

ANNEX E: THE PLACE WHERE YOU LIVE QUESTIONNAIRE (NH102/7)

Annex to :

Lietz, K., Bijoux, D., Saville-Smith, K., Howell, M. (2006). *Testing the Prototype Neighbourhood Sustainability Framework*. Report NH102/2 for Beacon Pathway Ltd

THE PLACE WHERE YOU LIVE

BEACON is a research consortium funded by the Foundation for Research, Science and Technology and committed to improving the quality of life for New Zealanders in their neighbourhoods and homes. To do so we need to know what you like and dislike about your surroundings and what you do in your neighbourhood.

The Neighbourhood Research Team of BEACON is surveying people in selected neighbourhoods in Wellington, Auckland, Manukau, Waitakere and Christchurch. We would appreciate you filling in this questionnaire.

GETTING THE QUESTIONNAIRE BACK TO US: CRESA is running this survey for the Beacon Research Neighbourhoods Team. You can:

- Either send this questionnaire back to us in the self-addressed envelope provided **by 20 May 2006**
- Or we will collect it from you - Ring the free-call number 0508 427 372.

DO YOU NEED HELP TO COMPLETE THE QUESTIONNAIRE? If you need help to fill in the questionnaire you can ring us on the free-call number 0508 427 372 and talk with Sam Mortlock or Ruth Fraser. They are nice folks and they will help.

COMPLETE YOUR QUESTIONNAIRE AND HAVE THE CHANCE OF SELECTION FOR A \$50 VOUCHER

Every completed questionnaire returned to us will have the opportunity to be selected for a \$50 book or music or petrol or garden voucher.

Tick one of the boxes to tell us which you would prefer, **if selected:** \$50 book voucher ; \$50 music voucher ; \$50 petrol voucher ; \$50 garden voucher .

In each of the neighbourhoods we will have 20 vouchers available. You will be eligible for random selection if you get your completed questionnaires back to us **by 20 May 2006**.

CONFIDENTIALITY – All data collected in this survey will be aggregated and used for research purposes only. Your responses are confidential. No individual details will be used in reports or research summaries.

QUESTIONS? If you have any questions ring Kay Saville-Smith or Ruth or Sam at CRESA on the free-call number - Phone: 0508 427 372.

FURTHER INFORMATION: If you want further information on:

- Beacon, its website is: www.beaconpathway.co.nz
- CRESA, its website is: www.cresa.co.nz

First we would like to ask you some questions about your home and outdoor areas.

1. How long have you lived in your current home?

____ years ____ months

2. Do you expect to move from your home within the next few years?

- ₁ Yes – Go to Question 2a
- ₂ No – Go to Question 3

2a. If yes, why do you expect to move? Please tick (✓) one box only

- ₁ Changing tenure (e.g. renting to owning)
- ₂ Dissatisfaction with dwelling
- ₃ Dissatisfaction with neighbourhood
- ₄ Job reasons
- ₅ To be closer to family
- ₆ Retirement
- ₇ Other

If 'other', please specify:

3. Tick any 5 of the list below that were important in your decision to choose this particular home.

- ₁ General appearance of the neighbourhood
- ₂ Quality of the neighbourhood (design and materials)
- ₃ Quality of local facilities (amenities and services)
- ₄ Size of home
- ₅ Type of home (e.g. 2-storey house/flat/bungalow)
- ₆ Private garden
- ₇ Parking space for cars
- ₈ Energy efficient development
- ₉ Potential to extend/change house
- ₁₀ Convenient to public transport

₁₁ Convenient to work
3. continued

- ₁₂ Convenient to family/friends
- ₁₃ Convenient to city or town centre
- ₁₄ Other

If 'other', please specify:

4. Do you have access to...? Please tick (✓) all that apply

- ₁ A private garden
- ₂ A shared/communal garden
- ₃ A patio or yard
- ₄ A roof terrace or large balcony
- ₅ None of the above

5. How many bedrooms are there in this dwelling? Count: Rooms or sleepouts furnished as bedrooms; any caravan that this household uses as a bedroom.

