

## QUALITY OF LIFE

Through your responses to the following questions, we want to find out your views about the **LOCAL AREA** where you live. Your local area should be defined as estate, village or streets immediately surrounding where you live.

### Q1 How long have you lived in your current local area?

(Please tick **ONE** only)

- |                      |                          |                           |                          |
|----------------------|--------------------------|---------------------------|--------------------------|
| a) Up to 1 year..... | <input type="checkbox"/> | e) 10-15 years.....       | <input type="checkbox"/> |
| b) 1-3 years.....    | <input type="checkbox"/> | f) 15-20 years.....       | <input type="checkbox"/> |
| c) 3-5 years.....    | <input type="checkbox"/> | g) 20 years or more ..... | <input type="checkbox"/> |
| d) 5-10 years.....   | <input type="checkbox"/> |                           |                          |

### Q2 Over the LAST THREE years, has your local area become a better or worse place to live?

(Please tick **ONE** only)

- |                                  |                          |  |                          |
|----------------------------------|--------------------------|--|--------------------------|
| a) Much better.....              | <input type="checkbox"/> | e) Much worse .....  | <input type="checkbox"/> |
| b) A little better.....          | <input type="checkbox"/> | f) Don't know .....  | <input type="checkbox"/> |
| c) Remained about the same ..... | <input type="checkbox"/> | g) Have not lived in neighbourhood long<br>enough to say ..... | <input type="checkbox"/> |
| d) A little worse .....          | <input type="checkbox"/> |  |                          |

### Q3 On the whole, do you think that over the NEXT THREE years or so your local area will get better or worse to live in, or will it stay the same?

(Please tick **ONE** only)

- |                         |                          |                             |                          |
|-------------------------|--------------------------|-----------------------------|--------------------------|
| a) Will get better..... | <input type="checkbox"/> | c) Will stay the same ..... | <input type="checkbox"/> |
| b) Will get worse ..... | <input type="checkbox"/> | d) Don't know .....         | <input type="checkbox"/> |

### Q4 Overall, how satisfied are you with your local area as a place to live?

(Please tick **ONE** only)

- |   |                          |                            |                          |
|---|--------------------------|----------------------------|--------------------------|
| a) Very satisfied .....                     | <input type="checkbox"/> | d) Dissatisfied .....      | <input type="checkbox"/> |
| b) Satisfied .....                          | <input type="checkbox"/> | e) Very dissatisfied ..... | <input type="checkbox"/> |
| c) Neither satisfied nor dissatisfied ..... | <input type="checkbox"/> |                            |                          |



**Q8 Please rate your WIDER local area on the quality of each of the following a) to m)**

*(Please tick **ONE** for each a) to m))*

	<i>Very good</i>	<i>Good</i>	<i>Adequate</i>	<i>Poor</i>	<i>Very poor</i>	<i>Don't know/ does not apply</i>
a) Quality of parks and open spaces .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Quality of children's play and recreational areas....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Quality of activities for teenagers (13-19yr old) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Quality of childcare facilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Quality of street lighting .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Quality of road maintenance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Quality of GP services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Quality of nearest NHS hospital .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Quality of facilities of elderly/disabled people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Quality of cultural activities/facilities (e.g. museums/theatres).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Quality of sports and leisure facilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Quality of public transport services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Cleanliness of the area .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q9 How much of a problem are the following in your WIDER local area?**

*(Please tick **ONE** for each a) to h))*

	<i>Not a problem</i>	<i>Minor problem</i>	<i>Major problem</i>	<i>Don't know</i>
a) Road safety.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Conflicts or trouble with neighbours .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Racial harassment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Drunk people/drinking in the street.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Drug dealing or drug use .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) People/groups in the streets making others feel intimidated ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Traffic noise (e.g. cars, trains, aircraft) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Other noise (e.g. pubs, clubs, neighbours).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q10 Overall, how satisfied are you with your WIDER local area as a place to live?**

*(Please tick **ONE** only)*

a) <i>Very satisfied</i> .....	<input type="checkbox"/>	d) <i>Dissatisfied</i> .....	<input type="checkbox"/>
b) <i>Satisfied</i> .....	<input type="checkbox"/>	e) <i>Very dissatisfied</i> .....	<input type="checkbox"/>
c) <i>Neither satisfied nor dissatisfied</i> .....	<input type="checkbox"/>		



