

# Your place, your say....

- The questionnaire can be completed by any resident aged 18 or over living at this address.
- There are seven sections:
  - Your local area
  - Your home and work
  - Your local public services
  - Getting involved
  - Your life overall
  - Your future
  - About you
- Please read each question carefully and follow the instructions for how to answer – in most cases you will only need to tick (✓) one box. You should then answer the next question unless asked otherwise.
- Once you have finished, please take a minute to check your responses. Then **return your completed questionnaire in the pre-paid envelope provided**. If your envelope was missing or you have mislaid it, you can post it to: **Qa Research, Freepost NAT5853, York, YO24 1ZY**. No stamp is needed.
- **OR** if you prefer you can complete the survey online at [surveys.questions.co.uk/kirklees.asp](http://surveys.questions.co.uk/kirklees.asp) using the unique password which is on the letter which came with this questionnaire. Taking part online will be quicker for you and save us money on return postage.
- Please **reply as soon as possible** (and by **Friday 25th November 2011**) – replying sooner means we'll save money as we won't need to send you a reminder and it's better for the environment as we'll save paper too.
- If you have any further questions or need help completing this questionnaire, you can contact Qa Research on their freephone helpline number **0800 980 9030** or by email at [survey.info@qaresearch.co.uk](mailto:survey.info@qaresearch.co.uk)

## Your local area and nearest town centre

Many of the questions throughout this questionnaire 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.

Three questions also ask about your nearest town centre – please ✓ one box below to tell us which is your nearest town centre, and think about this town centre when answering these questions.

- |              |                             |                             |                             |  |                            |
|--------------|-----------------------------|-----------------------------|-----------------------------|--|----------------------------|
| Huddersfield | <input type="checkbox"/> 1  | Heckmondwike                | <input type="checkbox"/> 2  | Batley   | <input type="checkbox"/> 3 |
| Dewsbury     | <input type="checkbox"/> 4  | Cleckheaton                 | <input type="checkbox"/> 5  | Holmfirth  | <input type="checkbox"/> 6 |
| Mirfield     | <input type="checkbox"/> 7  | Birstall                    | <input type="checkbox"/> 8  | Marsden  | <input type="checkbox"/> 9 |
| Slaitwaite   | <input type="checkbox"/> 10 | Other (please write in box) | <input type="checkbox"/> 11 | <input style="width: 150px; height: 20px;" type="text"/> |                            |

## A) YOUR LOCAL AREA

This section asks for your views on what it's like in your local area – remember, that's the area within 15-20 minutes walking distance of your home. Questions 4b), 5b) and 6b) also ask about your nearest town centre.

- Q1** a) Thinking generally, which of the things listed below would you say are the most important in making somewhere a good place to live? (please ✓ up to five boxes)  
 b) Thinking about your local area, which things, if any, most need improving? (✓ up to five boxes)  
 c) And which of these would you say is your top priority for your local area? (please ✓ one only)

	a) Most important (✓ up to 5)	b) Most need improving (✓ up to 5)	c) Your top priority (✓ one only)
A safe local environment	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
A clean and tidy local environment	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Low levels of traffic congestion and pollution	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Good public transport links	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Well maintained roads and pavements	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
A strong local economy with well paid jobs	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Affordable decent housing	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
High performing schools	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Access to parks and open spaces	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Access to childcare facilities	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Access to support for vulnerable people and families	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Access to arts and creative activities	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Access to community facilities (buildings/venues)	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Sport and active recreation opportunities	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Access to shopping facilities	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
Vibrant town centres	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16

- Q2** To what extent do you agree or disagree that your local area is...