Print number of bedrooms: _____

6. What sort of dwelling do you live in? Please tick (✓) one box only

- ₁ A detached single-storey house
- ₂ A detached house with more than one storey
- ₃ A semi-detached single-storey house
- ₄ A semi-detached house with more than one storey
- ₅ A terrace house
- ₆ A purpose built flat
- ₇ A flat in a converted building
- ₈ An apartment in an apartment block with more than two floors
- ₉ Other

If 'other', please specify:

7. How satisfied are you with each of the following aspects of your home? Please circle one option for each aspect

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	A little dissatisfied	Very dissatisfied
a. Number of rooms	1	2	3	4	5
b. Size of rooms	1	2	3	4	5
c. Dwelling condition	1	2	3	4	5
d. Privacy	1	2	3	4	5
e. Garden/outdoors	1	2	3	4	5
f. Parking	1	2	3	4	5
g. Overall	1	2	3	4	5

8. What is the main fuel you use to heat your home? Please tick (✓) one box only

- ₁ Gas
- ₂ Electricity
- ₃ LPG
- ₄ Oil
- ₅ Wood
- ₆ Coal
- ₇ None – do not heat my home
- ₈ Other

If 'other', please specify:

9. Which heating appliances do you frequently use? Please tick (✓) any in frequent use

- ₁ Central heating
- ₂ Electric storage heaters
- ₃ Heat pump
- ₄ Under floor heating - electric
- ₅ Portable gas heater
- ₆ Fixed gas heater – with flue
- ₇ Fixed gas heater – no flue
- ₈ Solid fuel open fire
- ₉ Solid fuel enclosed burner

- ₁₀ Fixed electric heaters/fires
- ₁₁ Portable electric heaters/fires
- ₁₂ None

10. Do you frequently use any of the following appliances at home? Please tick (✓) any in frequent use

- ₁ Washer-dryer combined
- ₂ Washing machine
- ₃ Tumble dryer
- ₄ Dishwasher
- ₅ Fridge-freezer
- ₆ Separate fridge
- ₇ Separate freezer
- ₈ Electric cooker of electric oven
- ₉ Microwave
- ₁₀ Television - please state how many TVs: _____

11. What were the costs of your last energy bills? Please provide the amount and the month or months it covered:

Electricity \$ amount _____

Month(s) covered _____

Gas \$ amount _____

Month(s) covered _____

Now about travel and vehicle use

12. How many cars or vans are owned, or available for use, by your household?

Please state number: _____

If one or more vehicles, how many kms were driven in those vehicles in the last four weeks?

Please state total kms _____

13. How many motorcycles are available in your household?

Please state number: _____

14. How many adult bicycles are available ?

Please state number: _____

15. How do you **USUALLY** travel to the facilities and activities listed in the table below? Please answer only about the facilities and activities located **WITHIN YOUR NEIGHBOURHOOD**. Please tick (✓) all usual methods of travel that apply for each activity/facility

- 🚶₁ walk
- 🚲₂ cycle
- 🚊₃ public transport, e.g. bus, tram, train
- 🚗₄ private car, van or taxi





Facilities or Activities <i>Within your neighbourhood</i>	Usual Method of Travel				
	🚶 ₁	🚲 ₂	🚊 ₃	🚗 ₄	N/A ₅
EXAMPLE - school	✓				
a. Healthcare centre or GP practice					
b. Pub, café or restaurant					
c. Local shops e.g. food, newsagent, post office					
d. Shopping centre					
e. Community hall or place of worship					
f. Outdoor public open space, park, play areas					
g. Indoor leisure facilities					
h. School					
i. Place of main employment					
j. Visiting a friend(s)					
k. Visiting a relative(s)					

16. How do you **USUALLY** travel to the facilities and activities listed in the table below? Please answer only about the facilities and activities located **OUTSIDE YOUR NEIGHBOURHOOD, BUT WITHIN THE NEARBY AREA**. Please tick (✓) all usual methods of travel that apply for each activity/facility

Facilities or Activities <i>Outside your neighbourhood, but within the nearby area</i>	Usual Method of Travel				
	🚶 ₁	🚲 ₂	🚊 ₃	🚗 ₄	N/A ₅
EXAMPLE - school	✓				
a. Healthcare centre or GP practice					
b. Pub, café or restaurant					
c. Local shops e.g. food, newsagent, post office					
d. Shopping centre or high street					
e. Community hall or place of worship					
f. Outdoor public open space, park, play areas					
g. Indoor leisure facilities					
h. School					
i. Place of main employment					

j. Visiting a friend(s)					
k. Visiting a relative(s)					

17. How do you **USUALLY** travel to the facilities and activities listed in the table below? Please answer only about the facilities and activities located **OUTSIDE THE NEARBY AREA**. Please tick (✓) all usual methods of travel that apply for each activity/facility

