type="checkbox"/> | Via a website/ Internet | <input type="checkbox"/> |
| By telephone | <input type="checkbox"/> | By letter | <input type="checkbox"/> |
| By e-mail | <input type="checkbox"/> | Other method (✓ and write in below) | <input type="checkbox"/> |

QB-28. Which department(s) did you contact about the complaint(s)?**Please write in below. Write in ‘don’t know’ if you cannot recall****QB-29.** How many times have you contacted the Council in the past 12 months for any other reason than to make a complaint?**Please tick ✓ one box only**

- | | | | |
|---|--------------------------|---------------------------|--------------------------|
| Have not contacted them in past 12 months | <input type="checkbox"/> | Four times | <input type="checkbox"/> |
| Once | <input type="checkbox"/> | Five or more times | <input type="checkbox"/> |
| Twice | <input type="checkbox"/> | Don’t know/can’t remember | <input type="checkbox"/> |
| Three times | <input type="checkbox"/> | | |

QB-30. Overall, how satisfied or dissatisfied were you with the service you received the last time you made contact with the Council?**Please tick ✓ one box only**

- | | | | | |
|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| Very satisfied | Fairly satisfied | Neither satisfied nor dissatisfied | Fairly dissatisfied | Very dissatisfied |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Still thinking about your most recent contact with the Council, please indicate how satisfied or dissatisfied you were with each aspect of the service you received. If any aspect does not apply to your particular experience, please tick not applicable.

Please tick ✓ one box per row

[illegible]

provides opportunities for residents to participate in decision making in your local area such as <authority to provide examples of opportunities for participation in decision making eg consultation exercises, other surveys, citizens panels, youth forums, etc.>

QB-31. Overall, how satisfied or dissatisfied are you with the opportunities for participation in local decision-making provided by your Council?

Please tick ✓ one box only

[illegible]

QB-32. Here are some things that other people have said about their Council. To what extent do you think that these statements apply to your local Council?

Please tick ✓ one box per row

My Council...	A great deal	To some extent	Not very much	Not at all	Don't know
...is making the local area a better place to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is working to make the area safer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is working to make the area cleaner and greener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is efficient and well run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...provides good value for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is remote and impersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...promotes the interests of local residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...acts on the concerns of local residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...treats all types of people fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QB-33. Thinking about the way the authority runs things, do you think this has got better or worse over the last three years, or has it stayed the same?

Please tick ✓ one box only

Better Stayed the same Worse Don't know

QB-34. All things considered, how satisfied or dissatisfied are you with your life as a whole nowadays?

[illegible]

QB–35. What is your religion, even if you are not currently practising?

Please tick ✓ one box only

- | | |
|--|--------------------------|
| None | <input type="checkbox"/> |
| Christian (including Church of England, Catholic, Protestant, and all other Christian denominations) | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> |
| Hindhu | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> |
| Sikh | <input type="checkbox"/> |
| Any other religion (please write in) | <input type="checkbox"/> |

QB–36. Do you consider yourself to be?

Please tick ✓ one box only

- | | |
|--------------------------|--------------------------|
| Heterosexual or straight | <input type="checkbox"/> |
| Gay or lesbian | <input type="checkbox"/> |
| Bisexual | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

QB–37. Your local Council runs citizen's panels to increase the involvement of local people in decisions about how services are provided. If you would like to be considered to join a citizen's panel in your local area please provide your name, address and a contact telephone number in the space provided below.

ADDRESS1
ADDRESS2
ADDRESS3
ADDRESS4
POSTCODE

Dear local resident,

I am writing to you to ask for your views.

<INSERT COUNCIL NAME> works closely with other public services such as the police, health, business and community representatives to make decisions about the provision of services for local people. They now need to know what you think about what it's like to live in your area so they can be certain they are dealing with the issues that concern and matter to you.

This questionnaire asks for your opinions about aspects of the quality of life in your local area (such as community safety, local services etc) which we know are important to local people. By your local area, we mean the area within 15-20 minutes walking distance from your home. The findings from this research will be used to see how well <INSERT COUNCIL NAME> and its partners are doing at delivering the services that matter to you and to decide what needs doing differently in the future.

Please take this opportunity to have your say. It doesn't matter if you've only just moved into the area or if you don't pay council tax. It's important that we hear everybody's views.

