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LIFE IN THE BORDERS

Q1 How important would you say it is to you that each of these issues is to be addressed?

	Very important	Quite important	Not so important	Not important at all	Don't Know
Making the Borders a safer place in which to live, work and visit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Encouraging people to visit the Borders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Protecting our rural schools	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Protecting and enhancing our local environment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Supporting local retailers and businesses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Continuing to make the Council more accessible and responsive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Developing taxi bus services in rural areas	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Revitalising and strengthening local community life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing activities and facilities for younger people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Making more affordable housing available	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Raising educational achievement and helping people of all ages get the skills they need	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Providing heritage and arts activities for all ages	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reducing energy consumption	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Encouraging use of energy from renewable services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q2 Are you proud to live in the Scottish Borders?

Yes..... 1 No 2

Q3 How satisfied are you with your neighbourhood as a place to live?

Very satisfied	<input type="checkbox"/> 1	Fairly dissatisfied.....	<input type="checkbox"/> 4
Fairly satisfied	<input type="checkbox"/> 2	Very dissatisfied	<input type="checkbox"/> 5
Neither satisfied nor dissatisfied.	<input type="checkbox"/> 3		

Q4 Do you think your neighbourhood has got better or worse over the past three years?

Better	<input type="checkbox"/> 1	Have not lived here for 3 years ..	<input type="checkbox"/> 4
Stayed the same	<input type="checkbox"/> 2	Don't know	<input type="checkbox"/> 5
Worse.....	<input type="checkbox"/> 3		

CUSTOMER CONTACT WITH SCOTTISH BORDERS COUNCIL (INCLUDING SCHOOLS)

Q5 How do you find out about Scottish Borders Council Services, Plans and Decisions? Please tick the MAIN source you use from the list below:

Local media (newspapers, television, radio)	<input type="checkbox"/> 1
Information provided by the council (SBConnect newspaper, leaflets, posters)	<input type="checkbox"/> 2
Council website/internet.....	<input type="checkbox"/> 3
From local Councillor	<input type="checkbox"/> 4
Direct contact with the Council.....	<input type="checkbox"/> 5
Word of mouth (e.g. family or friends).....	<input type="checkbox"/> 6
Don't know	<input type="checkbox"/> 7
Other source	<input type="checkbox"/> 8

Other, please specify:

Q6 Have you contacted Scottish Borders Council in the past 12 months?

Yes	<input type="checkbox"/> 1	Go to Q7	No.....	<input type="checkbox"/> 2	Go to Q11
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Q7 If yes, what was the reason(s)...

Reported an issue or problem	<input type="checkbox"/> 1
Asked for advice/information.....	<input type="checkbox"/> 2
Applied to use a service	<input type="checkbox"/> 3
Made a payment (excluding payments made by Direct Debit)	<input type="checkbox"/> 4
Made a complaint (Go to Q8).....	<input type="checkbox"/> 5
Don't know/can't remember.....	<input type="checkbox"/> 6
Other	<input type="checkbox"/> 7

Other, please specify:

Q8 If you contacted Scottish Borders Council to make a complaint, did you receive a response within four weeks?

Yes.....	<input type="checkbox"/> 1	No	<input type="checkbox"/> 2
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Q9 How did you contact the Council?

In person	<input type="checkbox"/> 1	By Council website	<input type="checkbox"/> 4
By telephone	<input type="checkbox"/> 2	By post	<input type="checkbox"/> 5
By e-mail	<input type="checkbox"/> 3	Other method	<input type="checkbox"/> 6

Other, please specify:

Q10 If you have made contact, how satisfied were you with the service you received?

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't Know	Not applicable
Ease of finding the right person to deal with	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
The total length of time your enquiry took	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Any information you were given	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
How competent the staff were	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
How helpful the staff were	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
The final outcome	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Q11 What would be your preferred method of contacting the Council (to access services and information and/or make a payment). Please indicate your 1st, 2nd and 3rd choice:

	1st Choice	2nd Choice	3rd Choice
In person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
By telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
By e-mail	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
By Council website	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
By post	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Other, please specify:

Q12 Which Council Services would you most like to be able to request or get information about, via the Council's website?

