

Quality of Life - residents survey

This survey is useful to gauge residents expectations about their quality of life with regard to social housing and local amenities.

1) Number the list to show which of these are your priority for improving the quality of your life where you live.

- | | |
|--|---|
| <input type="checkbox"/> Clean streets | <input type="checkbox"/> Local health centre |
| <input type="checkbox"/> Local shopping facilities | <input type="checkbox"/> Good public transport |
| <input type="checkbox"/> Low crime levels | <input type="checkbox"/> Good local schools |
| <input type="checkbox"/> Parks and open spaces | <input type="checkbox"/> Decent housing provision |
| <input type="checkbox"/> Places for young people to go | |

2) How satisfied are you with the neighbourhood you live in?

- | | |
|---|--|
| <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Dissatisfied |
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Dissatisfied |

3) How well do people in your neighbourhood get along, in your opinion?

- People generally get on well with each other
- People of different backgrounds get on well with each other
- The neighbourhood is welcoming to new people
- The neighbourhood is cut off from other areas
- People do not know each other very well

4) Do you think there has been a good investment in facilities in your area?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

5) Which of these districts do you live in?

- | | | | | |
|-------------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Summerbank | <input type="checkbox"/> Quarry Lane | <input type="checkbox"/> Fir Tree | <input type="checkbox"/> Haverbrook | <input type="checkbox"/> Green Heath |
|-------------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|--------------------------------------|

6) When you travel anywhere, how do you normally travel?

Walk

Train

Bike

Car

Motorbike/moped

Taxi

Bus

Do not travel

7) How long have you lived in your house?

Less than 6 months

2 -5 years

Between 6 -12 months

5-10 years

1 - 2 years

More than 10 years

8) Do you want to remain living in this area, or would you like to move somewhere else?

Remain living here

Move somewhere else

Don't know

9) If you were moving away what would be the reason for you doing so?

10) How safe do you feel you area is?

Very safe

Not safe

Quite safe

Not sure

11) Are there any anti-social problems in your area?

Yes

No

12) Tell us how satisfied you are with these facilities in your area

	Satisfied	Dissatisfied
12.1) Local shops	<input type="checkbox"/>	<input type="checkbox"/>
12.2) Good public transport	<input type="checkbox"/>	<input type="checkbox"/>
12.3) Schools in your area	<input type="checkbox"/>	<input type="checkbox"/>
12.4) Parks and open spaces	<input type="checkbox"/>	<input type="checkbox"/>
12.5) Leisure facilities	<input type="checkbox"/>	<input type="checkbox"/>
12.6) Health care facilities	<input type="checkbox"/>	<input type="checkbox"/>
12.7) Support for the elderly and disabled	<input type="checkbox"/>	<input type="checkbox"/>

13) Are you?

Male

Female

14) What age group do you fit into?

18-30

65-74

30-65

Over 75