Facilities or Activities <i>Outside the nearby area</i>	Usual Method of Travel				
	 1	 2	 3	 4	N/A ₅
EXAMPLE - school	✓				
a. Healthcare centre or GP practice					
b. Pub, café or restaurant					
c. Local shops e.g. food, newsagent, post office					
d. Shopping centre or high street					
e. Community hall or place of worship					
f. Outdoor public open space, park, play areas					
g. Indoor leisure facilities					
h. School					
i. Place of main employment					
j. Visiting a friend(s)					
k. Visiting a relative(s)					

18. How often do you visit the places and people listed in the table below? Please answer only about the places and people located **WITHIN YOUR NEIGHBOURHOOD**. Please circle one option for each activity/facility

Facilities or Activities <i>Within your neighbourhood</i>	Frequency of Visits					
	About once a week	About once a fortnight	About once a month	Less than once a month	Never	N/A
a. Healthcare centre or GP practice	1	2	3	4	5	6
b. Pub, café or restaurant	1	2	3	4	5	6
c. Local shops e.g. food, newsagent, post office	1	2	3	4	5	6
d. Shopping centre or high street	1	2	3	4	5	6
e. Community hall or place of worship	1	2	3	4	5	6
f. Outdoor public open space, park or play areas	1	2	3	4	5	6
g. Indoor leisure facilities	1	2	3	4	5	6
h. School	1	2	3	4	5	6
i. Place of main employment	1	2	3	4	5	6
j. Visiting a friend(s)	1	2	3	4	5	6

k. Visiting a relative(s)	1	2	3	4	5	6
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19. How often do you visit the places and people listed in the table below?
Please answer only about the places and people located OUTSIDE YOUR NEIGHBOURHOOD, BUT WITHIN THE NEARBY AREA. *Please circle one option for each activity/facility*

Facilities or Activities <i>Outside your neighbourhood, but within the nearby area</i>	Frequency of Visits					
	About once a week	About once a fortnight	About once a month	Less than once a month	Never	N/A
a. Healthcare centre or GP practice	1	2	3	4	5	6
b. Pub, café or restaurant	1	2	3	4	5	6
c. Local shops e.g. food, newsagent, post office	1	2	3	4	5	6
d. Shopping centre or high street	1	2	3	4	5	6
e. Community hall or place of worship	1	2	3	4	5	6
f. Outdoor public open space, park or play areas	1	2	3	4	5	6
g. Indoor leisure facilities	1	2	3	4	5	6
h. School	1	2	3	4	5	6
i. Place of main employment	1	2	3	4	5	6
j. Visiting a friend(s)	1	2	3	4	5	6
k. Visiting a relative(s)	1	2	3	4	5	6

20. How often do you visit the places and people listed in the table below?
Please answer only about the places and people located OUTSIDE THE NEARBY AREA. *Please circle one option for each activity/facility*

Facilities or Activities <i>Outside the nearby area</i>	Frequency of Visits					
	About once a week	About once a fortnight	About once a month	Less than once a month	Never	N/A
a. Healthcare centre or GP practice	1	2	3	4	5	6
b. Pub, café or restaurant	1	2	3	4	5	6
c. Local shops e.g. food, newsagent, post office	1	2	3	4	5	6
d. Shopping centre or high street	1	2	3	4	5	6
e. Community hall or place of worship	1	2	3	4	5	6
f. Outdoor public open space, park or play areas	1	2	3	4	5	6
g. Indoor leisure facilities	1	2	3	4	5	6
h. School	1	2	3	4	5	6

i. Place of main employment	1	2	3	4	5	6
j. Visiting a friend(s)	1	2	3	4	5	6
k. Visiting a relative(s)	1	2	3	4	5	6

₉ Not applicable – no spouse/partner/or does not go to place of work or study

21. Where relevant, how do you (and your spouse/partner if applicable) usually travel to your main place of work or study?

