

Your membership number is:



1. Please read the instructions carefully.
2. Please use blue or black pen to fill in the questionnaire.
3. Please check you have answered all the appropriate questions.
4. Return your completed questionnaire in the reply-paid envelope provided.

Your priorities

1

a) Which of the following issues do you think are most important nationally now?

b) Which of the following issues do you think are most important locally now?

PLEASE TICK ONE BOX ONLY IN EACH COLUMN

	a) Most important <u>nationally</u>	b) Most important <u>locally</u>
Crime/law and order	<input type="checkbox"/>	<input type="checkbox"/>
Defence/foreign affairs	<input type="checkbox"/>	<input type="checkbox"/>

Economy	<input type="checkbox"/>	<input type="checkbox"/>
Education/schools	<input type="checkbox"/>	<input type="checkbox"/>

Housing	<input type="checkbox"/>	<input type="checkbox"/>
Inflation/prices	<input type="checkbox"/>	<input type="checkbox"/>

Morality/individual behaviour	<input type="checkbox"/>	<input type="checkbox"/>
Health/the NHS	<input type="checkbox"/>	<input type="checkbox"/>

Poverty/inequality	<input type="checkbox"/>	<input type="checkbox"/>
Race relations	<input type="checkbox"/>	<input type="checkbox"/>

Unemployment	<input type="checkbox"/>	<input type="checkbox"/>

2

And thinking about this local area, which of the things below, if any, do you think **most need improving**? PLEASE TICK UP TO FIVE BOXES ONLY

- Access to nature
- Activities for teenagers
- Affordable decent housing
- Clean streets
- Community activities
- Cultural facilities (eg libraries, museums)
- Education provision
- Facilities for young children
- Health services
- Job prospects
- The level of crime
- The level of pollution
- The level of traffic congestion
- Parks and open spaces
- Public transport
- Race relations
- Road and pavement repairs
- Shopping facilities
- Sports and leisure facilities
- Wage levels and local cost of living
- Other (please write in below)

None of these

Don't know

State of the economy

3

Compared with this time last year would you say that you and your family are...

PLEASE TICK ONE BOX ONLY

- Much better off
- A little better off
- About the same
- A little worse off
- Much worse off
- Don't know/not sure

4**And do you think that the economy in each of the following areas will improve, stay the same, or get worse over the next 12 months?**

PLEASE TICK ONE BOX FOR EACH

	Improve	Stay the same	Get worse	Don't know
Your local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lancashire county	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The country as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5**And approximately when do you think the current economic downturn will last until?** PLEASE TICK ONE BOX ONLY

- June 2009
- December 2009
- June 2010
- December 2010
- Longer
- Don't know/not sure

6**How concerned, if at all, would you say you are about each of the following?** PLEASE TICK ONE BOX FOR EACH

	Very concerned	Fairly concerned	Not very concerned	Not at all concerned	Don't know /does not apply
Your current financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone you know being made redundant /unemployed during the next 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7**Which of the following best describes you at present?**

PLEASE TICK ONE BOX ONLY

- Employed full-time → go to Q8
- Employed part-time → go to Q8
- Unemployed → go to Q9
- Retired → go to Q9
- Other → go to Q9

8

How concerned are you about being made redundant/unemployed yourself during the next 12 months? PLEASE TICK ONE BOX ONLY

- Very concerned
- Fairly concerned
- Not very concerned
- Not at all concerned
- Don't know/does not apply

9

a) On which of the following, if any, have you recently reduced your spending?
b) And which, if any, of these items do you expect to reduce your spending on in the next 12 months?

PLEASE TICK AS MANY AS APPLY FOR EACH

	a) Have reduced spending	b) Expect to reduce spending
Luxury or non-essential items	<input type="checkbox"/>	<input type="checkbox"/>
Eating out/takeaways	<input type="checkbox"/>	<input type="checkbox"/>

Clothing or footwear	<input type="checkbox"/>	<input type="checkbox"/>
Going out with friends/family (eg to pubs, clubs, cinemas, events etc)	<input type="checkbox"/>	<input type="checkbox"/>

Holidays abroad	<input type="checkbox"/>	<input type="checkbox"/>
Holidays within the UK	<input type="checkbox"/>	<input type="checkbox"/>

Gas or electricity, heating	<input type="checkbox"/>	<input type="checkbox"/>
Household food	<input type="checkbox"/>	<input type="checkbox"/>

Travel and transport, including petrol	<input type="checkbox"/>	<input type="checkbox"/>
Christmas or birthday presents	<input type="checkbox"/>	<input type="checkbox"/>