Q13 If opening hours of Council offices were extended, would you contact at any of the following times?

	Yes	No	Not sure
Early morning (from 7 am)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Late evening (until 8 pm)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Saturday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sunday	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Over Christmas and New Year	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

INFORMATION ABOUT YOUR COUNCIL AND ITS SERVICES

Q14

How well informed do you feel about each of the following...

	Very well informed	1	Fairly well informed	2	Not very well informed	3	Not well informed at all	4	Don't Know	5
How to pay bills to the Council	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
How to complain to the Council	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
What the Council spends its money on	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
What standard of service you should expect from the Council	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
How well the Council is performing	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
Overall, how well informed do you think your Council keeps residents about the services and benefits it provides	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5

HOUSEHOLD WASTE COLLECTION, RECYCLING, WASTE AND LITTER SERVICES

Q15

Scottish Borders Council provides a weekly collection of general household waste and waste for recycling. Please indicate how satisfied you are with the following:

	Very satisfied	1	Fairly satisfied	2	Neither satisfied nor dissatisfied	3	Fairly dissatisfied	4	Very dissatisfied	5	Doesn't apply/ don't know	6
The bag/bin provided	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
How clean and tidy the street is following the waste collection	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
The special collection of bulky household waste	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
The home composting bin	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
Garden waste collection	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
Range of items collected for recycling	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
The waste/recycling collection service overall	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6

SB LOCAL

Q16 Have you heard of the Council's rapid reaction hit squads, SB Local?

Yes..... 1 Go to Q17 No 2 Go to Q19

Q17 If yes, how did you become aware of the service?

Seeing the vehicles 1 Word of mouth 4
 Poster..... 2 Other 5
 Press..... 3

If other, please specify:

Q18 If you have used SB Local, what was it for?

Minor road repairs 1 Clearing drains 5
 Minor path repairs 2 Repairing potholes 6
 Litter picking 3 Cleaning signs..... 7
 Clearing fly tipping..... 4 Other 8

If other, please specify:

ROADS AND TRANSPORTATION

Q19 Can you tell us how satisfied you are with the following services...

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Doesn't apply/ don't know
The general condition of main roads in Scottish Borders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
The general condition of the urban roads in the towns of the Scottish Borders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
The condition of local rural road surfaces in your area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Speed of repair to damaged roads	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Road drainage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
The condition of pavements in your area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Condition of cycle ways	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Maintenance of street lighting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
The service provided in gritting and clearing snow and ice in winter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Local Bus Services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Local Bus Information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Traffic calming schemes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Controlling car parking (including charging for parking)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
School transport services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

TRAVEL TO WORK

Q20 How do you normally travel to work? (PLEASE TICK ALL THAT APPLY)

- | | | | | | |
|-------------------------|--------------------------|---|------------------|--------------------------|---|
| Public transport | <input type="checkbox"/> | 1 | Motor cycle..... | <input type="checkbox"/> | 5 |
| Car - as driver | <input type="checkbox"/> | 2 | Cycle | <input type="checkbox"/> | 6 |
| Car - as passenger..... | <input type="checkbox"/> | 3 | Walk..... | <input type="checkbox"/> | 7 |
| Car share | <input type="checkbox"/> | 4 | Other | <input type="checkbox"/> | 8 |

If other, please specify:

CULTURAL AND RECREATIONAL ACTIVITIES AND VENUES

Q21 Scottish Borders Council supports cultural and recreational activities and venues. How satisfied are you with the following:

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
Sports/leisure facilities with swimming pools	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other sports/leisure facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Museums and galleries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Arts & cultural activities/events & festivals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Parks and Open spaces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Grass cutting in parks and sports areas	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Provision of play areas for children up to 12	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The provision of recreational areas for young people aged 13 or over	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q22 How often do you take part in physical activity, say for a period of at least 30 minutes?