To ensure personal information about you is secure, all of your answers will be treated in the strictest confidence and will be stored securely. Responses, which will not include personal information such as names and addresses, will only be used by public service organisations to monitor public services and assess how well they are performing.

If you have any questions or concerns about this survey please do not hesitate to contact <INSERT CONTACT DETAILS> who will be very happy to help you.

I very much hope you will be able to take part and thank you very much for your help in advance. Please return the completed questionnaire in the pre-paid envelope provided with this questionnaire as soon as possible or by 19 December 2008.

No stamp is required.

Yours sincerely,

<INSERT SIGNATURE, NAME AND POSITION>

<INSERT A SENTENCE IN EACH OF THE MOST COMMONLY USED LANGUAGES TO EXPLAIN HOW RESIDENTS CAN OBTAIN A TRANSLATED COPY OF THE QUESTIONNAIRE>

If you require a large print copy please contact <INSERT CONTACT DETAILS>

Helpful hints for completing this questionnaire

The questionnaire should be completed by any resident aged 18 or over living at this address.

Please read each question carefully and tick a box to indicate your answer.

In most cases you will only have to tick one box but please read the questions carefully as sometimes you will need to tick more than one box.

Answer the next question unless asked otherwise.

Some questions include an 'other' option. If you would like to include an answer other than one of those listed within the question, please tick the 'other' box and write in your answer in the space provided.

Once you have finished please take a minute to check you have answered all the questions that you should have answered.

This questionnaire consists of 12 pages and should take no longer than 15 minutes to complete. Thank you in advance for your time.

Once you have completed the questionnaire please return in the pre-addressed envelope supplied. **You do not need to add a stamp.**

Section 1: About your local area

Throughout the questionnaire we ask you to think about 'your local area'. When answering, please consider your local area to be the area within 15-20 minutes walking distance from your home.

Q1 Thinking generally, which of the things below would you say are most important in making somewhere a good place to live? **PLEASE TICK ✓ UP TO FIVE BOXES ONLY IN THE LEFT HAND COLUMN BELOW**

Q2 And thinking about this local area, which of the things below, if any, do you think most need improving? **PLEASE TICK ✓ UP TO FIVE BOXES ONLY IN THE RIGHT HAND COLUMN BELOW**

	Q1 Most important in making somewhere a good place to live	Q2 Most needs improving in this local area
Access to nature	<input type="checkbox"/>	<input type="checkbox"/>
Activities for teenagers.....	<input type="checkbox"/>	<input type="checkbox"/>
Affordable decent housing	<input type="checkbox"/>	<input type="checkbox"/>
Clean streets	<input type="checkbox"/>	<input type="checkbox"/>
Community activities	<input type="checkbox"/>	<input type="checkbox"/>
Cultural facilities (e.g. libraries, museums)	<input type="checkbox"/>	<input type="checkbox"/>
Education provision.....	<input type="checkbox"/>	<input type="checkbox"/>
Facilities for young children.....	<input type="checkbox"/>	<input type="checkbox"/>
Health services.....	<input type="checkbox"/>	<input type="checkbox"/>
Job prospects.....	<input type="checkbox"/>	<input type="checkbox"/>
The level of crime.....	<input type="checkbox"/>	<input type="checkbox"/>
The level of pollution	<input type="checkbox"/>	<input type="checkbox"/>
The level of traffic congestion	<input type="checkbox"/>	<input type="checkbox"/>
Parks and open spaces.....	<input type="checkbox"/>	<input type="checkbox"/>
Public transport	<input type="checkbox"/>	<input type="checkbox"/>
Race relations	<input type="checkbox"/>	<input type="checkbox"/>
Road and pavement repairs.....	<input type="checkbox"/>	<input type="checkbox"/>
Shopping facilities	<input type="checkbox"/>	<input type="checkbox"/>
Sports and leisure facilities	<input type="checkbox"/>	<input type="checkbox"/>
Wage levels and local cost of living	<input type="checkbox"/>	<input type="checkbox"/>
Q1 - Other (PLEASE TICK BOX AND WRITE IN BELOW)	<input type="checkbox"/>	
.....		
Q2 - Other (PLEASE TICK BOX AND WRITE IN BELOW)		<input type="checkbox"/>
.....		
None of these.....	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

Q3 **Overall, how satisfied or dissatisfied are you with your local area as a place to live?**