Alcohol or cigarettes/tobacco	<input type="checkbox"/>	<input type="checkbox"/>
Toiletries, perfumes, hairdressing, etc	<input type="checkbox"/>	<input type="checkbox"/>

TV or telephone (including mobile phone) subscriptions/services	<input type="checkbox"/>	<input type="checkbox"/>
Donating money to charity	<input type="checkbox"/>	<input type="checkbox"/>

Betting, gambling, prize draws or lotteries	<input type="checkbox"/>	<input type="checkbox"/>
Other (please write in below)		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

None of these	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

10

**On which of the following, if any, have you recently increased your spending?
(eg due to spending less elsewhere or a change in prices)**

PLEASE TICK AS MANY AS APPLY

	Have increased spending
Luxury or non-essential items	<input type="checkbox"/>
Eating out/takeaways	<input type="checkbox"/>

Clothing or footwear	<input type="checkbox"/>
Going out with friends/family (eg to pubs, clubs, cinemas, events etc)	<input type="checkbox"/>

Holidays abroad	<input type="checkbox"/>
Holidays within the UK	<input type="checkbox"/>

Gas or electricity, heating	<input type="checkbox"/>
Household food	<input type="checkbox"/>

Travel and transport, including petrol	<input type="checkbox"/>
Christmas or birthday presents	<input type="checkbox"/>

Alcohol or cigarettes/tobacco	<input type="checkbox"/>
Toiletries, perfumes, hairdressing, etc	<input type="checkbox"/>

TV or telephone (including mobile phone) subscriptions/services	<input type="checkbox"/>
Donating money to charity	<input type="checkbox"/>

Betting, gambling, prize draws or lotteries	<input type="checkbox"/>
Other (please write in below)	
<input type="text"/>	<input type="checkbox"/>

None of these	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

11

And how much do you agree or disagree with the following statement?
My financial worries are having a negative effect on my relationships with family or friends.

PLEASE TICK ONE BOX ONLY

Strongly agree

Tend to agree

Neither agree nor disagree

Tend to disagree

Strongly disagree

Don't know

Perceptions of safety

12

Thinking about the neighbourhood you live in, **how safe** would you say you feel on your own in each of the following situations **during the day?**

PLEASE TICK ONE BOX FOR EACH SITUATION ONLY

	Very safe	Fairly safe	Slightly unsafe	Very unsafe	Don't know/ unsure
Your own home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Travelling around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out and about in the nearest town centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Out shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting a pub/club in the nearest town centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visiting a pub/club in your neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13**And how safe would you feel on your own in each of these situations after dark?** PLEASE TICK ONE BOX FOR EACH SITUATION ONLY

	Very safe	Fairly safe	Slightly unsafe	Very unsafe	Don't know/ unsure
Your own home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Travelling around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out and about in the nearest town centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Out shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting a pub/club in the nearest town centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Visiting a pub/club in your neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14**Whilst out walking in your neighbourhood, how worried do you feel about being intimidated or harassed due to any of the following?**

PLEASE TICK ONE BOX FOR EACH FACTOR TO SHOW HOW WORRIED YOU ARE

	Very worried	Fairly worried	Slightly worried	Not at all worried	Don't know/ unsure
Your skin colour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Your religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ethnic origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Your sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your gender (male/female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Other (please write in the box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 300px; height: 40px;" type="text"/>					

15**How much of a problem do you think street robbery or mugging is in your neighbourhood?** PLEASE TICK ONE BOX ONLY

- A very big problem
- A fairly big problem
- A slight problem
- Not a problem at all
- Don't know/not sure

16**And how much of a problem do you think burglary is in your neighbourhood?** PLEASE TICK ONE BOX ONLYA very big problem A fairly big problem A slight problem Not a problem at all Don't know/not sure **Vehicle and transport safety****17****In your neighbourhood, how much of a problem are the following?** PLEASE TICK ONE BOX FOR EACH OPTION

	A very big problem	A fairly big problem	A slight problem	Not a problem at all	Don't know/unsure
Damage to vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theft of vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reckless driving of stolen cars (joy-riding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theft from vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting fire to vehicles deliberately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18**Do you own a car or light van?** PLEASE TICK ONE BOX ONLYYes → go to Q19No → go to Q21**19****How safe do you think your vehicle is when parked in the following locations?** PLEASE TICK ONE BOX FOR EACH OPTION

	Very safe	Fairly safe	Slightly unsafe	Very unsafe	Don't use a car/not applicable
At home in a garage/driveway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home, on the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a public car park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a private car park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside school/college when dropping/collecting children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20

Thinking about when you are out driving in the car, how much do the following influence how unsafe you feel? PLEASE TICK ONE BOX FOR EACH FACTOR TO SHOW HOW MUCH IT MAKES YOU FEEL UNSAFE