You: Please tick (✓) one box only

- ₁ Public transport
- ₂ Driving a car/van alone
- ₃ Driving a car/van with household member as passenger
- ₄ Driving a car/van with a passenger who is not a household member
- ₅ Passenger in car/van driven by a household member
- ₆ Passenger in a car/van driven by someone outside your household
- ₇ On foot/bicycle
- ₈ Other

If 'other', please specify:

Your spouse/partner: Please tick (✓) one box only

- ₁ Public transport
- ₂ Driving a car/van alone
- ₃ Driving a car/van with household member as passenger
- ₄ Driving a car/van with a passenger who is not a household member
- ₅ Passenger in car/van driven by a household member
- ₆ Passenger in a car/van driven by someone outside your household
- ₇ On foot/bicycle
- ₈ Other

If 'other', please specify:

22. Is free parking available at your place of work/study or on the street nearby? Please tick (✓) one box only

- ₁ Yes
- ₂ No
- ₃ Not applicable

23. If you and/or your partner drive to work or study, please estimate the average cost per day of parking there

- a. You: _____
- b. Spouse/partner: _____

24. If you REGULARLY walk or travel by bicycle or public transport to get where you want to go, are any of the features listed below important in encouraging you to use these methods of travel? Please tick (✓) all that apply

- ₁ Traffic calming measures
- ₂ Convenient pedestrian routes
- ₃ Convenient cycle routes
- ₄ Convenient places to store a bicycle
- ₅ Convenient pedestrian crossings
- ₆ Well lit routes
- ₇ Overlooked routes (i.e. visible from buildings along the route)
- ₈ Good signposting
- ₉ Public seating
- ₁₀ Routes connect directly to local facilities

- ₁₁ Other people are around on foot and in cars
- ₁₂ Bus lane
- ₁₃ Bus or coach stop nearby
- ₁₄ Tube, tram or train station nearby
- ₁₅ Good frequency of buses, trains or trams
- ₁₆ Other

If 'other', please specify:

Now some questions about living in your neighbourhood

25. Thinking about where you live, do you use nearby public open space (greens spaces and public areas such as squares) at least once a month for recreation or meeting people? Please tick (✓) one box only

- ₁ Yes
- ₂ No

26. Are any of the reasons listed below important in your decision to use public open spaces. Please tick (✓) all that apply

- ₁ Areas are litter-free
- ₂ Areas are well-maintained with no signs of vandalism
- ₃ Entrances and exits are highly visible
- ₄ Good seating is provided
- ₅ Hard surfaces are provided
- ₆ Public spaces are well-lit
- ₇ Buildings in and around public spaces are high quality and welcoming
- ₈ Public spaces and surrounding buildings have attractive and distinctive features that fit in with local styles and character
- ₉ I like spending time outdoors

- ₁₀ Areas have children's play spaces
- ₁₁ Other

If 'other', please specify:

27. Since moving to this neighbourhood, have you belonged to, taken part in, or supported or helped in any way local community or neighbourhood groups? Please tick (✓) one box only

- ₁ Yes – Go to Question 28
- ₂ No – Go to Question 29

28. How often over the last 12 months have you done something to help this (these) group(s)? *Please tick (✓) one box only*

- ₁ More than once a week
- ₂ About once a week
- ₃ About once a month
- ₄ Other

29. Thinking about where you live, would you say that you: *Please tick (✓) one box only*

- ₁ Know many of the people in your neighbourhood and area nearby
- ₂ Know some of the people in your neighbourhood and area nearby
- ₃ Know a few of the people in your neighbourhood and area nearby
- ₄ Do not know people in your neighbourhood and area nearby
- ₅ Would like to know people in your neighbourhood and area nearby

30. Since moving to the neighbourhood have you been, or are you now involved in, looking after green spaces in your local area that have been set aside as a wildlife refuge? *Please tick (✓) one box only*

- ₁ Yes
- ₂ No

31. If you have the use of a private open space such as a garden, roof garden, patio or balcony, do you do any of the following activities to encourage wildlife? *Please tick (✓) all that apply*

- ₁ Leave an area undisturbed for wildlife
- ₂ Provide and maintain shrubs and trees rich in nectar, pollen, berries, nuts and seeds
- ₃ Provide and maintain a pond
- ₄ Provide food and water for wildlife
- ₅ Use organic gardening methods

32. How safe do you feel walking alone in your neighbourhood after dark? *Please tick (✓) one box only*

- ₁ Very safe
- ₂ Fairly safe
- ₃ A bit unsafe
- ₄ Very unsafe
- ₅ Never go out alone after dark

33. In your neighbourhood, how much of a problem are the following issues? *Please circle one option for each issue*

	Not a problem	Minor problem	Serious problem	Don't know
a. Noise from neighbours	1	2	3	4
b. Disturbance by children or by young people	1	2	3	4
c. Crime in the area	1	2	3	4
d. Litter & graffiti	1	2	3	4
e. Lack of parking	1	2	3	4
f. Amount of traffic	1	2	3	4
g. Traffic that is too fast or makes walking unsafe	1	2	3	4