**Q14 How would you rate the planning and design of each of the following in your WIDER local area?**

*(Please tick ONE for each a) to e))*

	<i>Very well planned</i>	<i>Quite well planned</i>	<i>Adequately planned</i>	<i>Poorly planned</i>	<i>Very poorly planned</i>	<i>No opinion /Don't know</i>
a) Developments on green belt land.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Out of town retail developments .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) New housing developments .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Town centre developments.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Development on 'brownfield' land*.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*land or premises which have previously been used or developed but are not currently in full use

**Q15 What is your usual method of transport?**

*(Please tick ONE only)*

- |                  |                          |                                       |                          |
|------------------|--------------------------|---------------------------------------|--------------------------|
| a) Walk .....    | <input type="checkbox"/> | e) Motorcycle, moped or scooter ..... | <input type="checkbox"/> |
| b) Bicycle ..... | <input type="checkbox"/> | f) Taxi.....                          | <input type="checkbox"/> |
| c) Bus .....     | <input type="checkbox"/> | g) Passenger in a car or van .....    | <input type="checkbox"/> |
| d) Train .....   | <input type="checkbox"/> | h) Drive a car or van .....           | <input type="checkbox"/> |

**Q16 What are the THREE main transport issues you face in Worcestershire?**

*(Please rank your 1st, 2nd and 3rd main issues by numbering the appropriate boxes 1,2 & 3)*

- |  |                          |
|--|--------------------------|
| a) Access to information about public transport.....                   | <input type="checkbox"/> |
| b) Availability of public transport.....                               | <input type="checkbox"/> |
| c) Quality of public transport.....                                    | <input type="checkbox"/> |
| d) Reliability of public transport.....                                | <input type="checkbox"/> |
| e) Congestion .....  | <input type="checkbox"/> |
| f) Availability of car parking.....                                    | <input type="checkbox"/> |
| g) Cost of car parking .....   | <input type="checkbox"/> |
| h) Speeding traffic.....   | <input type="checkbox"/> |
| i) Maintenance of roads (e.g. white lines, potholes) .....             | <input type="checkbox"/> |
| j) Roadworks .....   | <input type="checkbox"/> |
| k) Availability of cycle/pedestrian routes.....                        | <input type="checkbox"/> |
| l) Quality of cycle/pedestrian routes.....                             | <input type="checkbox"/> |
| m) Availability of crossing points on footpaths and cycle routes ..... | <input type="checkbox"/> |
| n) Air quality.....  | <input type="checkbox"/> |
| o) Lighting on roads and footpaths .....                               | <input type="checkbox"/> |
| p) Road safety .....   | <input type="checkbox"/> |

*If other, please specify*

**Q17 To what extent do you agree or disagree with each of the following statements regarding transport in Worcestershire? (Tick ONE for each a) to i))**

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know/no opinion
a) Restricting traffic in urban centres will create a clean, safe, attractive environments for pedestrians and cyclists.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Park and ride sites should be promoted more .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) More road space should be allocated to buses to give them genuine journey time savings over the car .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) A more pro-active role should be taken to work with bus operators to reduce fares & improve reliability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Better bus and train information should be provided.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The amount of central car parking should be reduced & the cost of long stay car parking should be increased to encourage use of the park and ride.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Greater use of alternatives to the private car should be encouraged by working with schools & employers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) A wider network of dedicated cycle routes and secure cycle parking should be invested in.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) More road capacity should be created to accommodate unrestrained traffic growth.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q18 What would encourage you to use public transport more often? If you already use public transport, how might the experience be improved?**

*(Please rank the **THREE** factors that are most important to you, where 1 is most important)*

- a) Services were more frequent .....
- b) Services ran later into the evening.....
- c) There was a bus stop/station nearer to my house.....
- d) Services were more punctual.....
- e) Journey times were quicker.....
- f) Public transport were safer.....
- g) Services were less crowded.....
- h) Better information on services were available before making the journey.....
- i) Up to the minute timetable information (e.g. electronic displays at bus stops, via internet or mobile phone).....
- j) Peak fares were cheaper.....
- k) Off peak fares were cheaper.....
- l) Car travel became more difficult/expensive.....
- m) The cost of car parking was greater.....
- n) Services ran to the places I needed to get to.....
- o) No improvements are needed.....
- p) Nothing would encourage me.....

