

Section A. The Assembly Rooms and Guildhall Theatre

The Assembly Rooms

The Assembly Rooms is a multi-purpose venue in the city centre, which promotes Arts and Entertainment programmes throughout the year. Programmes include an orchestral season, comedy, family entertainment such as the annual ice-show, dance, drama, rock and pop, and children's shows. It holds about 450 events or productions a year and around 200,000 people attend.

- A1. How many times have you visited the Assembly Rooms in the last 12 months? Tick **one** box only.

No visits in last 12 months	Once	Twice	3 - 4 times	More than 5 times
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Go to A4

- A2. How do you rate the shows you have seen at the Assembly Rooms? Tick **one** box only.

Very good	Good	Adequate	Poor	Very poor	Varies
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

- A3. How satisfied are you with the service standards at the Assembly Rooms? Tick **one** box only.

Very satisfied	Fairly satisfied	Neither satisfied or dissatisfied	Fairly dissatisfied	Very dissatisfied	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

- A4. If you have not visited the Assembly Rooms in the past 12 months, please tell us what stops you visiting it.

Now go to A5 'The Guildhall Theatre'

The Guildhall Theatre

The Guildhall Theatre offers a mixture of professional touring theatre and music events and is used by amateur groups. It holds 150 events or productions a year and annual audience figures are 40,000.

- A5. How many times have you visited The Guildhall Theatre in the last 12 months? Tick **one** box only.

No visits in last 12 months	Once	Twice	3 - 4 times	More than 5 times
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Go to A8

- A6. How do you rate the shows you have seen at The Guildhall? Tick **one** box only.

Very good	Good	Adequate	Poor	Very poor	Varies
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

- A7. How satisfied are you with the service standards at The Guildhall Theatre? Tick **one** box only.

Very satisfied	Fairly satisfied	Neither satisfied or dissatisfied	Fairly dissatisfied	Very dissatisfied	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

- A8. If you have not visited The Guildhall Theatre in the past 12 months, please tell us what stops you visiting it.

Now follow instructions at the bottom of the page

Please go to A13 if you have **not** visited Assembly Rooms or The Guildhall Theatre in the last 12 months.

Please answer these questions if you **have** visited the Assembly Rooms or the Guildhall Theatre in the last 12 months...

A9. When do you prefer to book your tickets for events at the Assembly Rooms or Guildhall Theatre? Tick **one** box only.

As soon as I get the 'What's On' brochure	Up to one month before the event	In the week of the event	On the day of the event	On the door	Can't say/ it varies
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

A10. How do you prefer to book your tickets for events at the Assembly Rooms or Guildhall Theatre? Tick **one** box only.

At the box office	By post	By telephone	By Internet	By another method	Can't say/ it varies
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Please explain

A11. How **do** you hear about events on at the Assembly Rooms or Guildhall Theatre? Tick all that apply

a. 'What's On' brochure	<input type="checkbox"/> 1	
b. Posters and leaflets	<input type="checkbox"/> 2	Where _____
c. Direct mail sent to your home	<input type="checkbox"/> 3	
d. Newspapers	<input type="checkbox"/> 4	
e. Radio	<input type="checkbox"/> 5	
f. Internet	<input type="checkbox"/> 6	
g. Word of mouth - from friends, family	<input type="checkbox"/> 7	
h. Other, please explain	<input type="checkbox"/> 8	Where _____
i. Don't hear about events	<input type="checkbox"/> 9	

A12. Are there any other ways or places that the council should use to inform people about the events being held at the Assembly Rooms or Guildhall Theatre?

Everyone

A13. Do you think the Assembly Rooms and Guildhall Theatre entertainment programme offers something for everyone?

Yes ☐ 1

No ☐ 2

Don't know ☐ 3

Go to A15

A14 If you ticked 'no' or 'don't know' to A13, what sort of events or shows would you like to see? Tick **all** that would appeal to you.

a. Classical concert ☐ 1

b. Jazz ☐ 2

c. Ballet ☐ 3

d. Opera ☐ 4

e. Rock/pop ☐ 5

f. Children's shows ☐ 6

g. Folk ☐ 7

h. Comedy ☐ 8

i. Dance ☐ 9

j. Plays ☐ 10

k. Musicals ☐ 11

l. Other ☐ 12 Please explain _____

A15 Would you like to receive information about future events held at the Assembly Rooms or Guildhall Theatre?