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
...a place where people from <b>different ethnic backgrounds</b> get on well together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...a place where people of <b>different ages</b> get on well together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...a place where people with <b>different income levels</b> get on well together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...a place where people with <b>different needs/abilities</b> get on well together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...a place where people treat each other with respect and consideration	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...a place where people trust each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q2 cont'd To what extent do you agree or disagree that your local area is...**

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
...a place where people help and support each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...a place where people pull together to improve things in the local area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...a place that looks attractive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...a place where you feel proud to live	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q3 Thinking about your local area, how much of a problem do you think each of the following are...**

	A very big problem	A fairly big problem	Not a very big problem	Not a problem at all	Don't know/ no opinion
Noisy neighbours or loud parties	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Vandalism and graffiti	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People using or dealing drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People being drunk or rowdy in public places	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rubbish or litter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rats and other pests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q4 a) How safe or unsafe do you feel when outside in your local area...**

	Very safe	Fairly safe	Neither safe nor unsafe	Fairly unsafe	Very unsafe	Don't know
...after dark	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
...during the day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**b) How safe or unsafe do you feel when outside in your nearest town centre...**

	Very safe	Fairly safe	Neither safe nor unsafe	Fairly unsafe	Very unsafe	Don't know
...after dark	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
...during the day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**Q5 a) 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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**b) Overall, how satisfied or dissatisfied are you with your nearest town centre?**

Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



**c) What has prevented you from moving in the last 12 months? (please ✓ all that apply)**

- Unable to sell current home  1
  - Unable to find a home I liked to rent  3
  - Unable to find a home I liked to buy  5
  - Something else  7
  - Unable to find a home in the area I want to live  2
  - Unable to find a home I could afford to rent  4
  - Unable to find a home I could afford to buy  6
- (please write in the box provided)

**Q10 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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q11 a) Which of these activities best describes what you are doing at present**

- Working full-time (30 hours plus per week) as an employee?  1
- Working part-time (under 30 hours per week) as an employee?  2
- On a government sponsored training scheme?  3
- Self employed or freelance?  4
- Working paid or unpaid for your own or family's business?  5
- On maternity leave or temporarily laid off?  6
- Doing any other kind of paid work?  7
- None of the above? (Please answer part b)  8

- b) Are you:**
- In full-time education at school, college or university  1
  - Unemployed and available for work  2
  - Long-term sick or disabled  3
  - Wholly retired from work  4
  - Looking after the home  5
  - Doing something else  6

If you are currently working (or temporarily away from work ill or on maternity leave) please answer Q12 and Q13 below. Otherwise, go straight to Q14 (local public services).

**Q12 a) Whereabouts do you work most often?**

- Within Kirklees  1 (e.g. Huddersfield, Dewsbury, Mirfield)
- Outside Kirklees  2 (e.g. Leeds, Manchester, Halifax, Bradford)

**b) Approximately how many miles do you travel from home to work (one way)?**

 miles (please write in)

**c) How many miles (approximately) do you feel is a reasonable distance to expect to travel to work (one way)?**

 miles (please write in)

**d) How do you usually travel to work? (please ✓ your main method of transport only)**

- Work mainly at or from home  1
- Driving a car or van  3
- Passenger in a car or van  5
- Motorcycle, scooter or moped  7
- Other  9
- Bicycle  2
- Bus, minibus or coach  4
- Rail  6
- On foot  8

**Q13** During the past week, how many of your normal working days were you off work because of ill health?

1  2  3  4  5  6  7  None

**C) YOUR LOCAL PUBLIC SERVICES**

This section is about your views on local public services, in particular those provided by Kirklees Council.

**Q14** a) How satisfied are you with each of the following services...

b) And which of these services are the most important to you? (please ✓ up to five boxes)

	a)						b) Most important (✓ up to 5)
	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know	
Household refuse collection	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 1
Doorstep recycling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 2
Road and pavement maintenance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 3
Street lighting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 4
Street cleaning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 5
Local schools	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Children's Centres	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Social care services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 8
Sport and active recreation facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 9
Parks and open spaces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 10
Museums and galleries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 11
Theatres and concert halls (e.g. town halls)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 12
Kirklees Customer Service Centres/ Information Points/ Library and Information Centres (LICs)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 13

**THE ARTS AND CREATIVE ACTIVITIES**

The next question asks specifically about arts and creative opportunities in addition to the cultural facilities highlighted in Q14 above (for example museums and galleries).