Now thinking about privacy in your home

34. How satisfied are you with the levels of privacy for relaxing and/or peace and quiet in the following rooms when other members of the household are at home? Please circle one option for each room

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Unsatisfied	Very unsatisfied	Don't know
a. Kitchen	1	2	3	4	5	6
b. Kitchen/dining	1	2	3	4	5	6
c. Dining room	1	2	3	4	5	6
d. Living room	1	2	3	4	5	6
e. Living/dining	1	2	3	4	5	6
f. Own bedroom	1	2	3	4	5	6
g. Other bedrooms	1	2	3	4	5	6
h. Outdoor space	1	2	3	4	5	6

35. When you are in your home are you comfortable with the view into your house from the outside? Please circle one option for each room

	Very comfortable	Comfortable	Neither comfortable nor uncomfortable	Uncomfortable	Very Uncomfortable	Don't know
a. Kitchen	1	2	3	4	5	6
b. Kitchen/dining	1	2	3	4	5	6
c. Dining room	1	2	3	4	5	6
d. Living room	1	2	3	4	5	6
e. Living/dining	1	2	3	4	5	6
f. Own bedroom	1	2	3	4	5	6
g. Other bedrooms	1	2	3	4	5	6
h. Outdoor space	1	2	3	4	5	6

36. Since you moved here have you done any of the following to increase privacy? Please tick (✓) all that apply

- ₁ Kept curtains or blinds on windows at the front (i.e. facing the street) of your home shut
- ₂ Kept curtains or blinds on windows at the back of your home shut
- ₃ Put up net curtains or similar on windows at the front of your home
- ₄ Put up net curtains or similar on windows at the back of your home

- ₅ Put large potplants in the windows at the front of your home
- ₆ Put large potplants in the windows at the back of your home
- ₇ Grown large plants and/or shrubs in your front garden
- ₈ Grown large plants and/or shrubs in your back garden
- ₉ Put up a fence, wall or hedge around your front garden
- ₁₀ Put up a fence, wall or hedge around your back garden
- ₁₁ Other

If 'other', please specify:

time		
e. Constantly	5	5
f. Don't know	6	6
g. Not applicable	7	7

37. How would you describe how you get on with your IMMEDIATE neighbours? Please tick (✓) all that apply

- ₁ Very well
- ₂ Fairly well
- ₃ Tend not to get on well
- ₄ Do not get on at all
- ₅ Do not really know neighbours
- ₆ Don't know

38. How much noise can you hear from your neighbours when you are INSIDE your home? Please circle one option for neighbours in their home and one for neighbours in their garden

	Neighbours in home	Neighbours in garden
a. Not at all	1	1
b. A little	2	2
c. Quite often	3	3
d. Much of the time	4	4
e. Constantly	5	5
f. Don't know	6	6
g. Not applicable	7	7

39. How much noise can you hear from your neighbours when you are in YOUR GARDEN?

Please circle one option for neighbours in their home and one for neighbours in their garden

	Neighbours in home	Neighbours in garden
a. Not at all	1	1
b. A little	2	2
c. Quite often	3	3
d. Much of the	4	4

40. If you can hear any noise from your neighbours, how much are you personally bothered, annoyed or disturbed by it? Please tick (✓) one box only

- ₁ Not at all annoyed
- ₂ A little annoyed
- ₃ Fairly annoyed
- ₄ Very annoyed
- ₅ Don't know

41. How often would you say you use your private outdoor space? Please circle one option for summer and one for winter

	Summer	Winter
a. Daily	1	1
b. Weekly	2	2
c. Monthly	3	3
d. Once or twice a year	4	4
e. Never use it	5	5

42. Do you have access to an outdoor shared space close to your home (e.g. communal garden, play space, shared courtyard) Please tick (✓) one box only

- ₁ Yes – Go to Question 43
- ₂ No – Go to Question 45
- ₃ Don't know – Go to Question 45

43. How often would you say you use it? Please tick (✓) one box only

- ₁ Daily

- ₂ Weekly
- ₃ Monthly
- ₄ Once or twice a year
- ₅ Never use

- ₃ Neither agree nor disagree
- ₄ Strongly disagree
- ₅ Don't know

44. Are any of the reasons listed below important in your decision to use the outdoor shared space close to your home? Please tick (✓) all that apply

- ₁ It is very close to my home
- ₂ I have no private outdoor space
- ₃ There are facilities for young children
- ₄ There are nice plants, flowers and trees
- ₅ I run into my neighbours
- ₆ Other

