

Anti-social behaviour in the local community

The public perception of crime is just as important as the actual crime and in particular anti-social behaviour is a key issue.

Q1. How do you rate these particular issues in your local area?

	Very big problem	Fairly big problem	Irritating	Not a problem
Speeding motorists in built up areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-social driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teenagers on the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illegal parking / obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Litter and rubbish dumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drunk and rowdy behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graffiti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling / skateboarding on the pavement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem / noisy neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned / burnt out vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2. Do you think the crime in your area has changed?

A lot more crime
 A little more crime
 About the same
 A little less crime
 A lot less crime

Q3. Which of these cause you concern?

	Most concerned	Some concern	Not concerned
Having home broken into	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having vehicle stolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having property damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other physical attacks by strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulted or pestered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attacks due to faith and race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this questionnaire.