



Ipsos MORI Scotland

Listening to your Views – The Outer Hebrides' Community Survey/ Stornoway

Dear resident,

I am writing to you to ask for your views on our area and the services which the public and voluntary agencies in the islands provide.

We would like to hear your views about life in the Outer Hebrides and issues such as transport, recycling and leisure facilities.

The results of this survey will help to shape the future investment and service delivery decisions made by the Comhairle, Health Board, College and other organisations in the Outer Hebrides. As well as action, there will be a lot of publicity around the results. **Please contribute to the process.**

It doesn't matter if you've only just moved into the area, or if you don't pay Council Tax, it is important that we hear everybody's views so that we can put our resources where they really matter.

All of your answers will be treated in the strictest confidence and will only be used to monitor public services. Anonymised responses may be passed on to the community planning partners so that your views can influence service provision.

I very much hope you will be able to take part and feel sure that you will find it interesting. Thank you very much for your help in advance.

Please return the completed questionnaire to one of the collection points in your community or at your local council office **as soon as possible** or by 14 September 2007. No stamp is required.

Yours sincerely,

Alex A Macdonald

Cllr Alex Macdonald
Chairman
Outer Hebrides Community Planning Partnership

HELPFUL HINTS FOR COMPLETING THIS QUESTIONNAIRE

- The questionnaire should be completed by any resident aged 18 or over, living at this address.
- Please read each question carefully and tick a box to indicate your answer.
- There are instructions under each question as to how to complete the questions:
 - Please tick ✓ one box only
 - Please tick ✓ up to five boxes
 - Please tick ✓ one box per row
 - Please tick ✓ all boxes that apply
- Please read the instructions carefully.
- Once you have finished please check that you have answered all the questions.
- The survey consists of 12 pages and should take no longer than 15 minutes to complete.
- If you have any queries about the questionnaire please contact Helen Mackenzie 01851-709433 hmackenzie@cne-siar.gov.uk or your local community coordinator Jane Macintosh 01851-707452 j.macintosh@cne-siar.gov.uk
- Once you have completed the questionnaire please place in the box at any of the designated collections points. Your local collection points are listed below. You do not need a stamp.
 - Town Hall
 - Council Offices
 - Cearns Shop

SECTION 1: LIVING IN THE OUTER HEBRIDES

Which of these best describes you....?

Q1 PLEASE TICK ✓ ONE BOX ONLY

- I have lived in the Outer Hebrides my whole life
- I was born in the Outer Hebrides but have lived elsewhere for more than 6 months
- I was born outside the Outer Hebrides but moved here

Q2 How long have you lived in this area?

PLEASE TICK ✓ ONE BOX ONLY

- Less than 1 year
- Up to 5 years
- 5 to 10 years
- More than 10 years

What are your main reasons for living in this area?

Q3 PLEASE TICK ✓ UP TO FIVE BOXES

- | | |
|---|---|
| <input type="checkbox"/> Access to nature | <input type="checkbox"/> The level of traffic congestion |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Public transport |
| <input type="checkbox"/> Peace and quiet | <input type="checkbox"/> Wage levels & local cost of living |
| <input type="checkbox"/> Community activities | <input type="checkbox"/> Job prospects |
| <input type="checkbox"/> Safe environment | <input type="checkbox"/> The level of crime |
| <input type="checkbox"/> Schools | <input type="checkbox"/> The level of pollution |
| <input type="checkbox"/> Facilities for young children | <input type="checkbox"/> I've lived here all my life |
| <input type="checkbox"/> To be near family/personal reasons | |
| <input type="checkbox"/> Strong sense of community | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Good place to raise a family | |

Overall, how satisfied are you with the islands as a place to live?

Q4 PLEASE TICK ✓ ONE BOX ONLY

- Very satisfied
- Fairly satisfied
- No opinion
- Fairly dissatisfied
- Very dissatisfied
- Don't know

SECTION 2: GAELIC

How strongly would you support or oppose the following measures to encourage more use of Gaelic in the Outer Hebrides?

Q5 PLEASE TICK ✓ ONE BOX PER ROW

	Strongly support	Tend to support	Neither support nor oppose	Tend to oppose	Strongly oppose	Don't know
More Gaelic schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaelic medium education for all P1-P3 pupils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Gaelic digital TV channel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More financial help for Gaelic projects/groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More Gaelic classes for learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial incentives for parents of children in Gaelic medium education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased promotion and development of Gaelic by Gaelic organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: SERVICE PROVISION

Q6

How convenient or inconvenient do you find it to access the services listed below when you need to? Bear in mind where they are and your own circumstances - you may use some of these services nearer work rather than home.