Yes ☐ 1

No ☐ 2

Section B. Street Lighting

The Council provides street lights and illumination for street signs on roads and paths in the city. We would like your views on how suitable the lighting is, and your suggestions about how it could be improved

B1. How important do you think it is to have good lighting in the areas listed? Tick **one** box only for each area.

		Very important	Quite important	Not very important	Not at all important
a	The city centre	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b	Main shopping streets	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c	District shopping centres	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d	Main roads	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e	Estate roads	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f	Public footpaths	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
g	Public cycle paths	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
h	Residential areas	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
i	Car parks	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
j	Parks	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
k	Feature lighting of public buildings such as the Derby Cathedral	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
l	Other places, please say where	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

B2. In your opinion, how effective are the street lights in these areas? Tick **one** box only for each area.

		Very effective	Quite effective	Not very effective	Not at all effective	Don't know
a	The city centre	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
b	Main shopping streets	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
c	District shopping centres	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
d	Main roads	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
e	Estate roads	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
f	Public footpaths	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
g	Public cycle paths	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
h	Residential areas	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
i	Car parks	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

		Very effective	Quite effective	Not very effective	Not at all effective	Don't know
j	Parks	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
k	Feature lighting of public buildings such as the Derby Cathedral	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

B3. How satisfied are you with how we maintain and repair street lighting in Derby? Tick **one** box only.

Very satisfied	Fairly satisfied	Neither satisfied or dissatisfied	Fairly dissatisfied	Very dissatisfied
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

Go to B5

B4 If you ticked 'fairly or very dissatisfied' for B3 please explain.

B5. A 'white light' source makes it easier to identify people on CCTV cameras to reduce crime. However, 'white light' is more expensive to install and has higher maintenance and energy costs. Do you think the Council should provide 'white light' in these areas? Tick **one** box for each area.

	Yes	No	Don't know
a. The city centre	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b. Main shopping streets	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c. District shopping centres	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d. Main roads	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e. Estate roads	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f. Public footpaths	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g. Public cycle paths	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
h. Residential areas	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
i. Car parks	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
j. Parks	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

B6. If we did introduce 'white light', how much more additional Council Tax would you be prepared to pay **each year** to help cover the costs? Tick **one** box only.

No increase in Council Tax	Increase of up to £2.50	Increase between £2.50 and £5	Increase between £5 and £7.50	Increase over £7.50	I don't know
1	2	3	4	5	6

B7. Which of these initiatives do you think the Council should consider to keep street lighting costs down? Tick **one** box for each part of the question.

	Yes	No	Don't know
a. Use more energy efficient lighting units	1	2	3
b. Encourage advertising on lighting columns	1	2	3
c. Reduce the number of lit columns between 2am and dawn	1	2	3
d. Reduce amenity and public building lighting	1	2	3
e. Other, please explain	1	2	3

B8. Please tell us how you think the Council could improve street lighting.

Section C. Sport and Leisure

Sport and Leisure provide opportunities for people to take part in sport, recreation and play. We manage seven sports facilities, promote the benefits of leading an active lifestyle, develop sports in the local community and help schools to raise their Physical Education and sports standards.

C1. On average, how often do you play sports at these Council sports centres? Tick **one** box for each part of the question.

		Weekly	Monthly	Every 2-3 months	Less often	Never
a	Queen's Leisure Centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	Moorways Sports Complex	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c	Springwood Leisure Centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d	Shaftesbury Sports Centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e	Lancaster Sports Centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f	Derby College Sports Centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g	Markeaton Park Sports Facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C2. In your view, how good are the opportunities for you to take part in sports in the city?
Tick **one** box only.

Excellent	Good	Fair	Poor	Very bad
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Go to C4

C3. If you ticked 'poor' or 'very bad' to C2, please explain.

C4. Do you use a fitness centre in Derby?

Yes ☐ 1 Go to C5

No ☐ 2 Go to C6

C5. If yes, which do you use? Tick **all** that apply.

- | | |
|------------------------------------|--------------------------|
| a David Lloyd Leisure | <input type="checkbox"/> |
| b Virgin Active | <input type="checkbox"/> |
| c Fitness First | <input type="checkbox"/> |
| d JJB | <input type="checkbox"/> |
| e Dragons | <input type="checkbox"/> |
| f Horizons | <input type="checkbox"/> |
| g Gym at a Council sports facility | <input type="checkbox"/> |
| h Other, please state | <input type="checkbox"/> |

Swimming Pools

We are interested in your views on swimming pools. Your answers will help us focus on ways to encourage more people to go swimming.