PLEASE TICK ✓ ONE BOX ONLY

Very satisfied	<input type="checkbox"/>	Fairly dissatisfied	<input type="checkbox"/>
Fairly satisfied	<input type="checkbox"/>	Very dissatisfied	<input type="checkbox"/>
Neither satisfied nor dissatisfied..	<input type="checkbox"/>		

Q4 **And how satisfied or dissatisfied are you with your home as a place to live?**

PLEASE TICK ✓ ONE BOX ONLY

Very satisfied	<input type="checkbox"/>	Fairly dissatisfied	<input type="checkbox"/>
Fairly satisfied	<input type="checkbox"/>	Very dissatisfied	<input type="checkbox"/>
Neither satisfied nor dissatisfied..	<input type="checkbox"/>		

Q5 **How strongly do you feel you belong to your immediate neighbourhood?**

PLEASE TICK ✓ ONE BOX ONLY

Very strongly	Fairly strongly	Not very strongly	Not at all strongly	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Your local public services

Q6 **Here are some things that people have said about their local public services. To what extent do you think that these statements apply to public services in your local area?**

PLEASE TICK ✓ ONE BOX ONLY FOR EACH STATEMENT

Local public services.....	A great deal	To some extent	Not very much	Not at all	Don't know
...are working to make the area safer .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...are working to make the area cleaner and greener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...promote the interests of local residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...act on the concerns of local residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...treat all types of people fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7

Please indicate how satisfied or dissatisfied you are with each of the following public services in your local area.

PLEASE TICK ✓ ONE BOX ONLY FOR EACH SERVICE

[illegible]

Q8

<INSERT NAME OF COUNCIL(S)> <IS/ARE> also a key provider of public services locally, so we would like your views on some of the services <IT/THEY> <PROVIDE(S)>. How satisfied or dissatisfied are you with each of the following services provided or supported by <INSERT NAME OF COUNCIL (S)>?

PLEASE TICK ✓ ONE BOX ONLY FOR EACH SERVICE

[illegible]

Q9

PLEASE TICK ✓ ONE BOX FOR EACH SERVICE

[illegible]

If you live in a two-tier authority you will have a **County Council** and a **District Council**. County Councils <COUNCIL TO DELETE FROM LIST AS APPROPRIATE> are responsible for education, social care, transport planning, highways, fire services, consumer protection, waste disposal, small holdings and libraries. District Councils <COUNCIL TO DELETE FROM LIST AS APPROPRIATE> are responsible for local planning applications, housing, local highways, building regulations, environmental health, waste collection, revenue collection, leisure and recreation. If you do not live in a two-tier authority all these services are provided solely by your one local Council.

Q10

PLEASE TICK ✓ ONE BOX ONLY FOR EACH COUNCIL

<USE MORE THAN ONE ROW (ONE ROW PER COUNCIL) IF YOU WISH>

Q11

PLEASE TICK ✓ ONE BOX ONLY FOR EACH COUNCIL

[illegible]

Section 3: Information

Q12 How well informed do you feel about each of the following?

PLEASE TICK ✓ ONE BOX ONLY FOR EACH STATEMENT

	Very well informed	Fairly well informed	Not very well informed	Not well informed at all	Don't know
How and where to register to vote.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How your council tax is spent.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you can get involved in local decision-making.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What standard of service you should expect from local public services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well local public services are performing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to complain about local public services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What to do in the event of a large- scale emergency e.g. flooding, human pandemic flu.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how well informed do you feel about local public services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Local decision-making

As with previous questions, when answering, please consider your local area to be the area within 15-20 minutes walking distance from your home.

Q13 Do you agree or disagree that you can influence decisions affecting your local area?

PLEASE TICK ✓ ONE BOX ONLY

Definitely agree	Tend to agree	Tend to disagree	Definitely disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14 Generally speaking, would you like to be more involved in the decisions that affect your local area?

PLEASE TICK ✓ ONE BOX ONLY

Yes	No	Depends on the issue	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Helping out

We are interested to know about the unpaid help people give.

Please think about any group(s), club(s) or organisation(s) that you've been involved with during the last 12 months. That's anything you've taken part in, supported, or that you've helped in any way, either on your own or with others. For example, helping at a youth or day centre, helping to run an event, campaigning or doing administrative work.

Please exclude giving money and anything that was a requirement of your job.

Q15 Overall, about how often over the last 12 months have you given unpaid help to any group(s), club (s) or organisation(s)?

Please only include work that is unpaid and not for your family.

