

**Q20** Which of these activities best describes what each person in your household is doing at present?

Please cross one box for each person.

	Person 1 (You)	Person 2	Person 3	Person 4	Person 5	Person 6
Employee in full-time job (30 hours plus per week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee in part-time job (under 30 hours per week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed full or part-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a government supported training programme (e.g. Modern Apprenticeship/Training for Work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-time education at school, college or university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed and available for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently sick/disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wholly retired from work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking after the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing something else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a child under school age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We need to collect information about travel to work and school to identify transport needs.

**Q21** Where does each person in your household work or go to school/college?

- If the person **works**, please write in the post code. If this is not known, please write the name of the company and the town.
- If the person goes to **school/college**, then please write in the name of school/college.
- If the person **does not** work or go to school/college, then please leave the box blank.

Person 1 (You)	<input type="text"/>	Person 4	<input type="text"/>
Person 2	<input type="text"/>	Person 5	<input type="text"/>
Person 3	<input type="text"/>	Person 6	<input type="text"/>

**Q22** How does each person usually travel to work or school/college? Cross one box for each person.

	Person 1 (You)	Person 2	Person 3	Person 4	Person 5	Person 6
Works mainly at or from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus, minibus or coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor cycle, scooter or moped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving a car or van	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passenger in a car, van or taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool car available to book on my estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking part in this survey.

Our Ref:

# People and Places Survey

How to complete your questionnaire.

- Please complete this form using a black pen and write in BLOCK CAPITALS.
- Put a cross in the box by your answer, for example:
- If you make a mistake, shade in the box and put a CROSS in the box you want.
- Please answer as many questions as you can. If there any questions that you do not wish to answer, please leave them blank.
- If you have any queries, please contact Katharine Watters at the Borough of Poole on 01202 633367.
- If this property is a Second Home (a furnished property that is not a sole or main residence), please cross this box and return this form.  You do not need to answer any more questions, thank you.

## Your Home

The questions in this section will help us to plan future developments and plan services in Poole.

**Q1** How long have you been living in this accomodation? Cross one box only.

Up to 1 month       2-11 months       1-2 years       More than 2 years

**Q2** What type of accommodation do you occupy? Cross one box only.

<b>A whole house or bungalow that is:</b>	<b>A flat, maisonette or apartment that is:</b>
<input type="checkbox"/> Detached	<input type="checkbox"/> In a purpose-built block of flats
<input type="checkbox"/> Semi-detached	<input type="checkbox"/> Part of a converted or shared house (including bed-sits)
<input type="checkbox"/> Terraced (including end-terrace)	<input type="checkbox"/> In a commercial building (for example, in an office building, hotel, or over a shop)

**Q3** How many bedrooms does your accomodation have?

Please write the number in the box.

**Q4** In which of these ways do you own or rent your accomodation? Cross one box only.

Own outright (Go to Q5)       Rent (Go to Q6)

Buying with a mortgage or loan (Go to Q5)       Live here rent free (Go to Q6)

Part rent and part mortgage (Go to Q5)       Other (Go to Q6) (shared ownership)

**Q5** Is this property the first you have bought? Cross one box only.

Yes (Go to Q7).       No (Go to Q7).

**Q6** Who is your landlord? Cross one box only. Only answer this question if you rent.

Poole Housing Partnership       Employer of a household member

Private Landlord or letting agency       Relative or friend of a household member

Housing Association (e.g. Knightstone, Raglan), Charitable Trust, Registered Social Landlord

Other

**Q7** How many cars or vans are owned, or available for use, by one or more members of your household? Include a company car if available for private use.

Please write the number in the box.

**Q8** How many car parking spaces are allocated to your property? Include driveways, off-road parking and on-street permits allocated specifically to your property.

Please write the number in the box.

**Q9** How many cats or dogs do you have? Cats  Dogs

Please write the number in each box.

### Moving to your home

In this section we ask about the reasons for moving to this accommodation and neighbourhood/area.

**Q10** Where did you live before moving to this accommodation/property?  
Please write in the post code and the town of your last address. Please write in the country if you previously lived abroad. Please use BLOCK CAPITALS.

Postcode       Town / country

**Q11** What were your reasons for choosing this property? Cross all that apply.

- I/we wanted a bigger house
- I/we wanted a smaller house
- I/we wanted a garden
- I/we wanted a brand new home
- Other (please write in)
- Availability of parking/garage
- Location
- Lower living costs
- It is environmentally friendly

**Q12** Overall, how satisfied or dissatisfied are you with this accommodation/property?

- Cross one box only.
- Very satisfied  Fairly satisfied  Neither  Fairly dissatisfied  Very dissatisfied

Please explain why briefly in the space below.

**Q13** Which of the following factors were important in your decision to move to this neighbourhood/area? Cross all that apply

- Close to friends/family
- Close to transport links
- School catchment area
- Good place to retire
- Close to parks and open spaces
- Close to employment
- Other (please write in)
- Close to college/university
- Easy access to shops
- Safe area
- Close to the sea
- Access to services (doctors, hospital)
- Facilities for children

**Q14** Overall, how satisfied or dissatisfied are you with your neighbourhood/area as a place to live?

- Cross one box only.
- Very satisfied  Fairly satisfied  Neither  Fairly dissatisfied  Very dissatisfied

Please explain why briefly in the space below.

### Your Household

In this section we would like to know some details about all of the people who live in this property, including all adults and children. All of the information you give will remain confidential at all times and will be protected under the Data Protection Act 1998. We do not need any names.

Please answer the questions for Person 1, Person 2 etc. Please use Person 1 as yourself and then number the other members of your household from the oldest to the youngest. Please continue to use the same order and person numbers throughout this section.

There is space for up to six people. If less than six people live in your property, leave the additional boxes blank. If more than six people live in your property, please contact the Corporate Research Team at the Borough of Poole on 01202 633367 to request an additional form.

**Q15** How many people live in your household? Please write in.

**Q16** What is the age of each person in your household?  
Please write the age for each person. For example, for a person aged 45 write: 45

Person 1 (You)  Person 2  Person 3

Person 4  Person 5  Person 6

**Q17** What is the gender of each person who lives in your household?

Cross one box for each person.

	Person 1 (You)	Person 2	Person 3	Person 4	Person 5	Person 6
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q18** Does any person have any long-standing illness, health problem or disability that limits the daily activities or work they can do? Include problems due to old age.

Cross one box for each person.

	Person 1 (You)	Person 2	Person 3	Person 4	Person 5	Person 6
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q19** To which of these groups does each person belong? Please cross one box for each person and specify the ethnic group where appropriate in the boxes below.

	Person 1 (You)	Person 2	Person 3	Person 4	Person 5	Person 6
a) White British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Any other White background (X and write below).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Asian (Indian, Pakistani, Bangladeshi, Any other Asian background). (Please X and write in below).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Black or Black British (Caribbean, African or any other Black background) (Please X and write in below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Mixed (Please X and write in below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Other ethnic group (Please X and write in below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person 1  Person 2  Person 3

Person 4  Person 5  Person 6