- | | | | | | |
|-----------------------|--------------------------|---|-----------------------------|--------------------------|---|
| Daily | <input type="checkbox"/> | 1 | Once a week | <input type="checkbox"/> | 4 |
| 4-6 times a week..... | <input type="checkbox"/> | 2 | Less than once a week | <input type="checkbox"/> | 5 |
| 2-3 times a week..... | <input type="checkbox"/> | 3 | Never | <input type="checkbox"/> | 6 |

Q23 Are you involved in any voluntary work, e.g. Parent Council, Charity shop, sports coaching?

- | | | | | | |
|----------|--------------------------|---|----------|--------------------------|---|
| Yes..... | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 2 |
|----------|--------------------------|---|----------|--------------------------|---|

Q24 Do you use your local library service (including the mobile library service)?

- | | | | | | | | |
|-----------|--------------------------|---|-----------|---------|--------------------------|---|-----------|
| Yes | <input type="checkbox"/> | 1 | Go to Q25 | No..... | <input type="checkbox"/> | 2 | Go to Q27 |
|-----------|--------------------------|---|-----------|---------|--------------------------|---|-----------|

Q25 What do you use it for? Please tick the library service that you use the most, then the second most used service, third most used service and so on...

	Main service used	Second most used	Third most used	Fourth most used	Fifth most used
Borrowing books	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Borrowing CDs/DVDs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Photocopying/faxing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Computer/internet access	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Attending Children's events/activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

If other, please specify:

Q26 How satisfied are you with the library service overall?

- Very satisfied 1 Fairly dissatisfied..... 4
 Fairly satisfied 2 Very dissatisfied 5
 Neither satisfied nor dissatisfied. 3

DOG FOULING

Q27 How common is Dog Fouling in your area?

- Very common 1 Not at all common 4
 Fairly common..... 2 Don't Know 5
 Not very common 3

Q28 Are you aware of the Council's anti Dog Fouling Campaign

- Yes 1 Go to Q29 No..... 2 Go to Q30

Q29 If yes, where did you hear about the campaign?

- Radio..... 1 Bus Advert 4
 Press..... 2 Dog Wardens 5
 Poster..... 3 Other 6

If other, please specify:

COMMUNITY SAFETY

Q30 Do you think that crime in your neighbourhood is.....

- Increasing 1 Decreasing 3
 About the same 2 Don't know 4

Q31 How safe do you feel when you are...(PLEASE TICK ONE BOX PER LINE)

	Very safe	Fairly safe	A bit unsafe	Very unsafe	Don't Know
...in your own home at night?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...outside during the day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...walking alone in this area after dark?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q32 Do you think the following are common in your local area?

	Very common	Fairly common	Not very common	Not at all common	Don't Know
Noisy neighbours or loud parties	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rubbish and litter lying around	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People being rowdy in public spaces e.g. drunkenness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Abandoned or burnt out cars	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Vandalism, graffiti and other deliberate damage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People using or dealing in drugs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Groups or individuals intimidating or harassing others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Racially motivated attacks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Domestic fires	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Malicious fireraising	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Dangerous drivers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q33 In the last year have you witnessed or experienced antisocial behaviour?

Yes 1 Go to Q34 No..... 2 Go to Q37

Q34 If yes, did you report it?

Yes 1 Go to Q35 No..... 2 Go to Q37

Q35 If yes, who did you report it to?

Landlord	<input type="checkbox"/> 1	Community Councillor	<input type="checkbox"/> 4
Police	<input type="checkbox"/> 2	Anti-Social Behaviour Unit	<input type="checkbox"/> 5
Councillor	<input type="checkbox"/> 3	Other	<input type="checkbox"/> 6

If other, please specify:

Q36 How satisfied were you with the response you got when you reported the problem?

Very satisfied	<input type="checkbox"/> 1	Fairly dissatisfied.....	<input type="checkbox"/> 4
Fairly satisfied	<input type="checkbox"/> 2	Very dissatisfied.....	<input type="checkbox"/> 5
Neither satisfied nor dissatisfied.	<input type="checkbox"/> 3		

Q37 Do you think that antisocial behaviour in your local area is...