**Q15** a) To what extent do you agree or disagree that there is a good range of arts and creative opportunities in Kirklees? (e.g. festivals, musical events, craft markets, and arts/creative activities where you can join in, take part and learn new skills)

Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Don't know/ don't use
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

b) How many arts and creative events in Kirklees have you attended in the last 12 months?

None	One	2-4	5 or more	Don't know/ can't remember
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

c) Have you spent time actually doing any arts and creative activities (e.g. artistic, theatrical, musical, dance activities) in the last 12 months?

Yes  1 No  2 Don't know/can't remember  3

## CONTACTING THE COUNCIL

**Q16 a) Have you been in direct contact with Kirklees Council in the last 12 months?**

Yes  1 (now answer part b) No  2 (go to Q17)

Thinking specifically about the last time you contacted or were in contact with the council...

**b) How did this contact happen?**

In person  1 By letter  2  
 By telephone  3 Through the website  4  
 By email  5 In another way  6

**c) Did you feel you were...**

Yes No

...listened to?  1  2  
 ...treated politely and with respect?  1  2  
 ...taken seriously?  1  2  
 ...treated fairly?  1  2

**d) Did the person you were in contact with...**

Yes No

...take a genuine interest in you?  1  2  
 ...take responsibility for sorting your issue or request?  1  2  
 ...explain honestly what was realistic?  1  2  
 ...agree a timescale for getting back to you?  1  2  
 ...do what they said they would do?  1  2

**Q17 a) Which of these methods have you used to find out about Kirklees Council within the last 12 months? (please  all that apply)**

**b) Which one of these is your preferred method of getting information?**

Kirklees Council website (www.kirklees.gov.uk)

Local TV/ Local Radio

Social media (e.g. Twitter, Facebook)

Kirklees *Together* magazine (delivered through your door)

Local newspapers (e.g. Huddersfield Examiner, Dewsbury Reporter)

Your guide to local health and council services (A-Z)

Telephone (e.g. Kirklees Direct)

Face-to-face at a council building (e.g. Kirklees Customer Service Centre, Information Point or Library and Information Centre – LIC)

Face-to-face from a council employee who is not based in a council building (e.g. community ranger, home care assistant, refuse collector)

Word of mouth

From a local councillor

From a friend/relative/neighbour who is a council employee

**a)**  
Methods used  
( all)

1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11  
 12

**b)**  
Preferred method  
( one only)

1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11  
 12

**Q18 Overall, how well informed do you feel about...**

Very well informed	Fairly well informed	Not very well informed	Not informed at all	Don't know
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...how and where to <u>register</u> to vote	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...how and when to <u>vote</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...how your council tax is spent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...what's happening in your local area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...how you can get involved in local decision making	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...how to give your views on/make suggestions for delivering services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...preparing for a large scale emergency (such as flooding or severe weather)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...local public services overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q19 a) Taking everything into account, to what extent do you agree or disagree that Kirklees Council provides value for money?**

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**b) Taking everything into account, how satisfied or dissatisfied are you with the way Kirklees Council runs things?**

Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q20 And to what extent do you agree or disagree that local public services...**

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
...involve residents when making decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
... treat people with fairness and respect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
...treat people equally regardless of their background (e.g. age, disability, ethnicity)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
... can be trusted to work in the best interest of local people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**D) GETTING INVOLVED**

This section is about anything that you do to help out in your local community or get involved in local activities and decision making.

**Q21 Overall, about how often over the last 12 months have you given unpaid help to any group(s), club(s) or organisations(s).** For example, this might involve helping at a youth or day centre, being a 'Friend' of a local organisation, helping to run an event, campaigning or doing unpaid admin work.

