

Place Survey 2008



Northamptonshire
County Council



NORTHAMPTON
BOROUGH COUNCIL

Working together - Listening to your views

Northampton Borough Council and Northamptonshire County Council work closely with other public services in Northamptonshire such as the police, health, business and community representatives to make decisions about the provision of services for local people. We want to know what you think about what it's like to live in your area so we can be certain they are dealing with the issues that concern and matter to you.

This questionnaire asks for your views about life in your local area and about issues such as:

- Quality of life
- The local Council's services
- The police, crime and anti-social behaviour
- Your health

The information will be used by the partnership to help focus resources on the areas that you think are important.

Please be assured that all responses are strictly confidential and you will not be able to be identified in any way in the results of the survey.

Returning your survey

Please return your survey by:

Your ref: Our ref: / /

Additional help

If you have any difficulties filling in the survey and require any additional help please do not hesitate to call us on our Freephone helpline **0800 849 4019**.

The survey can be made available in large print upon request by contacting us on **0800 849 4019**.

Other languages

POLISH

Informacje te mogą być dostępne w różnych językach i różnym formacie, poprzez skontaktowanie się z nami pod numerem telefonu 0800 849 4019.

RUSSIAN

Эта информация имеется по просьбе на других языках и форматах – пожалуйста обратитесь к нам по номеру 0800 849 4019.

SOMALI

Maclumaadkani waxaad ku heli kartaa luqooyin iyo habab kale oo aad dalban karto adigoo nagala soo xiriiraayo 0800 849 4019.



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 mark the box with an to indicate your answer
- In most cases you will only have to one box but please read the questions carefully as sometimes you will need to more than one box
- The survey consists of 12 pages and should take no longer than 15 minutes to complete.
- Remember, all surveys are anonymous, with any references only used to track response, and removed before the Council sees any of the data. All data collection is carried out in accordance with the Data Protection Act 1998
- If you have any queries about the questionnaire please do not hesitate to contact Marketing Means (the company who are administering the survey on the Council's behalf) on **Freephone 0800 849 4019**, quoting the reference at the bottom of the page.

Routing signs

The following signs have been used throughout the survey to help you complete it. The signs highlight particular instructions or information you need to fill in the questionnaire.



Instruction sign

Please follow the instruction on how to answer the question.



Go to sign

Please follow the instruction about which question to answer next.



Information Point

Please read the information that will help you answer the next section or question.

Any other difficulties

If you have any difficulties or concerns about the survey please call Marketing Means on: **Freephone 0800 849 4019** and quote your reference below.

Your ref:

Our ref:

/

/



Q 3 Overall, how satisfied or dissatisfied are you with your local area as a place to live?

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"/>

Q 4 And how satisfied or dissatisfied are you with your home as a place to live?


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"/>

Q 5 How strongly do you feel you belong to your immediate neighbourhood?

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

Q 6 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 one 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"/>

Q 7 Please indicate how satisfied or dissatisfied you are with each of the following public services in your local area.

 Please one box only for each service

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know	Haven't used the service
Northamptonshire Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Northamptonshire Fire & Rescue Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your GP (Family Doctor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your local hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your local dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




Q 8 Northampton Borough Council & Northamptonshire County Council are also key providers of public services locally, so we would like your views on some of the services they provide.

How satisfied or dissatisfied are you with each of the following services provided or supported by Northampton Borough Council & Northamptonshire County Council?

 Please one box only for each service

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know
Keeping public land clear of litter and refuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuse collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doorstep recycling	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local transport information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local bus services	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatres / concert halls	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q 9 Please indicate how frequently you have used the following public services provided or supported by Northampton Borough Council & Northamptonshire County Council.

 Please one box for each service

	Almost every day	At least once a week	About once a month	Within the last 6 months	Within the last year	Longer ago	Never used	It does not apply / Don't know
Local tips / Household waste recycling centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local bus services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



i If you live in a two-tier authority you will have a **County Council** and a **District Council**. County Councils are responsible for education, social care, transport planning, highways, fire services, consumer protection, waste disposal, small holdings and libraries. District Councils 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.