*If other, please specify*

**Q19 What would encourage you to cycle more often?**

**If you already cycle, how might be the experience be improved for you?**

Please rank the **THREE** factors that are most important to you, where 1 is most important)

- a) There were more cycleways/cycle lanes .....
- b) Traffic were slower .....
- c) There was less traffic.....
- d) There were more crossing points .....
- e) There were better cycle parking .....
- f) There were better signing of routes.....
- g) Cycle lanes did not cross so many busy roads .....
- h) If other road users were more considerate towards cyclists.....
- i) Car travel became more difficult/expensive .....
- j) No improvements are needed .....
- k) Nothing would encourage me .....

If other, please specify

**LEARNING AND SKILLS FOR EVERYONE, AT EVERY AGE**

**Our Vision**

Our vision for Worcestershire is of a County where people will be able to acquire the skills, knowledge and self-esteem they need to allow them to be active citizens and achieve personal fulfillment. Learning will continue throughout life, and be accessible to all.

**Q20 Thinking about the next couple of years, how likely are you to undertake any training or study?**

(Please tick **ONE** for each a) to d))

	Very likely	Likely	Neither likely nor unlikely	Unlikely	Very unlikely
a) For current employment paid for/supported by employer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) For current employment without employer support.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) To move into a new area of work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) For non-employment reasons e.g. personal interest, leisure .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q21 What, if anything, would encourage you to undertake training or further study?**

*(Tick up to **THREE** that are most important to you)*

- a) *If training and education were available nearer my home* .....
- b) *If it were provided through modern technology such as the Internet or CD-ROM*.....
- c) *If the cost were covered by someone else e.g. employer*.....
- d) *If better transport were available* .....
- e) *If child care provision were available*.....
- f) *If it helped me to obtain a job* .....
- g) *If it helped me retain my current job* .....
- h) *If my employer would support me with time off*.....
- i) *If I had more free time in which to undertake study* .....
- j) *If it helped me to progress in my current job*.....
- k) *If it helped me to move into a different career* .....
- l) *If I were able to get better information, advice or guidance about the options* .....
- m) *If the course I wanted to do were available* .....
- n) *If it gave me personal satisfaction* .....
- o) *If it increased my knowledge* .....
- p) *If I had the entry qualifications necessary for the course* .....
- q) *If I were made redundant* .....
- r) *If it got me a pay increase* .....
- s) *If it allowed me to increase job satisfaction* .....
- t) *Nothing would encourage me*.....
- u) *Don't know*.....
- v) *This question is not applicable to me* .....

*If other, please specify*

**Q22 What sort of training or further study would you consider undertaking in the next three years?**

*(Please tick ALL that apply)*

- a) *Engineering/electronics* .....
- b) *Computer literacy/ICT*.....
- c) *Office/business administration/secretarial* .....
- d) *Retail* .....
- e) *Health and social care (inc. childcare, elderly care, nursing, counselling and alternative therapies)*.....
- f) *Education e.g. teacher training, training to be an instructor* .....
- g) *Defense, police, fire and security* .....
- h) *Scientific* .....
- i) *Construction industry (inc. construction trades such as plumbing, carpentry, bricklaying, roofing)*.....
- j) *Hospitality/catering/tourism*.....
- k) *Hairdressing and beauty*.....
- l) *Transport and warehousing* .....
- m) *Sales and marketing (including estate agency)*.....
- n) *Law* .....
- o) *Financial/accounting*.....
- p) *Agriculture, forestry, fishing*.....
- q) *Management/administration* .....
- r) *Sport, leisure and fitness including yoga*.....
- s) *Employment related e.g. health and safety, food hygiene*.....
- t) *Customer care* .....
- u) *First aid*.....
- v) *Literacy/numeracy* .....
- w) *HGV/PSV driving licence* .....
- x) *English for Speakers of Other Languages (ESOL)/English as a Foreign Language (EFL) ...*
- y) *Foreign languages* .....
- z) *Arts, humanities and performing arts e.g. English literature, history, art & design, drama, dance, music*.....
- aa) *Personal development e.g. assertiveness, public speaking, team working, problem solving*.....
- ab) *Formal qualifications such as A-levels, a degree* .....
- ac) *None of these* .....
- ad) *Other* .....

*If other, please specify*

## CONNECTING WORCESTERSHIRE

### Our Vision

Our vision for Worcestershire is that our communities will be vibrant and include everyone, diversity will be celebrated. People will have equal access to public services and to opportunities to take part in community life. People can influence decisions which affect them, and will have a strong sense of citizenship. You will be proud to live here.

The following questions ask you about your **LOCAL AREA**. This should be defined as your estate, village or streets immediately surrounding where you live.