*Please exclude giving money and anything that was a requirement of your job. Please only include work that is unpaid and not for your family.*

At least once a week	<input type="checkbox"/> 1
Less than once a week but at least once a month	<input type="checkbox"/> 2
Less often	<input type="checkbox"/> 3
I give unpaid help as an individual only and not through groups (for example helping a neighbour, friend, etc)	<input type="checkbox"/> 4
I have not given any unpaid help at all over the last 12 months	<input type="checkbox"/> 5
Don't know	<input type="checkbox"/> 6

**Q22 a) In the past 12 months, do you feel you have had the opportunity to express your views on local services or issues that affect you as a local resident?**

Yes  1 (go to part b)      No  2 (go to Q23)      Don't Know  2

**b) And have you actually expressed your views in some way?**

Yes  1 (go to part c)      No  2 (go to Q23)      Don't Know  2

**c) Do you feel that your views made a difference?**

Yes  1 (go to part d)      No  2 (go to part d)      Don't Know  2 (go to part d)



**d) How well informed did you feel about what happened next?**

Very well informed	Fairly well informed	Not very informed	Not at all informed	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q23 a) In the past 12 months, which of the following specific things have you done? (✓ all that apply)**  
**b) And which of these would be your most preferred ways of getting involved locally in the future?**  
*(please ✓ up to three boxes – you should exclude anything that was/is a requirement of your job)*

	a) Have done (✓ all that apply)	b) Preferred (✓ up to 3)
Contacted your local councillor	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Signed a petition	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Voted in a local election	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Attended a local event/meeting	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Taken part in a public consultation (attended a discussion group, etc)	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Completed a questionnaire (other than this one)	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Used social media (e.g. Twitter, Facebook) to share your views on a local issue	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Belonged to any group which makes decisions that affect your local area	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Represented the views of others (e.g. as a school parent governor)	<input type="checkbox"/> 9	<input type="checkbox"/> 9

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

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
I feel able to get involved/help out locally if I want to (i.e. there are opportunities and support available)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I can influence decisions affecting my local area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I would like to be more involved in local decision making	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
When people like me get involved in their local community they really can change the way their area is run	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**E) YOUR LIFE OVERALL**

This section asks about your feelings on aspects of your life – thinking about everything which affects how you feel about yourself. There are no right or wrong answers. For each of these questions we'd like you to give an answer on a scale of 0 to 10, where 0 is 'not at all' and 10 is 'completely'.

**Q25 Overall...**

	Not at all <span style="float:right">→</span> Completely										
	0	1	2	3	4	5	6	7	8	9	10
...how <b>satisfied</b> are you with your life nowadays?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...to what extent do you feel the things you do in your life are <b>worthwhile</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...how <b>happy</b> did you feel yesterday?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...how <b>anxious</b> did you feel yesterday?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...how <b>optimistic</b> do you feel about the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## F) YOUR FUTURE

This section asks you more specifically about your goals for the future – the things you plan to do within the next five years.

- Q26 a) Which of the following are you planning on doing (or do you do already) and how likely are they to happen in the next five years? (if you are not planning on doing a particular activity please leave blank)**  
**b) Overall, how important or unimportant are each of these goals to you?**

	A) Is this something you...			b) How important is this to you overall?				
	...do already	...plan to do and is likely to happen in the next 5 years	...would like to do but unlikely to happen in the next 5 years	Very important	Fairly important	Neither important nor unimportant	Fairly unimportant	Very unimportant
Get a paid job/change my job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Undertake further education/training/qualifications	<i>n/a</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Start my own business	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Have enough money to do the things I want to in life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Help out a local group/club/organisation (unpaid) to make a difference to people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Get involved to help provide local public services and improve the area for communities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Use the car less (or car-share) /use public transport more	<i>n/a</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Recycle as much as possible	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Grow my own vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Take part in arts and creative activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learn new skills and hobbies	<i>n/a</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Eat a healthy/balanced diet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Be in good physical shape	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Make a 'healthy' change e.g. stop smoking, reduce drinking	<i>n/a</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Feel good about the way I look	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Spend lots of time with my friends and family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Have/ adopt/ foster a child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Move house (within local area)	<i>n/a</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Move house (within Kirklees)	<i>n/a</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Move house (outside Kirklees)	<i>n/a</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Something else important... (please tell us what - write in here)								

**G) ABOUT YOU**

This section asks for some information about you. As with all the questions, this will be kept completely confidential. It will help us analyse the survey findings to see if there are any differences in views between different groups of residents, and will not be used to identify you as an individual.