PLEASE TICK ✓ ONE BOX PER ROW

	Very convenient	Fairly convenient	Neither confident nor inconvenient	Fairly inconvenient	Very inconvenient	Never visited/ no opinion
Doctor's /GPs surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Village hall/community centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience/general store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social and leisure facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential care for the elderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizens Advice Bureau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7

On average, how long does it take you to travel to the following services, using your normal means of transport to each? Again, please bear in mind where they are and your own circumstances

PLEASE TICK ✓ ONE BOX PER ROW

	Less than 30 mins	30-60 mins	1-2 hours	More than 2 hours	Don't know	Never visited/ no opinion
Doctor's /GPs surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Village hall/community centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience/general store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social and leisure facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential care for the elderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizens Advice Bureau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8

How satisfied or dissatisfied are you with the quality of the following services, that you and the members of your household use? If you haven't used any of the following services, please indicate this by ticking the box in the right hand column.

PLEASE TICK ✓ ONE BOX PER ROW

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	No opinion	Not used
Doctor's/GP services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Village hall/community centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience/general store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social and leisure facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities for young children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities for teenagers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comhairle services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9

The Citizens Advice Bureau and Credit Union provide financial advice. Which of the following, if any, would encourage you to use these?

PLEASE TICK ✓ ALL BOXES THAT APPLY

- Different opening hours/evening and weekend hours
- Home visits made by advisers
- Mobile services to local communities
- Online communication
- Telephone service
- I'm not interested in these services

SECTION 4: TRANSPORT

Q10

Turning to road and path maintenance, to what extent are you satisfied or dissatisfied with each of the following?

PLEASE TICK ✓ ONE BOX PER ROW

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know
State of repair of the main roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State of repair of the side roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of footpaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State of repair of car parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gritting in the winter months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drainage of roads (ditches, gullies etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road markings, cats eyes etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed of road repairs being done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11

How frequently, if at all, do you use buses?

PLEASE TICK ✓ ONE BOX ONLY

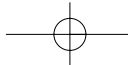
- Almost every day
- At least once a week
- About once a month
- Within the last year
- Never use
- There is no bus service in my area
- Don't know

Q12

Please indicate whether you are satisfied or dissatisfied with each of the following elements of the bus service. PLEASE ANSWER THIS QUESTION WHETHER YOU USE THE BUS OR NOT.

PLEASE TICK ✓ ONE BOX PER ROW

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know/ no opinion
The frequency of buses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The state of the bus stops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether buses arrive on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The bus routes operated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel/timetable information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus connections with ferries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ease of getting on and off buses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cost of travelling by bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The local bus service overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q13 Thinking about the amount and speed of traffic, how safe, or unsafe do you feel walking in your local area after dark?

PLEASE TICK ✓ ONE BOX ONLY

- Very safe
- Fairly safe
- Not very safe
- Not at all safe
- Don't know

Q14 To what extent would you support or oppose the following road safety measures in your local area?

PLEASE TICK ✓ ONE BOX PER ROW

	Strongly support	Tend to support	Neither support nor oppose	Tend to oppose	Strongly oppose	Don't know
Reduced speed limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic calming measures (i.e. speed bumps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More street lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed cameras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved footpaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: USE OF SCHOOL FACILITIES

Q15 How often, if at all, do you or members of your household, use school facilities outside of school hours for the following reasons?

PLEASE TICK ✓ ONE BOX PER ROW

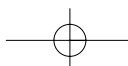
	3-5 times a week	1-2 times a week	At least once a month	Very occasionally	Never
To access sports facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To access library facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To attend a youth club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To attend another type of club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To attend an evening class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For any other reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6: LEARNING ACTIVITIES

Q16 Have you taken part in any of these classes, clubs or other learning activities in the last twelve months?

PLEASE TICK ✓ ALL BOXES THAT APPLY

- Education/ local learning
- FE college course
- Distance learning/ open university
- Arts/crafts classes
- Gaelic classes
- Help with computer skills
- Help with reading, writing or use of numbers
- No, none of these



Q17 Which of the following, if any, would encourage you to take part in any classes, clubs or any other learning activity? PLEASE TICK ✓ ALL BOXES THAT APPLY

- If they were at a convenient place
- If they were free
- If they provided me with new skills
- If they provided me with a degree
- If they provided me with other qualifications
- If they were at a convenient time
- If they help to improve my career prospects
- If they were interesting/fun
- If they enabled me to meet new people
- If I had more information on what was available
- I am not interested in taking part in any classes, clubs or other learning activities

SECTION 7: SCHOOL PROVISION

Q18 When considering where secondary education should be provided, how important, if at all, are the following?