PLEASE TICK ✓ ONE BOX ONLY

At least once a week..... ☐

Less than once a week but
at least once a month..... ☐

Less often..... ☐

I give unpaid help as an
individual only and not
through groups(s), club(s)
or organisation(s)..... ☐

I have not given any unpaid
help at all over the last 12
months..... ☐

Don't know..... ☐

Section 6: Getting involved

Please think about any group(s) to which you belong, which makes decisions that affect your local area. Please exclude anything that was a requirement of your job.

Q16 In the past 12 months have you...

PLEASE TICK ✓ ONE BOX ONLY FOR EACH STATEMENT

	Yes	No
Been a local councillor (for the local authority, town or parish).....	<input type="checkbox"/>	<input type="checkbox"/>
Been a member of a group making decisions on local health or education services.....	<input type="checkbox"/>	<input type="checkbox"/>
Been a member of a decision-making group set up to regenerate the local area.....	<input type="checkbox"/>	<input type="checkbox"/>
Been a member of a decision-making group set up to tackle local crime problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Been a member of a tenants' group decision-making committee.....	<input type="checkbox"/>	<input type="checkbox"/>
Been a member of a group making decisions on local services for young people.....	<input type="checkbox"/>	<input type="checkbox"/>
Been a member of another group making decisions on services in the local community.....	<input type="checkbox"/>	<input type="checkbox"/>

Section 7: Respect and consideration

Q17 To what extent do you agree or disagree that in your local area, parents take enough responsibility for the behaviour of their children?

PLEASE TICK ✓ ONE BOX ONLY

Definitely agree	Tend to agree	Neither agree or disagree	Tend to disagree	Definitely disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q18 To what extent do you agree or disagree that your local area is a place where people from different backgrounds get on well together?

PLEASE TICK ✓ ONE BOX ONLY

Definitely agree	Tend to agree	Tend to disagree	Definitely disagree	Don't know	Too few people in local area	All the same background
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19 In your local area, how much of a problem do you think there is with people not treating each other with respect and consideration?

PLEASE TICK ✓ ONE BOX ONLY

A very big problem	A fairly big problem	Not a very big problem	Not a problem at all	Don't know/No opinion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20 In the last year would you say that you have been treated with respect and consideration by your local public services.....

PLEASE TICK ✓ ONE BOX ONLY

All of the time	Most of the time	Some of the time	Rarely	Never	Don't know/no opinion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q21 In your opinion, are older people in your local area able to get the services and support they need to continue to live at home for as long as they want to? (This could include help or support from public, private or voluntary services or from family, friends and the wider community).

PLEASE TICK ✓ ONE BOX ONLY

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 8: Community safety

Q22 **How safe or unsafe do you feel when outside in your local area after dark?**

PLEASE TICK ✓ ONE BOX ONLY IN THE LEFT HAND COLUMN BELOW

Q23 **How safe or unsafe do you feel when outside in your local area during the day?**

PLEASE TICK ✓ ONE BOX ONLY IN THE RIGHT HAND COLUMN BELOW

	Q22 After dark	Q23 During the day
Very safe	<input type="checkbox"/>	<input type="checkbox"/>
Fairly safe	<input type="checkbox"/>	<input type="checkbox"/>
Neither safe nor unsafe	<input type="checkbox"/>	<input type="checkbox"/>
Fairly unsafe	<input type="checkbox"/>	<input type="checkbox"/>
Very unsafe	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

Q24 **Thinking about this local area, how much of a problem do you think each of the following are...**

PLEASE TICK ✓ ONE BOX ONLY FOR EACH STATEMENT

	A very big problem	A fairly big problem	Not a very big problem	Not a problem at all	No opinion
Noisy neighbours or loud parties.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teenagers hanging around the streets....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubbish or litter lying around.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism, graffiti and other deliberate damage to property or vehicles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People using or dealing drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being drunk or rowdy in public places.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned or burnt out cars.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

It is the responsibility of the police and other local public services to work in partnership to deal with anti-social behaviour and crime in your local area.