**Q27 Are you male or female?**

Male  1 Female  2

**Q28 What was your age on your last birthday?**

Years

**Q29 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?**

Yes – limited a lot  1 Yes – limited a little  2 No  3

**Q30 Do you look after or give support to family members, friends, neighbours or others because of either: - long-term physical or mental ill-health/disability - problems related to old age (Do not count anything you do as part of your paid employment)**

No  1 Yes, 20-49 hours a week  3

Yes, 1-19 hours a week  2 Yes, 50 or more hours a week  4

**Q31 What is your ethnic group?**

English/Welsh/Scottish/Northern Irish/British  1

Irish  2

Gypsy or Irish Traveller  3

Any other White background  4

**Asian/Asian British**

Indian  5

Pakistani  6

Bangladeshi  7

Chinese  8

Any other Asian/Asian British background  9

**Mixed/multiple ethnic groups**

White and Black Caribbean  10

White and Black African  11

White and Asian  12

Any other mixed/multiple ethnic background  13

**Black/African/Caribbean/Black British**

African  14

Caribbean  15

Any other Black/African/Caribbean background  16

**Other ethnic group**

Arab  17

Any other ethnic group  18

**Q32 What is your religion?**

No religion  1

Christian (Catholic, Protestant and all other Christian denominations)  2

Jewish  3

Buddhist  4

Muslim  5

Sikh  6

Hindu  7

Any other religion  8

**Q33 How would you describe your sexual orientation?**

Heterosexual  1 Gay man  4

Bisexual  2 I am not prepared to say  5

Lesbian/gay woman  3 None of these  6

**Q34 a) How many people are there in your household including yourself?** (Please write in)

Children aged 4 years and under	Children aged 5 to 17 years	Adults aged 18-64 years	Adults aged 65 years and over

**b) If there are children in your household, are you the parent or legal guardian of one or more of these children?**

Yes  1 No  2

**Q35 Which of the following qualifications do you have?** (please ✓ all that apply)

- 1 No qualifications
- 2 1-4 O-levels/ CSEs/ GCSEs (any grade) or equivalent (e.g. a BTEC or NVQ Level 1)
- 3 5+ O-levels/ CSEs/ GCSEs (grades A\*-C) or equivalent (e.g. an Intermediate Apprenticeship, BTEC/ NVQ Level 2)
- 4 2+ A-levels/ 4+ AS-levels or equivalent (e.g. a GNVQ Advanced, Advanced Apprenticeship, BTEC/ NVQ Level 3)
- 5 A Foundation Degree, Degree (BA, BSc), Higher Apprenticeship, Higher Degree (MA, PhD, PGCE), NVQ Level 4+ or equivalent
- 6 Other professional/ vocational/ work-related qualifications

**Q36 Are you employed by Kirklees Council?**

Yes  1 No  2

**Q37 Finally, please tell us the total annual income of your household** (please ✓ one box only)  
(Before tax/ deductions and including any benefits/allowances)

Below £10,000	£10,001- £20,000	£20,001 - £30,000	£30,001 - £40,000	£40,001 - £50,000	Above £50,000
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

## ONGOING INVOLVEMENT

Kirklees Council and partners are committed to the ongoing involvement of local residents in our work. If you'd like to get more involved, then please let us know by ticking one or more of the boxes below and completing your contact details so we can get back to you. If you provide your contact details these will be passed to the council to follow-up. However, the contact details you provide will not be matched to your responses in the survey and everything you say will remain entirely confidential.

Please send me more information about how I can get involved with the council to help improve the local area for communities.

I would be interested in joining an online 'panel' of residents to give feedback, take part in conversations and share my ideas on local public services

Your name:

Your address:

Your email address:

You can also check our 'Involve' calendar to see what activities are coming up and find out more about what's happened as a result of people getting involved at [www.kirklees.gov.uk/involve](http://www.kirklees.gov.uk/involve)

**Thank you very much for taking part in this survey**

**Please return your questionnaire to Qa Research in the FREEPOST envelope as soon as possible and by 25th November 2011.**