If 'other', please specify:

Now we would like to know your views on some topical issues

45. Have you heard of the term 'sustainable development'? Please tick (✓) one box only

- ₁ Yes
- ₂ No

46. Do you agree or disagree that most people in New Zealand today need to change their way of life so that future generations can continue to enjoy a good quality of life and environment? Please tick (✓) one box only

- ₁ Strongly agree
- ₂ Agree

47. How concerned are you about the environment in general? Would you say you are: Please tick (✓) one box only

- ₁ Very concerned
- ₂ Fairly concerned
- ₃ Not very concerned
- ₄ Not at all concerned
- ₅ Don't know

Now thinking about your home and the environment

48. Below is a list of examples of how to reduce the amount of energy used in your home. Which do you REGULARLY do? Please tick (✓) all that apply

- ₁ Time heaters and heating systems to be on only when someone is at home
- ₂ Set thermostats on heaters and heating systems to the lowest temperature needed to meet your needs
- ₃ Leave empty rooms unheated (or at a low temperature)
- ₄ Heat only the water you need
- ₅ Take showers instead of baths
- ₆ Turn off lights in empty rooms
- ₇ Use open windows for ventilation in preference to power driven methods such as electric fans

49. If you don't regularly do some or any of the above energy saving

activities please say why. Please tick (✓) all that apply

- ₁ The times on water and heating systems are difficult to change
- ₂ Lights are left on for security
- ₃ Water in the hot water cylinder is kept hot all the time for convenience
- ₄ Household heating comfort needs are more important than saving energy
- ₅ Other

If 'other', please specify:

50. Do you live in an energy efficient home? Please tick (✓) one box only

- ₁ Yes
- ₂ No
- ₃ Don't know

51. Does an energy efficient home encourage people to: Please tick (✓) one box only

- ₁ Be more cautious in the way energy is used
- ₂ Be less cautious in the way energy is used
- ₃ Not change the way energy is used

52. Below is a list of examples of how to reduce the amount of water used in the home. Which of the following, if any, do you do REGULARLY? Please tick (✓) all that apply

- ₁ Use water from a garden water tank rather than mains water
- ₂ Use water from rainwater recycling systems rather than mains water

- ₃ Use water from greywater recycling systems rather than mains water
- ₄ Use dual flush toilets
- ₅ Don't know

53. If you don't regularly do some, or all, of the above water saving activities please say what reasons, if any, your household has for this. Please tick (✓) all that apply

- ₁ There is no need to save water
- ₂ Mains water is more convenient to use.
- ₃ Greywater system is always breaking down
- ₄ Recycled greywater used to flush the toilets looks unclean
- ₅ Rainwater recycling system does not work well
- ₆ Toilet system's long flush works better
- ₇ Garden water tank is empty
- ₈ Other

If 'other', please specify:

54. Do you live in a water efficient home? Please tick (✓) one box only

- ₁ Yes
- ₂ No
- ₃ Don't know

55. Does a water efficient home encourage people to: Please tick (✓) one box only

- ₁ Be more cautious in the way water is used
- ₂ Be less cautious in the way water is used
- ₃ Not change the way water is used

56. If you pay a water bill, what was the cost of your last water bill?
Please provide the amount and the month or months it covered:

Water \$ amount _____

Month(s) covered _____

57. Do you REGULARLY recycle waste? *Please tick (✓) one box only*

- ₁ Yes
₂ No

58. Below is a list of examples of facilities for recycling waste
Please tick (✓) any that you use

- ₁ Kerbside collection service
₂ Nearby recycling facilities
₃ Nearby composting facilities
₄ Recycling facilities in your home (space for bins, bags etc)
₅ Composting facilities in your garden
₆ Other

If 'other', please specify:

59. If you don't use some recycling waste methods, please can you tell us why? *Please tick (✓) all that apply*

- ₁ No kerbside collection
₂ No recycling facilities nearby
₃ No composting facilities nearby
₄ No recycling facilities/space in my home
₅ No composting facilities/space in your garden

- ₆ There is no need to recycle waste
₇ Other

If 'other', please specify:

Now some questions about people you have contact with

60. How many people are there in your household (counting yourself)?

Please state the number _____

61. From the list below, please tick the box which best describes your household. *Please tick (✓) one box only*

- ₁ Non-retired couple with no dependant children
₂ Retired couple with no dependant children
₃ Couple with dependent children
₄ Lone parent with dependant children
₅ Other multi-person household
₆ One non-retired person
₇ One retired person
₈ Other