C6. Have you been to a local swimming pool in the last three months?

Yes ☐ ¹ Go to C7a

No ☐ ² Go to C8

C7a. If yes, which pool do you normally swim at? If you swim at more than one pool please tick the pool where you swim most of the time.

- | | |
|---------------------------|---------------------------------------|
| Queen's Leisure Centre | <input type="checkbox"/> ¹ |
| Moorways Pool | <input type="checkbox"/> ² |
| Other Council pool | <input type="checkbox"/> ³ |
| Health club pool | <input type="checkbox"/> ⁴ |
| Hotel pool | <input type="checkbox"/> ⁵ |
| Private pool | <input type="checkbox"/> ⁶ |
| Pool at school/university | <input type="checkbox"/> ⁷ |

Which? _____

Which? _____

C7b Why do you swim at this pool? Please tick up to **four** reasons only.

	Yes
a. Cleanest	<input type="checkbox"/> 1
b. Quietest	<input type="checkbox"/> 1
c. Opening times	<input type="checkbox"/> 1
d. Convenient parking	<input type="checkbox"/> 1
e. Free parking	<input type="checkbox"/> 1
f. Price charged	<input type="checkbox"/> 1
g. Qualified staff	<input type="checkbox"/> 1
h. Lane Swimming	<input type="checkbox"/> 1
i. Non-lane Swimming	<input type="checkbox"/> 1
j. Friendly staff	<input type="checkbox"/> 1
k. Friends swim there	<input type="checkbox"/> 1
l. Pool Temperature	<input type="checkbox"/> 1
m. On public transport route	<input type="checkbox"/> 1
n. Disabled facilities	<input type="checkbox"/> 1
o. Creche facility	<input type="checkbox"/> 1
p. Slides/flumes in pool	<input type="checkbox"/> 1
q. Feel safe	<input type="checkbox"/> 1
r. Other Reason, please explain	<input type="checkbox"/> 1

C7c. How important are these swimming pool features to you? Tick **one** box for each part of the question.

	Very Important	Important	Not concerned either way	Not very important	Unimportant	No view
a. Cafeteria	<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. Vending machines	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Clean toilets	<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. Hair dryer	<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. Parking 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
f. Well lit car park	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. Clear safety signs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

		Very Important	Important	Not concerned either way	Not very important	Unimportant	No view
h.	Qualified supervision	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
i.	Swimming lesson programme available	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
j.	Swimming accessory sales	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
k.	Lane swimming for adults	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
l.	Exercise to music classes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
m.	Adult only sessions	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
n.	Gender only sessions, for Example, women only	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
o.	Disabled facilities	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
p.	Well maintained changing facilities	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
q.	Family changing areas	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
r.	Separate changing cubicles	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>

Now go to C9

C8. If you have **not** been to a swimming pool in the last three months, please say why. Please tick up to **four** reasons only.

Do not enjoy swimming	<input type="text" value="1"/>	No catering facilities open or available	<input type="text" value="12"/>
Cannot swim	<input type="text" value="2"/>	No childcare	<input type="text" value="13"/>
No transport	<input type="text" value="3"/>	Unclean changing rooms and toilets	<input type="text" value="14"/>
Too far to travel	<input type="text" value="4"/>	Outdated facility	<input type="text" value="15"/>
No-one to swim with	<input type="text" value="5"/>	Locker's not secure	<input type="text" value="16"/>
Opening times	<input type="text" value="6"/>	Facility security	<input type="text" value="17"/>
Laned swimming is not at a convenient time	<input type="text" value="7"/>	Car parking is not convenient	<input type="text" value="18"/>
Illness/disability prevents me swimming	<input type="text" value="8"/>	Attitude of staff	<input type="text" value="19"/>
Not enough time	<input type="text" value="9"/>	Cultural reasons	<input type="text" value="20"/>
Price	<input type="text" value="10"/>	Other, please explain	<input type="text" value="21"/>
Lack of additional facilities, for example, hairdryers, spa, steam room, gym	<input type="text" value="11"/>		

C9. What could we do to encourage you to use the Council's swimming pools, or to use them more often? Tick all that apply.