**Q23 Would you say that your local area is a place where neighbours look out for each other?**

*(Please tick **ONE** only)*

- |              |                          |                     |                          |
|--------------|--------------------------|---------------------|--------------------------|
| a) Yes ..... | <input type="checkbox"/> | c) Partly.....      | <input type="checkbox"/> |
| b) No.....   | <input type="checkbox"/> | d) Don't know ..... | <input type="checkbox"/> |

**Q24 To what extent do you agree or disagree with the following statement?**

**'By working together, people in my local area can influence decisions that affect the area'**

*(Please tick **ONE** only)*

- |                                     |                          |                               |                          |
|-------------------------------------|--------------------------|-------------------------------|--------------------------|
| a) Strongly agree .....             | <input type="checkbox"/> | d) Disagree .....             | <input type="checkbox"/> |
| b) Agree .....                      | <input type="checkbox"/> | e) Strongly disagree.....     | <input type="checkbox"/> |
| c) Neither agree nor disagree ..... | <input type="checkbox"/> | f) Don't have an opinion..... | <input type="checkbox"/> |

**Q25 To what extent do you agree or disagree with the following statement?**

**'My local area is a place where people from different backgrounds get on well together'**

*(Please tick **ONE** only)*

- |                                     |                          |                                |                          |
|-------------------------------------|--------------------------|--------------------------------|--------------------------|
| a) Strongly agree .....             | <input type="checkbox"/> | d) Disagree .....              | <input type="checkbox"/> |
| b) Agree .....                      | <input type="checkbox"/> | e) Strongly disagree.....      | <input type="checkbox"/> |
| c) Neither agree nor disagree ..... | <input type="checkbox"/> | f) Don't have an opinion ..... | <input type="checkbox"/> |

**Q26 To what extent do you agree or disagree with the following statement?**

**'My local area is a place where residents respect ethnic differences between people'**

*(Please tick **ONE** only)*

- |                                     |                          |                                |                          |
|-------------------------------------|--------------------------|--------------------------------|--------------------------|
| a) Strongly agree .....             | <input type="checkbox"/> | d) Disagree .....              | <input type="checkbox"/> |
| b) Agree .....                      | <input type="checkbox"/> | e) Strongly disagree.....      | <input type="checkbox"/> |
| c) Neither agree nor disagree ..... | <input type="checkbox"/> | f) Don't have an opinion ..... | <input type="checkbox"/> |

**Q27 To what extent do you feel involved in your LOCAL COMMUNITY?**

*(Please tick **ONE** only)*

- |                           |                          |                              |                          |
|---------------------------|--------------------------|------------------------------|--------------------------|
| a) Very involved.....     | <input type="checkbox"/> | d) Not at all involved ..... | <input type="checkbox"/> |
| b) Fairly involved.....   | <input type="checkbox"/> | e) Don't know.....           | <input type="checkbox"/> |
| c) Not very involved..... | <input type="checkbox"/> |                              |                          |

**Q28 Thinking about how you spend your free time, have you given any unpaid help (e.g. member of a committee, organising events, fundraising, counselling, campaigning) in the last 12 months to any of the following activities?**

*(Please tick **ALL** that apply)*

- a) Children's education/school.....
- b) Youth/Children's activities outside school .....
- c) Education for Adults .....
- d) Sports/exercise e.g. coaching .....
- e) Religion.....
- f) Politics .....
- g) Health,disability and social welfare.....
- h) Older people .....
- i) Safety, first aid.....
- j) The environment .....
- k) Justice and Human rights .....
- l) Local community or neighbourhood groups.....
- m) Citizens' Groups .....
- n) Hobbies, recreation, arts, social clubs.....
- o) Trade Union Activity .....
- f) Other .....

*If other please specify*

**Q29 If you have not been involved in any of the activities listed in Q28, what are the reasons for this?**

*(Please rank the **TOP THREE** reasons by numbering the appropriate boxes 1,2 and 3)*

- a) I am too busy.....
- b) I won't be staying in the area long.....
- c) I don't know what to do/how to get involved .....
- d) Too old/ill to get involved.....
- e) Would not/do not feel welcome .....
- f) I can't afford the travel or childcare costs .....
- g) Language barriers .....
- h) I'm not interested in being involved .....
- i) No particular reason .....
- j) Other.....