If 'other', please specify:

62. Not counting the people you live with, how often do you see friends/relatives? *Please tick (✓) one box only*

- ₁ Everyday/Most days
₂ At least once a week
₃ At least once a month

- ₄ At least once a year
₅ Never

63. Of these friends/relatives, how many of them live in your neighbourhood? Please tick (✓) one box only

- ₁ None
₂ One or two
₃ Three or four
₄ Five or more

64. How many of your neighbours would you say that: Please circle one option for each statement

	None	A few	Some	Most	All
a. You see socially on average once a week	1	2	3	4	5
b. You have a chat with/greet	1	2	3	4	5
c. You would ask to borrow tools from	1	2	3	4	5
d. You know by name	1	2	3	4	5
e. You would ask to borrow food from	1	2	3	4	5
f. You have no contact with	1	2	3	4	5
g. You avoid contact with	1	2	3	4	5

65. How strongly do you agree or disagree with each of the following statements? Please circle one option for each statement

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
a. If I needed a favour, I could rely on someone in this neighbourhood to help me	1	2	3	4	5
b. This is a place where neighbours look out for each other	1	2	3	4	5
c. I feel that I am unable to influence decisions in the neighbourhood	1	2	3	4	5
d. I am proud of my neighbourhood	1	2	3	4	5
e. Compared with other neighbourhoods, this one has many advantages	1	2	3	4	5
f. This is a friendly neighbourhood	1	2	3	4	5
g. I feel that I belong to this neighbourhood	1	2	3	4	5
h. My local neighbourhood reflects the type of person I am	1	2	3	4	5
i. People from different backgrounds get on well together in this neighbourhood	1	2	3	4	5

66. How would you rate the following aspects of YOUR NEIGHBOURHOOD?

Please circle one option for each aspect

	Very good	Fairly good	Neither good nor bad	Fairly bad	Very bad	Don't know
a. Your neighbourhood as a place to live	1	2	3	4	5	6
b. General appearance of area (i.e. attractiveness)	1	2	3	4	5	6
c. Street lighting	1	2	3	4	5	6
d. Open spaces and parks	1	2	3	4	5	6
e. Provision of shops	1	2	3	4	5	6
f. Provision of recreational facilities	1	2	3	4	5	6
g. Condition of other homes & gardens within the neighbourhood	1	2	3	4	5	6

67. How strongly do you agree or disagree with each of the following statements? Please circle one option for each statement

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
a. I can easily reach public transport on foot	1	2	3	4	5
b. I feel safe and comfortable waiting for public transport services in this neighbourhood	1	2	3	4	5
c. Public transport is frequent and reliable in this neighbourhood	1	2	3	4	5
d. Public transport goes when and where I want it	1	2	3	4	5

68. Approximately how often do you (or your children in the case of facilities for young children) use the following services/facilities in YOUR NEIGHBOURHOOD? Please circle one option for each service/facility

	Most days	At least once a week	At least once a month	Occasionally	Don't use
a. Chemist	1	2	3	4	5
b. Corner shop/convenience store	1	2	3	4	5
c. Supermarket	1	2	3	4	5
d. Post office	1	2	3	4	5

e. Bank/building society	1	2	3	4	5
f. Restaurant/cafe/takeaway	1	2	3	4	5
g. Pub	1	2	3	4	5
h. Library	1	2	3	4	5
i. Public sports facilities	1	2	3	4	5
j. Community venue for evening classes	1	2	3	4	5
k. Facilities for children/young people	1	2	3	4	5

69. Approximately how often do you use neighbourhood open spaces/parks for the following? Please circle one option for each activity

	Most days	At least once a week	At least once a month	Occasionally	Never	No access
a. Sport	1	2	3	4	5	6
b. Exercise	1	2	3	4	5	6
c. Walking the dog	1	2	3	4	5	6
d. Being in a natural environment	1	2	3	4	5	6
e. Seeing local wildlife	1	2	3	4	5	6
f. Feeding the ducks	1	2	3	4	5	6
g. Meeting friends/family	1	2	3	4	5	6
h. Taking children for play	1	2	3	4	5	6

70. How adequate are the neighbourhood open spaces/parks for you to do the following: Please circle one option for each activity