Q25 **So, how much would you agree or disagree that the police and other local public services seek people's views about these issues in your local area?**

PLEASE TICK ✓ ONE BOX ONLY IN THE LEFT HAND COLUMN BELOW

Q26 **And how much would you agree or disagree that the police and other local public services are successfully dealing with these issues in your local area?**

PLEASE TICK ✓ ONE BOX ONLY IN THE RIGHT HAND COLUMN BELOW

	Q25 Seek people's views	Q26 Are successfully dealing with
Strongly agree.....	<input type="checkbox"/>	<input type="checkbox"/>
Tend to agree.....	<input type="checkbox"/>	<input type="checkbox"/>
Neither agree or disagree	<input type="checkbox"/>	<input type="checkbox"/>
Tend to disagree	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

<AUTHORITY TO INSERT ANY ADDITIONAL QUESTIONS HERE>
<INCLUDE BRIEF EXPLANATION OF PURPOSE OF ADDITIONAL QUESTIONS>

Section 9: About yourself

Please complete these questions which will help us to see if there are differences between the views of different residents. All the information you give will be kept completely confidential.

Q27 **Are you male or female?**
PLEASE TICK ✓ ONE BOX ONLY

Male..... ☐ | Female ☐

Q28 **What was your age on your last birthday?**
PLEASE WRITE IN BOX BELOW

	Years
--	-------

Q29 **How is your health in general? Would you say it is.....**

PLEASE TICK ✓ ONE BOX ONLY

Very good	Good	Fair	Bad	Very bad
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q30 **In which of these ways does your household occupy your current accommodation?**
PLEASE TICK ✓ ONE BOX ONLY

Owned outright	<input type="checkbox"/>	Rent from Housing Association/ Trust...	<input type="checkbox"/>
Buying on mortgage	<input type="checkbox"/>	Rented from private landlord	<input type="checkbox"/>
Rent from council.....	<input type="checkbox"/>	Other (✓ AND WRITE IN BELOW)	<input type="checkbox"/>

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Q31 **How many children aged 17 or under are living here?**
PLEASE TICK ✓ ONE BOX ONLY

None	<input type="checkbox"/>	Three	<input type="checkbox"/>
One	<input type="checkbox"/>	Four	<input type="checkbox"/>
Two	<input type="checkbox"/>	More than four (✓ AND WRITE IN BELOW).....	<input type="checkbox"/>

Q32 **And how many adults aged 18 or over are living here?**
PLEASE TICK ✓ ONE BOX ONLY

None	<input type="checkbox"/>	Three	<input type="checkbox"/>
One	<input type="checkbox"/>	Four	<input type="checkbox"/>
Two	<input type="checkbox"/>	More than four (✓ AND WRITE IN BELOW).....	<input type="checkbox"/>

Q33 Which of these activities best describes what you are doing at present?
PLEASE TICK ✓ ONE BOX ONLY

Employee in full-time job (30 hours plus per wk)	<input type="checkbox"/>	Unemployed and available for work	<input type="checkbox"/>
Employee in part-time job (under 30 hours per week)	<input type="checkbox"/>	Permanently sick/disabled	<input type="checkbox"/>
Self employed full or part-time	<input type="checkbox"/>	Wholly retired from work	<input type="checkbox"/>
On a government supported training programme (e.g. Modern Apprenticeship/ Training for Work)	<input type="checkbox"/>	Looking after the home	<input type="checkbox"/>
Full-time education at school, college or university	<input type="checkbox"/>	Doing something else (PLEASE WRITE IN BELOW).....	<input type="checkbox"/>

Q34 Do you have any long-standing illness, disability or infirmity? (long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time) PLEASE TICK ✓ ONE BOX ONLY

Yes (PLEASE CONTINUE TO Q35).....	<input type="checkbox"/>	No (PLEASE GO TO Q36).....	<input type="checkbox"/>
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Q35 Does this illness or disability limit your activities in any way?
PLEASE TICK ✓ ONE BOX ONLY

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Q36 To which of these groups do you consider you belong to?
PLEASE TICK ✓ ONE BOX ONLY

White

British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Any other White background (✓ AND WRITE IN BELOW)	<input type="checkbox"/>

Mixed

White & Black Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>
Any other Mixed background (✓ AND WRITE IN BELOW)	<input type="checkbox"/>

Chinese and Other ethnic groups

Chinese	<input type="checkbox"/>
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Black or Black British

Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black background (✓ AND WRITE IN BELOW)	<input type="checkbox"/>

Asian or Asian British

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian background (✓ AND WRITE IN BELOW)	<input type="checkbox"/>

Other ethnic group (✓ AND WRITE IN BELOW)	<input type="checkbox"/>
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Q37 Is there anything else you would like to add?
PLEASE WRITE IN BELOW

Thank you very much for
taking part in this survey.