PLEASE TICK ✓ ONE BOX PER ROW

	Very important	Fairly important	Not very important	Not at all important	Don't know/ no opinion
Quality of the school facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of the teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment opportunities the schools provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distance that children have to travel to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emphasis on Gaelic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribution to the local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School meets the needs of the secondary curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall quality of the education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 8: VOLUNTEERING

Q19 Have you undertaken any work or activities on a voluntary basis for any of these groups or organisations at any time in the past 12 months? PLEASE TICK ✓ AS MANY BOXES AS APPLY

- Arts or Cultural Groups
- Trade Union
- Tenant's group, housing association or resident's association
- Community Council
- Church, religious or faith based group
- Youth Group (e.g. scouts, guides, clubs etc)
- Caring Organisations e.g. helping older people, people with disabilities
- Historical society (e.g. Comunn Eachdraidh)
- Sports club
- Social Club
- Voluntary organisation, charity or community group
- Environmental Groups
- Children's Groups (e.g. playgroup, mothers and toddlers group)
- Professional Society or Organisation
- Public service (e.g. school, hospital, police or local government service)
- No, none of these

Q20 Which of these things would encourage you to undertake work or activities on a voluntary basis in the future?

PLEASE TICK ✓ AS MANY BOXES AS APPLY

- If I was sure I wouldn't be out of pocket
- If I knew more about the opportunities available
- If I had more confidence
- If it was good fun
- If it would help improve my skills
- If it fitted in with my other work commitments
- If it fitted in with my interests and skills
- If I could find someone to take care of my children
- If I had more time
- If I could volunteer when I felt like it
- If someone I knew volunteered with me
- I am not interested in volunteering

SECTION 9: RECYCLING

Please indicate how strongly you agree or disagree with the following statements about recycling.

Q21 PLEASE TICK ✓ ONE BOX PER ROW

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
I would like to recycle but don't know how to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recycling is important to protect the environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services are not in place to make it easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I recycle as much as I can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 10: INFORMATION ABOUT PUBLIC SERVICES

Q22 From which, if any, of the following sources would you say you receive most of your information about public services?

PLEASE TICK ✓ AS MANY BOXES AS APPLY

- Council website
- Council leaflets
- Local Newspapers
- Word of mouth
- Television and radio
- Personal experience
- Experiences of friends/family
- Community notice boards
- None of these

SECTION 11: CRIME

In this area, would you say there is more or less crime here compared with two years ago?

Q23 PLEASE TICK ✓ ONE BOX ONLY

- A lot more
- A little more
- About the same
- A little less
- A lot less
- Don't know

Q24 Most of us worry at some time or other about being the victim of crime. To what extent are you worried or not worried about....

PLEASE TICK ✓ ONE BOX PER ROW

	Very worried	Fairly worried	Not very worried	Not at all worried	Don't know
...having your home broken into and something stolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...being mugged and robbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...being physically attacked by strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...being subject to physical attack because of your skin colour, ethnic origin, or religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...being insulted or pestered by anybody, while in the street or any other public place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...having your car/vehicle stolen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...having your house damaged by vandals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 12: YOUR COMMUNITY

Q25 A number of developments have been suggested for Stornoway. How much of a priority, if any, should be given to the following in the area?

PLEASE TICK ✓ ONE BOX PER ROW

	High priority	Medium priority	Low priority	Do not support	Don't know
Painting of buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More floral displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More sculptures and artworks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More outdoor seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More pedestrian areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covering over 'The Narrows'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting of key features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing a single contact point for town centre improvements and maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making more parking areas in the town "Pay and Display"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the Castle Grounds, how much of a priority, if any, should be given to the following?

Q26 PLEASE TICK ✓ ONE BOX PER ROW

	High priority	Medium priority	Low priority	Do not support	Don't know
Improving disabled access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improving signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the number of pathways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the number of cycle tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing more litter bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing more bins for disposing of dog mess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often, if at all, do you or anyone in your household use the Lewis Karting Centre?.

Q27 PLEASE TICK ✓ ONE BOX ONLY

- 3-5 times a week
- 1-2 times a week
- At least once a month
- Very occasionally
- Never

How likely, if at all, would you, or anyone in your household be to use the following facilities if they were provided in Stornoway?