Q 10 **To what extent do you agree or disagree that Northampton Borough Council and Northamptonshire County Council provide value for money?**

! Please one box only for each council

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
Northamptonshire County Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Northampton Borough Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q 11 **And now taking everything into account, how satisfied or dissatisfied are you with the way that Northampton Borough Council & Northamptonshire County Council runs things?**

! Please one box only for each council

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know
Northamptonshire County Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Northampton Borough Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Information

Q 12 **How well informed do you feel about each of the following?**

! Please 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

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

Q 13 Do you agree or disagree that you can influence decisions affecting your local area?

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"/>

Q 14 Generally speaking, would you like to be more involved in the decisions that affect your local area?

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

i 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.

Q 15 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.

At least once a week	<input type="checkbox"/>
Less than once a week but at least once a month	<input type="checkbox"/>
Less often	<input type="checkbox"/>
I give unpaid help as an individual only and not through group(s), club(s) or organisation(s)	<input type="checkbox"/>
I have not given any unpaid help at all over the past 12 months	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

Section 6: Getting involved

i 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.

Q 16 In the past 12 months have you...

	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

Q 17 To what extent do you agree or disagree that in your local area, parents take enough responsibility for the behaviour of their children?

Definitely agree	Tend to agree	Neither agree nor 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"/>

Q 18 To what extent do you agree or disagree that your local area is a place where people from different backgrounds get on well together?

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"/>

Q 19 In your local area, how much of a problem do you think there is with people not treating each other with respect and consideration?

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"/>

Q 20 In the last year would you say that you have been treated with respect and consideration by your local public services.....

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"/>

Q 21 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)?

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

Section 8: Community Safety

Q 22 How safe or unsafe do you feel when outside in your local area after dark?


Very safe	Fairly safe	Neither safe nor unsafe	Fairly unsafe	Very unsafe	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




Q 23 **How safe or unsafe do you feel when outside in your local area during the day?**

Very safe	Fairly safe	Neither safe nor unsafe	Fairly unsafe	Very unsafe	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q 24 **Thinking about this local area, how much of a problem do you think each of the following are...**

 Please 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 and 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 spaces	<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.*

Q 25 **So, how much would you agree or disagree that the police and local public services seek people's views about these issues in your local area?**

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q 26 **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?**

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Section 9: Local priorities

i The following questions ask you about further aspects of your quality of life and ability to access important local services. These questions have been added because they are priorities for Northampton Borough Council & Northamptonshire County Council.

E1 For each of the following aspects could you please say whether you think that they have got better or worse over the last three years or whether they have stayed the same.

! Please one box only for each statement

	Better	Stayed the same	Worse	Don't know
Your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your feelings of safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your community environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your economic wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your overall quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E2 And still thinking about those aspects could you please say whether you think that they will get better or worse over the next three years or whether you think they will stay the same.

! Please one box only for each statement

	Better	Stay the same	Worse	Don't know
Your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your feelings of safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your community environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your economic wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your overall quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E3 From your home, how easy is it to get to the following using your usual form of transport?

! Please one box only for each destination

	Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult	It does not apply / Don't know
Your place of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP's surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council or neighbourhood office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports / leisure centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Publicly accessible green space e.g. park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E4 And what is your usual form of transport?

Car / van	Motor bike / Moped	Lift from friend / family	Bus	Train	Walk	Cycle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Section 10: About yourself

i 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.

Q 27 **Are you male or female?**

Male Female

Q 28 **What was your age on your last birthday?** **!** Please write one number per box

Years

Q 29 **How is your health in general? Would you say it is...**

Very good Good Fair Bad Very bad

Q 30 **In which of these ways does your household occupy your current accommodation?**

Owned outright Rent from council Rented from private landlord
 Buying on mortgage Rent from Housing Association/ Trust Other (and write in below)

Other **!** Please write one letter per box

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Q 31 **How many children aged 17 or under are living here?**

None One Two Three Four More than four

! More than 4 children - please write in number:

Q 32 **And how many adults aged 18 or over are living here?**

None One Two Three Four More than 4

! More than 4 adults - please write in number:

Q 33 **Which of these activities best describes what you are doing at present?**

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

Doing something else **!** Please write one letter per box

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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