*If other, please specify*

**Q30 In the past 3 years, have you taken or considered taking any of the following actions in an attempt to resolve a problem, or raise an issue?**

*(Please tick **ONE** for each a) to g))*

	<i>Done this</i>	<i>Considered doing this</i>	<i>Not done nor considered doing</i>
a) Written to a local newspaper .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Contacted the appropriate organisation to deal with the problem, e.g. the Council, the Health Authority etc.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Been to a Council meeting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Been elected or stood as a Councillor .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Contacted a local Councillor or MP .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Signed a petition.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Attended a protest meeting, taken part in a political/ election campaign or joined a local action group/organisation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Other form of action, please specify*

**Q31 How well do you think the Council and other local service providers keep residents informed about the services they provide?**

*(Please tick **ONE** for each a) to d))*

	<i>Keep us well informed</i>	<i>Keep us fairly well informed</i>	<i>Give us limited information</i>	<i>Give us information but do not feel well informed</i>	<i>Do not tell us anything</i>	<i>Don't know</i>
a) Council services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Your local GP practice .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Other health services provided through your Primary Care Trust* .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) West Mercia Police .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Primary Care Trusts must ensure the provision of health services such as GP's, hospitals, dentists, mental health care, walk in centres, NHS direct, patient transport (including accident & emergency), population screening, pharmacies and opticians. They are also responsible for integrating health and social care.

**Q32 How would you rate the following in terms of how they involve the local community in making decisions about their priorities and future action?**

*(Please tick **ONE** for each a) to d))*

	<i>Very good</i>	<i>Good</i>	<i>Adequate</i>	<i>Poor</i>	<i>Very poor</i>	<i>Don't know</i>
a) Council services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Your local GP practice .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Other health services provided through your Primary Care Trust* .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) West Mercia Police .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Primary Care Trusts must ensure the provision of health services such as GP's, hospitals, dentists, mental health care, walk in centres, NHS direct, patient transport (including accident & emergency), population screening, pharmacies and opticians. They are also responsible for integrating health and social care.

**Q33 Which of the following factors most influence your view of COUNCIL SERVICES?**

*(Please rank the 1st, 2nd and 3rd **MOST** influential factors by numbering the appropriate boxes 1,2 and 3)*

a) Level of Council Tax.....	<input type="checkbox"/>
b) News stories in the local paper.....	<input type="checkbox"/>
c) News stories on the radio .....	<input type="checkbox"/>
d) National news stories about local Council's .....	<input type="checkbox"/>
e) Personal experience of contacting/using Council services.....	<input type="checkbox"/>
f) Word of mouth (e.g. other people's experiences of contacting/using Council services) .....	<input type="checkbox"/>
g) Consultation exercises carried out by the Council to find out my views.....	<input type="checkbox"/>
h) The condition of my immediate environment (e.g. pavements, dog fouling, litter).....	<input type="checkbox"/>

**Q34 To what extent do you agree or disagree that your Council Tax offers value for money?**

*(Please tick **ONE** only)*

- a) Strongly agree .....       d) Disagree .....   
b) Agree .....       e) Strongly disagree .....   
c) Neither agree nor disagree .....

**Q35 Would you be interested in taking part in an informal focus group to discuss the sorts of factors that influenced your answers to Q33 and Q34 above. If you would be willing to take part please tick this box and ensure your contact ID number is on the front of this survey. We will contact you if you are selected to take part in the focus group. Thank you for your interest.**

*Yes, I would be willing to take part in a focus group discussion.....*

## **ABOUT YOU**

To ensure we are meeting the needs of all residents it is important that we ask you a few questions about yourself. As with all the questions, your answers will be completely confidential.

**Q36 In which district do you live?**

*(Please tick **ONE** only)*

- a) Bromsgrove .....       c) Redditch.....       e) Wychavon.....   
b) Malvern Hills .....       d) Worcester City.....       f) Wyre Forest.....

**Q37 Are you....?**

*(Please tick **ONE** only)*

- a) Male .....       b) Female .....

**Q38 What was your age on your last birthday?**

*(Please write in your age in years below)*

**Q39 Do you personally have a long standing illness, disability or infirmity that limits your daily activities?**

*(Please tick **ONE** only)*

- a) Yes .....       b) No.....

