



Parish Plan Questionnaire

Introduction

Hello my name is ______. Thank you for agreeing to help with this questionnaire. It should take about 20 minutes to complete. Everything you tell me is completely confidential, but the information will be used to plan new activities in the area.

i. Area _____

ii. Gender and age *Please circle as appropriate*

	PERSON ONE	PERSON TWO	PERSON THREE			
Gender	M F	M F	M F			
Age	16 and under	16 and under	16 and under			
	17 to 24	17 to 24	17 to 24			
	25 to 40	25 to 40	25 to 40			
	41 to 60	41 to 60	41 to 60			
	61 and over	61 and over	61 and over			

1. What do you think is the best thing about living here?

	PERSON ONE	PERSON TWO	PERSON THREE
Best thing, also note			
also note			
don't know			
or nothing			

2. What do you think are the top three priorities for change in this area and why? *Also note don't know*

	PERSON ONE	PERSON TWO	PERSON THREE
Priority 1.			
Why			
Priority 2.			
Why			
Priority 3.			
Why			

Travel and Transport

3. What do you think are the travel and transport needs in the area?

	PERSON ONE	PERSON TWO	PERSON THREE			
Travel / transport needs also note don't know or none						

4. How do you think these needs might be resolved?

	PERSON ONE	PERSON TWO	PERSON THREE
Travel / transport solutions also note don't know			

5. What transport do you use now and how often?

	PERSON ONE	PERSON TWO	PERSON THREE						
Means	Frequency – please write								
Car									
Motorbike or moped									
(If yes, ask whether this is part of Wheels to Work scheme)									
Bicycle									
Foot									
Taxi									
Bus									
Shared car									
Other (state what)									

Shopping

6. How often do you use local shops, including mobile shops, and where are they? *Please tick and write area*

	PERSON ONE	PERSON TWO	PERSON THREE
Every day			
Weekly			
Every other week			
Monthly			
Every other month			
Less frequently			
Where			

7. What would you like to buy locally, that you cannot buy now?

	PERSON ONE	PERSON TWO	PERSON THREE		
<i>Item(s)</i> also note don't know or nothing					

8. Would you use a local post office and what services would you use?

	PERSON ONE			PERSON TWO			PERSON THREE		
Please circle	Y N DK		Y	Ν	DK	Y	Ν	DK	
Services									

Young People

9. What activities do you think could be developed locally for young people?

	PERSON ONE	PERSON TWO	PERSON THREE
Suggested activities, or note don't know or none			

If all don't know go to 11

10. Would young people in your family use these activities?

	PERSON ONE			PERSON TWO			PERSO	PERSON THREE		
Please circle	Y	Ν	DK	Y	Ν	DK	Y	Ν	DK	

11. Would you be prepared to help with activities for young people? *Record names separately*

	PERSON ONE			PERSON TWO			PERSC	PERSON THREE		
Please circle	Y	N	DK	Y	Ν	DK	Y	Ν	DK	

Community activity

12. Do you take part in local activities now?

	PERSON ONE			PERSO	PERSON TWO			PERSON THREE		
Please circle	Y	N	DK	Y	Ν	DK	Y	N	DK	

If YES go to 13 If all NO or don't know go to 14

13. In what way do you take part? E.g. participant, committee member, organiser etc

PERSON	ONE	PERSON	ГWO	PERSON	ΓHREE
Activity	Role	Activity	Role	Activity	Role
Activity	Role	Activity	Role	Activity	Role
Activity	Role	Activity	Role	Activity	Role
Activity	Role	Activity	Role	Activity	Role
Activity	Role	Activity	Role	Activity	Role

14. Are there any local activities you would like to know more about, such as Neighbourhood Watch, WI, Flicks in the Sticks, village hall, Archive Group, play group or yoga? *Record activities separately on signing sheet*

	PERSON ONE	PERSON TWO	PERSON THREE
Name of activity or organisation, leave blank if no or don't know			

15. Would you be willing to help develop local activities? Record names separately

	PERSON ONE			PERSON TWO			PERSO	PERSON THREE		
Please circle	Y	N	DK	Y	Ν	DK	Y	N	DK	

Training and employment

16. Would you attend a training course locally to improve your skills?

	PERSON ONE			PERSO	PERSON TWO			PERSON THREE		
Please circle	Y	N	DK	Y	Ν	DK	Y	Ν	DK	

If YES go to 17 If all NO or don't know go to 19

17. What courses would you like to see provided locally?

	PERSON ONE	PERSON TWO	PERSON THREE
Name of course or skill area, also note don't know			

18. What is stopping you attending training courses?

	PERSON ONE	PERSON TWO	PERSON THREE
Give reason			

19. What support do you think there should be for local businesses?

	PERSON ONE	PERSON TWO	PERSON THREE
Support needs, also note don't know or none			

Housing

In this section only record answers under different people if they are talking about a different family member.

20. Are you or any other member of your household finding it difficult to find housing in the area?

	PERSON ONE			PERSON TWO			PERSO	PERSON THREE		
Please circle	Y	N	DK	Y	N	DK	Y	N	DK	

If YES go to 21 If all NO or don't know go to 23

21. What kind of housing are you or they looking for, such as single person, starter home, sheltered accommodation or large family home?

	PERSON ONE	PERSON TWO	PERSON THREE
Please write,			
also note don't know			

22. Are you or they looking to rent, buy or acquire shared ownership?

	PERSON ONE	PERSON TWO	PERSON THREE
Please write, also note don't know			

23. Will you or any member of your family be looking for housing locally in the next 2 to 3 years, including family that would like to move back to the area?

	PERSON ONE			PERSO	PERSON TWO			PERSON THREE		
Please circle	Y	N	DK	Y	Ν	DK	Y	N	DK	

If YES go to 24 If all NO or don't know go to 25 24. What kind of housing will you or they be looking for, such as single person, starter home, sheltered accommodation or large family home?

	PERSON ONE	PERSON TWO	PERSON THREE
Please write			

General Comments

25. Do you have any further comments to make about living here?

	PERSON ONE	PERSON TWO	PERSON THREE
List comments or state none			

26. Would you like us to keep in touch with you about the work of the Parish Plan? *Record separately*

	PERSON ONE	PERSON TWO	PERSON THREE
Please circle	Y N	Y N	Y N

Thank you very much for your time