More laned swimming	<input type="checkbox"/> 1
Less laned swimming	<input type="checkbox"/> 2
Adults only swimming	<input type="checkbox"/> 3
Children only swimming	<input type="checkbox"/> 4
Womens only swimming	<input type="checkbox"/> 5
Early morning laned swimming	<input type="checkbox"/> 6
Improved cleanliness	<input type="checkbox"/> 7
Cleaner changing rooms and toilets	<input type="checkbox"/> 8
Private changing cubicles	<input type="checkbox"/> 9
Family changing area	<input type="checkbox"/> 10
Cafeteria selling healthy snacks	<input type="checkbox"/> 11
Activity sessions, for example, inflatables, snorkelling, diving boards open	<input type="checkbox"/> 12
Swim improvement sessions	<input type="checkbox"/> 13
Leisure features such as flumes and slides	<input type="checkbox"/> 14
Pools easier to get in and out of	<input type="checkbox"/> 15
Improved security	<input type="checkbox"/> 16
Improved facilities for disabled people	<input type="checkbox"/> 17
Social activities	<input type="checkbox"/> 18
Cheaper prices	<input type="checkbox"/> 19
Other, please explain	<input type="checkbox"/> 20

C10. If there is one thing we could do to encourage you to go swimming in the next few weeks, what would it be?

--

Section D. Crime and Crime Prevention

The Derbyshire Police are reviewing burglary prevention and burglary investigation. An important part of the review is to find out local residents' views about burglary prevention and helping the Police to investigate burglaries. Your answers will help us reduce the fear of crime and improve satisfaction and confidence with local policing services.

D1. How important to you are the crime prevention methods listed to protect your home from burglary? Tick **one** box for each part of the question.

		Very Important	Quite Important	Not very important	Not at all important
a	Have approved door and window locks fitted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b	Leave a light on when you go out	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c	Leave a TV/radio on when you go out	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d	Leave a light on when you go to bed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e	Have good neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f	Have outside security lights fitted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g	Install a burglar alarm	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h	Have double glazing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i	Live in a Neighbourhood Watch area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j	Have good street lighting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k	Have house contents insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l	Other, please explain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

D2a If you returned home to find that your home had been broken into, the TV and video had been stolen and the person responsible was **not** there.

What would you expect a police officer to do? Tick **one** box only.

Attend
immediately

☐ 1

Attend within a time
specified by the operator

☐ 2

Don't know/
can't say

☐ 3

D2b And how important is it to you that the police do the actions listed? Tick **one** box for each part of the question.

		Very Important	Quite Important	Not very important	Not at all important
a	Keep you updated if the officer failed to attend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b	Send someone to take fingerprints	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c	Send a police officer from the Criminal Investigation Division, CID, to see you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d	Keep you updated on the progress of the investigation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e	Keep you informed at the conclusion of the investigation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f	Recover stolen property	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g	Make enquiries to trace witnesses to the burglary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h	Arrest the offender	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i	Give you a crime reference number for insurance purposes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j	Give you advice about how to protect your home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k	Other – please explain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

D3. Have you, or a member of your household, been burgled at home in the last 12 months?

Yes ☐ 1

No ☐ 2

D4. If you see two men who you do not know outside a neighbour's house and later in the day you hear that the house has been burgled, how likely would you be to take the actions listed...? Tick **one** box for each part of the question.

		Very likely	Fairly likely	Neither likely nor unlikely	Fairly unlikely	Very unlikely
a.	Would already have rung the Police when you first saw the two men	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	Go and tell your neighbour what you had seen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		Very likely	Fairly likely	Neither likely nor unlikely	Fairly unlikely	Very unlikely
c.	Ring the police with the information when you hear the house has been burgled	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
d.	Tell the police what you had seen if they called at your house to ask	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
e.	Make a statement of evidence	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
f.	Be willing to attend an identification parade	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
g.	Be willing to attend court and give evidence	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

D5. Have you had any involvement with the police as a witness to a crime in the last 2 years?