	A great deal	Quite a lot	A little	Not at all	Don't use a car
Speeding cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive drivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of having personal property stolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21

Thinking about when you are travelling on public transport, how much do the following influence how unsafe you feel? PLEASE TICK ONE BOX FOR EACH FACTOR TO SHOW HOW MUCH IT MAKES YOU FEEL UNSAFE

	A great deal	Quite a lot	A little	Not at all	Don't use public transport
Damaged bus shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Defaced/dirty public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-social behaviour on public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Fear of having personal property stolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of intimidation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Other users of the transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Criminal justice

22

Which one of these do you think should be the highest and second highest priorities for the criminal justice system as a whole, that is, the police, the Crown Prosecution Service, the courts, prison and probation services? PLEASE TICK ONE BOX ONLY IN EACH COLUMN

	Most important	Second most important
Bringing people who commit crimes to justice	<input type="checkbox"/>	<input type="checkbox"/>
Meeting the needs of victims of crime	<input type="checkbox"/>	<input type="checkbox"/>
Respecting the rights of people accused of committing a crime and treating them fairly	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with cases promptly and efficiently	<input type="checkbox"/>	<input type="checkbox"/>
Reducing crime	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with young people accused of crime	<input type="checkbox"/>	<input type="checkbox"/>
Reducing worry about crime	<input type="checkbox"/>	<input type="checkbox"/>
Other (please write in below)		
	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

23

Thinking about the Criminal Justice System, which of the following would be the most and second most important things it could do to improve your confidence in it? PLEASE TICK ONE BOX ONLY IN EACH COLUMN

	Most important	Second most important
Tackling anti-social behaviour and minor crime	<input type="checkbox"/>	<input type="checkbox"/>
Reducing the level of re-offending	<input type="checkbox"/>	<input type="checkbox"/>
Treating people of all races equally	<input type="checkbox"/>	<input type="checkbox"/>
Reducing worry about crime	<input type="checkbox"/>	<input type="checkbox"/>
Putting the interests of victims at the heart of the system	<input type="checkbox"/>	<input type="checkbox"/>
Speeding up the delivery of justice	<input type="checkbox"/>	<input type="checkbox"/>
Responding to what matters most to local communities	<input type="checkbox"/>	<input type="checkbox"/>
Tackling youth crime	<input type="checkbox"/>	<input type="checkbox"/>
Bringing more offenders to justice	<input type="checkbox"/>	<input type="checkbox"/>
Tougher sentences	<input type="checkbox"/>	<input type="checkbox"/>
Other (please write in below)		
	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

24

How confident are you that the penalties or punishments given to offenders are appropriate? Would you say that you are...

PLEASE TICK ONE BOX ONLY

Very confident

Fairly confident

Not very confident

Not at all confident

Don't know/not sure

25

In general, would you say that sentences handed down by the courts, that is both the Crown Court and magistrates' courts, are too tough, about right, or too lenient? PLEASE TICK ONE BOX ONLY

Much too tough

A little too tough

About right

A little too lenient

Much too lenient

Don't know/not sure

26

Each district in Lancashire has its own district community safety partnership, which includes representation from the district council, Lancashire County Council, Lancashire Constabulary amongst other organisations. Have you ever heard of this partnership?

PLEASE TICK ONE BOX ONLY

Yes

No

27

How well informed would you say you are about your district community safety partnership? PLEASE TICK ONE BOX ONLY

Very well informed

Fairly well informed

Not very well informed

Not at all informed

Don't know/not sure

28

Would you say that the level of crime in the country as a whole has changed over the past two years? Would you say there is more crime, less crime or about the same amount (since two years ago)?

PLEASE TICK ONE BOX ONLY

A lot more crime

A little more crime

About the same

A little less crime

A lot less crime

29

And would you say that the level of crime in your local area, (within a 15 minute walk of your home), has changed over the past two years? Would you say there is more crime, less crime or about the same amount (since two years ago)? PLEASE TICK ONE BOX ONLY

A lot more crime

A little more crime

About the same

A little less crime

A lot less crime

30

And thinking about your local area, which one of the following would you say is most important crime and anti-social behaviour priority for your local area? PLEASE TICK ONE BOX ONLY

Reducing theft/burglary

Reducing anti-social behaviour

Reducing criminal damage

Reducing violent crime

Reducing drug taking/dealing

Reducing vehicle crime

Reducing extremism/hate crime

Improving road safety

Other (please write in below)

Don't know

**Please return the questionnaire in the reply-paid envelope.
Thank you for continuing to take part in Living in Lancashire.**