Q28 PLEASE TICK ✓ ONE BOX PER ROW

	Very likely	Fairly likely	Not very likely	Not at all likely	Don't know
Seating area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play-park for younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adventure play park for older children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crazy golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Putting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green bowling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate whether you are satisfied or dissatisfied with each of the following elements of the ferry service. **PLEASE ANSWER THIS QUESTION WHETHER YOU USE THE FERRY OR NOT.**

Q29 PLEASE TICK ✓ ONE BOX PER ROW

	Very satisfied	Fairly satisfied	Neither satisfied nor dis- satisfied	Fairly dis- satisfied	Very dis- satisfied	Don't know/ no opinion
Convenience of the timetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ferry routes operated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel/timetable information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability of service in all weather conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ferry service overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What aspects of your local area, if any, do you particularly dislike?

Q30 PLEASE TICK ✓ ALL BOXES THAT APPLY

- Area poorly maintained/run down
- Problems with dogs
- Lack of employment opportunities
- Lack of housing
- Too much traffic
- Litter and rubbish
- Number of holiday homes
- Poor public transport
- Unsafe area/crime
- Young people hanging around/nothing for them to do
- Environmental noise
- Problems with vermin
- Fast/speeding traffic
- Car wrecks
- None

SECTION 13: ABOUT YOU AND YOUR HOUSEHOLD

Are you male or female?

Q31 PLEASE TICK ✓ ONE BOX ONLY

- Male
- Female

What was your age on your last birthday?

Q32 PLEASE TICK ✓ ONE BOX ONLY

- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to say

How many adults aged 18 or over are living in your household?

Q33 PLEASE TICK ✓ ONE BOX ONLY

- One
- Two
- Three
- Four
- Five
- More than five

How many children of secondary school age are living in your household?

Q34 PLEASE TICK ✓ ONE BOX ONLY

- None
- One
- Two
- Three
- Four
- Five
- More than five

How many children of primary school age are living in your household?

Q35 PLEASE TICK ✓ ONE BOX ONLY

- | | |
|--------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Four |
| <input type="checkbox"/> One | <input type="checkbox"/> Five |
| <input type="checkbox"/> Two | <input type="checkbox"/> More than five |
| <input type="checkbox"/> Three | |

How many children of pre-school age are living in your household?

Q36 PLEASE TICK ✓ ONE BOX ONLY

- | | |
|--------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Four |
| <input type="checkbox"/> One | <input type="checkbox"/> Five |
| <input type="checkbox"/> Two | <input type="checkbox"/> More than five |
| <input type="checkbox"/> Three | |

How long have you/your household been living in your current accommodation?

Q37 PLEASE TICK ✓ ONE BOX ONLY

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Under 1 year | <input type="checkbox"/> 11-20 years |
| <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 21+ years |
| <input type="checkbox"/> 3-5 years | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 6-10 years | |

In which of these ways does your household occupy your current accommodation?

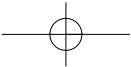
Q38 PLEASE TICK ✓ ONE BOX ONLY

- | | |
|---|---|
| <input type="checkbox"/> Owned outright | <input type="checkbox"/> Rent from Housing Association/ Trust |
| <input type="checkbox"/> Buying on mortgage | <input type="checkbox"/> Rented from private landlord |
| <input type="checkbox"/> Rent from council | <input type="checkbox"/> Other |

Which of these activities best describes what you are doing at present?

Q39 PLEASE TICK ✓ ONE BOX ONLY

- Employed in full-time job (30 hours plus per week)
- Employed in part-time job (under 30 hours per week)
- Self employed full or part-time
- On a government supported training programme (e.g. Modern Apprenticeship/ Training for Work)
- Full-time education at school, college or university
- Unemployed and available for work
- Permanently sick/disabled
- Wholly retired from work
- Looking after the home
- Doing something else



Q40 Do you have any long-standing illness, disability or infirmity, that limits your activities in any way?

PLEASE TICK ✓ ONE BOX ONLY

- Yes
- No

Q41 Does anyone else in your household have any long-standing illness, disability or infirmity, that limits their activities in any way?

PLEASE TICK ✓ ONE BOX ONLY

- Yes
- No

Q42 How many cars or light vans does your household have available for immediate use?

PLEASE TICK ✓ ONE BOX ONLY

- None
- 1 car/light van
- 2 cars/light vans
- 3+ cars/light vans
- Don't know

Q43 In which ways do you and members of your household access the internet, if at all?

PLEASE TICK ✓ AS MANY BOXES AS APPLY

- Internet access at home via dial up
- Broadband internet access at home
- Internet access at work
- Internet access somewhere else
- Do not use the internet
- Don't know

Q44 Which of these accounts, if any, do you or your partner have?

PLEASE TICK ✓ ONE BOX ONLY FOR EACH OF THE FOLLOWING

	Yes	No	Don't know
Bank account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Society account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Union account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post office card account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q45 Finally, what is the postcode of where you live? (This is so we can see how views differ across different areas)

PLEASE COMPLETE FULLY