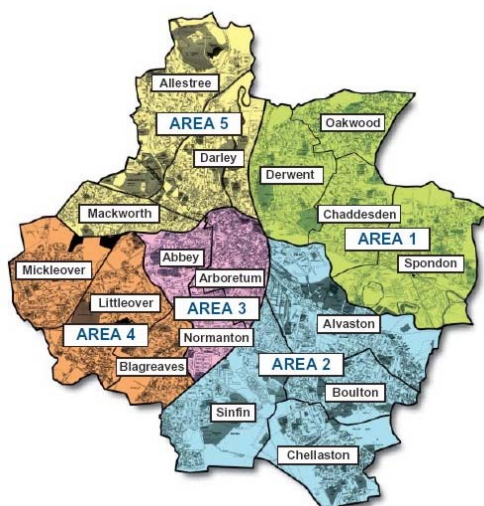
Yes

No

Section E. Area Panels

The Council set up five area panels in December 2001. Each area panel covers three or four wards and is made up of the local ward councillors. They meet every two months at a different venue within the area, normally on Wednesday evening and last for about two hours. The area panel meetings are an opportunity for residents to raise issues, give views, and suggest improvements about services in your neighbourhood with your local ward councillors. Representatives from the Council, the Police and other agencies also attend.

The agenda for the meeting includes reports, petitions and area panel funding applications, but the most important part of the meeting is the public question time and the community update report. In this part of the meeting members of the public can ask questions of the Council or other agencies. In some cases a response is given immediately or a reply is included in the community update report at the next meeting.



E1 Have you heard about the Council's area panel meetings?

Yes ☐ 1

No ☐ 2 Go to E8

E2 If yes, did you receive a leaflet about area panels through your door with your electoral registration form?

Yes ☐ 1

No ☐ 2 Go to E5

E3 Have you kept the leaflet?

Yes ☐ 1

No ☐ 2

E4 What did you think of the leaflet? Tick **one** box only.

Very
good

☐ 1

Good

☐ 2

Neither good or
poor

☐ 3

Poor

☐ 4

Very poor

☐ 5

E5 From where else have you heard about the Council's area panel meetings? Tick **all** that apply.

a. From a newspaper article

☐ 1

b. From a poster or leaflet seen in a community venue

☐ 2

c. From the Council website

☐ 3

d. My local councillor told me about them

☐ 4

e. Through a friend

☐ 5

f. Other - please explain

☐ 6

g. None of the above

☐ 7

E6 Have you ever attended an area panel meeting?

Yes ☐ 1

No ☐ 2 Go to E8

E7 If yes, why did you attend an area panel meeting? Tick **all** that apply.

- | | |
|---|----------------------------|
| a. I was interested to find out more about area panels | <input type="checkbox"/> 1 |
| b. To ask a question in the public question time session | <input type="checkbox"/> 2 |
| c. To find out what was going on in my area | <input type="checkbox"/> 3 |
| d. To hear the response to a local issue raised at a previous meeting | <input type="checkbox"/> 4 |
| e. To meet my local councillors | <input type="checkbox"/> 5 |
| f. To present a petition | <input type="checkbox"/> 6 |
| g. Other - please explain | <input type="checkbox"/> 7 |
-

E8 Would you consider attending an area panel meeting in the future?

Yes ☐ 1 Go to E10

No ☐ 2

E9 If no, please tell us why? Please tick **all** that apply.

- | | |
|--|----------------------------|
| a. Been once but it did not meet my expectations | <input type="checkbox"/> 1 |
| b. Can't get to the meetings | <input type="checkbox"/> 2 |
| c. Don't know much about them | <input type="checkbox"/> 3 |
| d. Not interested | <input type="checkbox"/> 4 |
| e. The time of the meetings is not convenient | <input type="checkbox"/> 5 |
| f. Other - please explain | <input type="checkbox"/> 6 |
-

E10 What could the Council do to encourage you to attend area panel meetings in future?
Tick **all** that apply.

- | | |
|--|----------------------------|
| a. Change the time of the meeting | <input type="checkbox"/> 1 |
| b. Provide help with transport | <input type="checkbox"/> 2 |
| c. Provide more advance publicity about the main items to be discussed | <input type="checkbox"/> 3 |
| d. Make sure that local residents can raise their issues | <input type="checkbox"/> 4 |
| e. Provide refreshments | <input type="checkbox"/> 5 |
| f. Other - please explain | <input type="checkbox"/> 6 |
-

E11 How would you like to **receive** information about your local area panels? Tick **all** that apply.

I would like to receive information through...