	Completely adequate	Fairly adequate	Neither adequate nor inadequate	Fairly inadequate	Completely inadequate	Don't know
a. Sport	1	2	3	4	5	6
b. Exercise	1	2	3	4	5	6
c. Taking children to play	1	2	3	4	5	6
d. Walking the dog	1	2	3	4	5	6
e. Seeing local wildlife	1	2	3	4	5	6

71. Which of the following activities do you undertake at least once a month? Please circle one option for each activity

	Within your neighbourhood	Outside your neighbourhood but within the city	Outside the city

a. See friends/family socially	1	2	3
b. Sports/exercise groups (including taking part, coaching or watching)	1	2	3
c. Adult education groups	1	2	3
d. Local community or neighbourhood groups (including residents' associations, parent-teacher associations)	1	2	3
e. Support groups (e.g. health and welfare groups)	1	2	3
f. Religious groups	1	2	3
g. Other groups	1	2	3

- ₁ Walk/cycle
₂ Public transport
₃ Car, van, or taxi
₄ Home delivery

72. Approximately how much does your household spend each week on food and groceries? (Please exclude eating out)

Amount per week \$ _____

73. What percentage of food expenditure is spent in your local neighbourhood compared with shops further a field *Please tick (✓) one box only*

- ₁ 0-25%
₂ 26-50%
₃ 51-75%
₄ 76-100%

74. Where does your household do its main food/grocery shopping?

Store and area _____

75. How often does your household use this store? *Please tick (✓) one box only*

- ₁ Every day/most days
₂ Around once a week
₃ Less than once a week

76. How does your household normally travel to do its main food/grocery shopping? *Please tick (✓) one box only*

A few questions about you and your household

77. Please indicate on the list below your personal income and the household's income annually?

Your Personal Income *Please tick (✓) one box only*

- ₁ loss
₂ zero income
₃ \$1 - \$5000
₄ \$5001 - \$10,000
₅ \$10,001 - \$15,000
₆ \$15,001 - \$20,000
₇ \$20,001 - \$25,000
₈ \$25,001 - \$30,000
₉ \$30,001 - \$40,000
₁₀ \$40,001 - \$50,000
₁₁ \$50,001 - \$70,000
₁₂ \$70,001 - \$100,000
₁₃ \$100,001 or more

Total Household Income Please tick (✓) one box only

- ₁ loss
- ₂ zero income
- ₃ \$1 - \$5000
- ₄ \$5001 - \$10,000
- ₅ \$10,001 - \$15,000
- ₆ \$15,001 - \$20,000
- ₇ \$20,001 - \$25,000
- ₈ \$25,001 - \$30,000
- ₉ \$30,001 - \$40,000
- ₁₀ \$40,001 - \$50,000
- ₁₁ \$50,001 - \$70,000
- ₁₂ \$70,001 - \$100,000
- ₁₃ \$100,001 or more

78. Are you? Please tick (✓) one box only

- ₁ Male
- ₂ Female

79. Which age group are you in?

Please tick (✓) one box only

- ₁ Under 20 years
- ₂ 20 - 29 years
- ₃ 30 - 39 years
- ₄ 40 - 49 years
- ₅ 50 - 64 years
- ₆ 65 years or more

80. Which of the following best describes your situation? Please

tick (✓) one box only

- ₁ Employer
- ₂ Employed full-time
- ₃ Employed part-time
- ₄ Self-employed/freelance
- ₅ Unemployed/seeking work
- ₆ Retired
- ₇ Looking after family/home
- ₈ Full-time student at college/university
- ₉ Long term sick or disabled

₁₀ Other If 'other', please specify:

81. Which ethnic group do you belong to? Please tick (✓) all that apply

- ₁ New Zealand European
 - ₂ Maori
 - ₃ Samoan
 - ₄ Cook Island Maori
 - ₅ Tongan
 - ₆ Niuean
 - ₇ Chinese
 - ₈ Indian
 - ₉ Other If 'other', please specify:
-



82. What are the ages of other people in the household? *Please state the age for each person in the household*

	Age in Years
a. Person 1	
b. Person 2	
c. Person 3	
d. Person 4	
e. Person 5	
f. Person 6	
g. Person 7	
h. Person 8	

83. Does any member of the household have a disability that affects their mobility to the point they need assistance for every day tasks? *Please tick (✓) one box only*

₁ Yes

₂ No

THANK YOU FOR COMPLETING THE QUESTIONNAIRE.

Please place in the enclosed reply-paid envelope or ring us to come and collect it.

Remember return by 20 May 2006 and be eligible for possible random selection to receive a \$50 gift voucher.