Increasing	<input type="checkbox"/> 1	No anti social behaviour in the	<input type="checkbox"/> 4
Decreasing	<input type="checkbox"/> 2	area	
About the same	<input type="checkbox"/> 3	Don't know	<input type="checkbox"/> 5

Q38 Have you heard of the Council's Anti Social Behaviour Unit?

Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 2
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Q39 Do you know anyone in the Scottish Borders who has experienced Domestic Abuse?

Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 2
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Q40 Any comments:

**Free and confidential advice and support is available from:
Borders Women's Aid 01835 863514 National Domestic Abuse Helpline 0800 027 1234**

INTERNET ACCESS

Q41 Do you have access to the Internet?

Yes	<input type="checkbox"/> 1	Go to Q42	No	<input type="checkbox"/> 2	Go to Q43
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Q42 Is your access to the Internet from...(PLEASE TICK ALL THAT APPLY)

Your home ..	<input type="checkbox"/> 1	Go to Q44	The library ..	<input type="checkbox"/> 3	Go to Q44
Your office ..	<input type="checkbox"/> 2	Go to Q44	Elsewhere...	<input type="checkbox"/> 4	Go to Q44

If other, please specify:

Q43 Do you intend to get access to the Internet?

Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 2	Don't Know	<input type="checkbox"/> 3
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Q44 Do you have Broadband?

Yes	<input type="checkbox"/> 1	Go to Q47	No	<input type="checkbox"/> 2	Go to Q45
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Q45 Do you intend to get Broadband?

Yes	<input type="checkbox"/> 1	Go to Q47
No	<input type="checkbox"/> 2	Go to Q46
Don't Know	<input type="checkbox"/> 3	Go to Q46

Q46 If no, is it because of lack of availability of Broadband in your area?

Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 2
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DIGITAL SWITCHOVER

Q47 Have you heard about the switchover to digital TV later this year?

Yes 1 Go to Q48 No 2 Go to Q49

Q48 If 'Yes' do you know what you will need to do (if anything) to receive digital TV?

Yes 1 No 2 Don't need to do anything 3

OTHER SERVICES

Q49 Please rate your experience of other services you have used in the past 12 months

	Have not used	Unsatisfactory	Fairly satisfactory	Very satisfactory
Scottish Enterprise Borders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
VisitScotland Borders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Your GP/Health Centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
An NHS Dentist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Police	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Local Housing Association	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

LOCAL BUSINESS

Q50 On average, how much of your weekly shopping do you buy on your local High Street?

None of it 1 More than half 4
 Less than half 2 All of it 5
 About half 3

Q51 How much of your Christmas shopping was bought in the Borders last year?

None of it 1 More than half 4
 Less than half 2 All of it 5
 About half 3

LOCAL DECISION MAKING

Q52 Have you heard of Area Committees?

Yes 1 No 2

Q53 How satisfied are you with the opportunities for participating in local decision making provided by Scottish Borders Council?

Very satisfied 1 Fairly dissatisfied 4
 Fairly satisfied 2 Very dissatisfied 5
 Neither satisfied nor dissatisfied. 3 Don't Know 6

Q54

How would you rate Scottish Borders Council overall?

- | | | | |
|-----------------|----------------------------|------------------|----------------------------|
| Excellent | <input type="checkbox"/> 1 | Very poor | <input type="checkbox"/> 4 |
| Good | <input type="checkbox"/> 2 | Don't know | <input type="checkbox"/> 5 |
| Poor | <input type="checkbox"/> 3 | | |

ABOUT YOURSELF

Q55

Are you male or female?

- | | | | |
|------------|----------------------------|--------------|----------------------------|
| Male | <input type="checkbox"/> 1 | Female | <input type="checkbox"/> 2 |
|------------|----------------------------|--------------|----------------------------|

Q56

How long have you lived in the Borders?

- | | | | |
|-------------------------|----------------------------|----------------------------|----------------------------|
| Less than 1 year..... | <input type="checkbox"/> 1 | Between 6-10 years | <input type="checkbox"/> 3 |
| Between 1-5 years | <input type="checkbox"/> 2 | Longer than 10 years | <input type="checkbox"/> 4 |

Q57

How old are you?