- a. An annual publicity leaflet delivered to every household ☐ 1
- b. Receive area panel minutes, agendas and reports sent by post ☐ 2
- c. Receive an area panel newsletter ☐ 3
- d. From the Council's website ☐ 4
- e. Posters displayed in community venues and local notice boards ☐ 5
- f. Other, please explain ☐ 6

E12 Would you like your name and address added to your local area panel mailing list?

Yes ☐ 1

No ☐ 2 Go to E13

If yes, please write in your name and address here if not already on form elsewhere.

Name	
Address	

E13 How would you prefer to give your opinions about local services? Tick **all** that apply.

- a. Attend a local ward councillor surgery ☐ 1
- b. Attend area panel meetings ☐ 2
- c. Contact your local ward councillor ☐ 3
- d. Ring the Council direct ☐ 4
- e. Use the Council's website ☐ 5
- f. Visit a Council office ☐ 6
- g. Write to the Council ☐ 7
- h. Other, please explain ☐ 8

Section F. About you

To make sure that the panel database is kept up to date, it is important that we ask you these questions. Your answers will be completely confidential and will only be used to update the panel database.

F1 Are you? Male ☐ 1 Female ☐ 2

F2 What is your age group? Please tick **one** box only.

18-24 <input type="checkbox"/> 1	45-54 <input type="checkbox"/> 4
25-34 <input type="checkbox"/> 2	55-64 <input type="checkbox"/> 5
35-44 <input type="checkbox"/> 3	65 and over <input type="checkbox"/> 6

F3 Which of these activities best describes what you are doing at present? Please tick **one** box only.

Employed full-time - 30 hours plus <input type="checkbox"/> 1	Unemployed and available for work <input type="checkbox"/> 6
Employed part-time - under 30 hours <input type="checkbox"/> 2	Permanently sick/disabled <input type="checkbox"/> 7
Self employed full or part-time <input type="checkbox"/> 3	Wholly retired from work <input type="checkbox"/> 8
On a government supported training programme, such as, Modern Apprenticeship/National Traineeship/ Training for Work/Adult training <input type="checkbox"/> 4	Looking after the home <input type="checkbox"/> 9
Full-time education at school, college or university <input type="checkbox"/> 5	Doing something else, please write in box
	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

F4 Is your home ...? Please tick **one** box only.

Owned outright <input type="checkbox"/> 1	Rented from private landlord <input type="checkbox"/> 4
Buying on mortgage <input type="checkbox"/> 2	Rent from Council <input type="checkbox"/> 5
Rent from Housing Association/ Trust <input type="checkbox"/> 3	Other please write in <input type="checkbox"/> 6

F5 To which of these groups listed do you consider you belong? Please tick **one** box only.

a. Asian or Asian British

Indian ☐ 1

Pakistani ☐ 2

Bangladeshi ☐ 3

Any other Asian background ☐ 4 Please state _____

b. Black or Black British

Caribbean ☐ 5

African ☐ 6

Any other Black background ☐ 7 Please state _____

c. Chinese

☐ 8

d. Mixed

White and Black Caribbean ☐ 9

White and Black African ☐ 10

White and Asian ☐ 11

Any other mixed background ☐ 12 Please state _____

e. Other ethnic group, please state

☐ 13

Please state _____

f. White

British ☐ 14

Irish ☐ 15

Any other White background ☐ 16 Please state _____

F6 Do you have a long-term illness, health problem or disability that limits your daily activities or the work you can do?

Yes ☐ 1

No ☐ 2

F7 We recognise that disabled people are not ill, so please tell us if you consider yourself to be disabled?

Yes ☐ 1

No ☐ 2

F8 Is anyone else in your household disabled?

Yes ☐ 1

No ☐ 2

F9 How many vehicles does your household have access to? Please tick **one** box only.

0
☐ 1

1
☐ 2

2
☐ 3

3 or more
☐ 4

F10 Would you be willing to attend a reflector group?

We will be holding a reflector group during January 2004 where the consultants, SMSR, will present the findings of this survey to a small group of panel members to provide you with the opportunity to comment on the results. This will also allow the Council to understand not just what people have said but why they have said it and provides for a much deeper understanding of the survey outcomes.

Yes ☐ 1

No ☐ 2

F11 Would you be willing to take part in a discussion group about the Council's or the Derbyshire Police budget priorities?

Yes ☐ 1

No ☐ 2

F12 Please write in your postcode. We need this information to make sure we are contacting people from all parts of Derby.

Thank you completing this survey.