**Q40 How many years have you lived in your current local area (defined as your estate, village or streets immediately surrounding where you live)?**

*(Please tick **ONE** only)*

- |                          |                          |                    |                          |                           |                          |
|--------------------------|--------------------------|--------------------|--------------------------|---------------------------|--------------------------|
| a) Less than a year..... | <input type="checkbox"/> | c) 4-5 years.....  | <input type="checkbox"/> | e) 11-20 years.....       | <input type="checkbox"/> |
| b) 1-3 years.....        | <input type="checkbox"/> | d) 6-10 years..... | <input type="checkbox"/> | f) 21 years or more ..... | <input type="checkbox"/> |

**Q41 Is your home...?**

*(Please tick **ONE** only)*

- a) Owned outright.....
- b) Owned with a mortgage or loan.....
- c) Shared ownership.....
- d) Rented from a Local Authority, Housing Association/Registered Social Landlord .....
- e) Rented from private landlord or letting agency.....
- f) Rent is free or tied to employment of one of the occupiers .....
- g) Other.....

**Q42 How would you describe your ethnicity?**

*(Please tick **ONE** only)*

- |                                  |                          |                            |                          |                        |                          |
|----------------------------------|--------------------------|----------------------------|--------------------------|------------------------|--------------------------|
| a) White - British.....          | <input type="checkbox"/> | g) Mixed - Other.....      | <input type="checkbox"/> | m) Indian.....         | <input type="checkbox"/> |
| b) White - Irish .....           | <input type="checkbox"/> | h) Black - African .....   | <input type="checkbox"/> | n) Pakistani.....      | <input type="checkbox"/> |
| c) White - Other .....           | <input type="checkbox"/> | i) Black - Caribbean ..... | <input type="checkbox"/> | o) Bangladeshi.....    | <input type="checkbox"/> |
| d) White & Black Caribbean ..... | <input type="checkbox"/> | j) Black - British.....    | <input type="checkbox"/> | p) Asian - other ..... | <input type="checkbox"/> |
| e) White & Black African.....    | <input type="checkbox"/> | k) Black - Other.....      | <input type="checkbox"/> | q) Other.....          | <input type="checkbox"/> |
| f) White & Asian.....            | <input type="checkbox"/> | l) Chinese.....            | <input type="checkbox"/> |                        |                          |

If other, please specify

**Q43 What is the highest academic qualification you have attained?**

*(Please tick **ONE** only)*

- |                                  |                          |   |                          |
|----------------------------------|--------------------------|---|--------------------------|
| a) O-levels/GCSE's.....          | <input type="checkbox"/> | g) HND, Degree or Professional Qualification..... | <input type="checkbox"/> |
| b) A or AS levels.....           | <input type="checkbox"/> | h) NVQ level 4 or 5 .....                         | <input type="checkbox"/> |
| c) GNVQ Foundation/NVQ 1 .....   | <input type="checkbox"/> | i) MSc/MA/MPhil/PhD .....                         | <input type="checkbox"/> |
| d) GNVQ Intermediate/NVQ 2 ..... | <input type="checkbox"/> | j) No Qualifications.....                         | <input type="checkbox"/> |
| e) GNVQ Advanced/NVQ 3.....      | <input type="checkbox"/> | k) Other.....                                     | <input type="checkbox"/> |
| f) BTEC National/ONC or OND..... | <input type="checkbox"/> |   |                          |

If other, please specify

**Q44 Which of the following best describes your current employment status?**

*(Please tick **ONE** only)*

- |   |   |
|---|---|
| a) I work full time (over 30 hours a week).. <input type="checkbox"/>         | h) Between jobs..... <input type="checkbox"/>   |
| b) I work part time (less than 30 hours a week)..... <input type="checkbox"/> | i) Looking after the home or family or caring for someone else ..... <input type="checkbox"/> |
| c) Self employed..... <input type="checkbox"/>                                | j) Unemployed less than 6 months ..... <input type="checkbox"/>                               |
| d) Doing temporary work ..... <input type="checkbox"/>                        | k) Unemployed more than 6 months ..... <input type="checkbox"/>                               |
| e) I am a full time student ..... <input type="checkbox"/>                    | l) I am retired..... <input type="checkbox"/>   |
| f) Training..... <input type="checkbox"/>                                     | m) I am permanently sick/disabled ..... <input type="checkbox"/>                              |
| g) Voluntary work..... <input type="checkbox"/>                               | n) Other..... <input type="checkbox"/>  |

*If other, please specify*

**Thank you for taking the time to complete this questionnaire.  
Do you have any other comments relating to the services provided by  
Worcestershire County Council? If so, please use the box provided below.**

Please return in the pre-paid envelope provided to:

Research and Intelligence Unit, Chief Executives Department, Worcestershire County Council, County Hall,  
Spetchley Road, Worcester. WR5 2NP  
**By Monday 20th June 2005**