- | | | | |
|---------------------------|----------------------------|---------------------------|----------------------------|
| Between 16-24 years | <input type="checkbox"/> 1 | Between 60-74 years | <input type="checkbox"/> 4 |
| Between 25-44 years | <input type="checkbox"/> 2 | 75 years and over | <input type="checkbox"/> 5 |
| Between 45-59 years | <input type="checkbox"/> 3 | | |

Q58

Which of these best describes your present employment situation? (PLEASE TICK ALL THAT APPLY)

- | | |
|---------------------------------------|-----------------------------|
| In full-time work | <input type="checkbox"/> 01 |
| In part-time work | <input type="checkbox"/> 02 |
| Self-employed | <input type="checkbox"/> 03 |
| Work from home | <input type="checkbox"/> 04 |
| Registered unemployed | <input type="checkbox"/> 05 |
| Permanently sick or disabled | <input type="checkbox"/> 06 |
| Wholly retired from work | <input type="checkbox"/> 07 |
| On a Government training scheme | <input type="checkbox"/> 08 |
| In full-time education | <input type="checkbox"/> 09 |
| At home/not seeking work..... | <input type="checkbox"/> 10 |

Q59

If you are in paid employment are you based in the Borders?

- | | | | |
|----------|----------------------------|----------|----------------------------|
| Yes..... | <input type="checkbox"/> 1 | No | <input type="checkbox"/> 2 |
|----------|----------------------------|----------|----------------------------|

Q60

Which of these best describes the type of household at this address?

- | | | | |
|------------------------------|----------------------------|---|----------------------------|
| Single person | <input type="checkbox"/> 1 | Three or more adults with children | <input type="checkbox"/> 5 |
| Lone parent..... | <input type="checkbox"/> 2 | Three or more adults without children | <input type="checkbox"/> 6 |
| Couple with children..... | <input type="checkbox"/> 3 | | |
| Couple without children..... | <input type="checkbox"/> 4 | | |

Q61

Do you own or have access to a car?

- | | | | |
|----------|----------------------------|----------|----------------------------|
| Yes..... | <input type="checkbox"/> 1 | No | <input type="checkbox"/> 2 |
|----------|----------------------------|----------|----------------------------|

Q62

Do you have any long-term illness or disability?

Yes..... 1 No 2

Q63

To which of these groups do you consider you belong to?

- | | | | |
|---|-----------------------------|---|-----------------------------|
| White British..... | <input type="checkbox"/> 01 | Asian Indian | <input type="checkbox"/> 10 |
| White Irish | <input type="checkbox"/> 02 | Asian Pakistani..... | <input type="checkbox"/> 11 |
| White Gypsy/Roma or other
Travelling Community | <input type="checkbox"/> 03 | Asian Bangladeshi | <input type="checkbox"/> 12 |
| Any other White background
(please specify below)..... | <input type="checkbox"/> 04 | Any other Asian Background
(please specify below)..... | <input type="checkbox"/> 13 |
| Black/Black British..... | <input type="checkbox"/> 05 | White and Black Caribbean..... | <input type="checkbox"/> 14 |
| Black Caribbean..... | <input type="checkbox"/> 06 | White and Black African | <input type="checkbox"/> 15 |
| Black African | <input type="checkbox"/> 07 | White and Asian | <input type="checkbox"/> 16 |
| Any other Black background
(please specify below)..... | <input type="checkbox"/> 08 | Other mixed background
(please specify below)..... | <input type="checkbox"/> 17 |
| Asian/Asian British | <input type="checkbox"/> 09 | Chinese | <input type="checkbox"/> 18 |
| | | Other | <input type="checkbox"/> 19 |

If other, please specify:

Q64

Do you have any other comments that have not already been mentioned?

Q65

What is your Postcode (This will be used for data analysis purposes only)?

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE. Your views will help shape the services provided by Scottish Borders Council. Please return your questionnaire to CN Research in the enclosed Freepost envelope.