



## Summer/Autumn 2009 Public Services Panel

### Dear Panel Member

Welcome to the Summer/Autumn 2009 PSP questionnaire. I would like to thank those of you who filled out our last questionnaire. The information you gave us is being put to good use. Details of the results from the last survey and how we are using them are included within the enclosed newsletter.

This questionnaire looks at local democracy and Renfrewshire's Local Area Committees, health and exercise, school meals and domestic noise nuisance.

We appreciate your contribution to the Panel and we hope that you can find the time to fill out this very important questionnaire. Your views will be used to inform our strategies for improving our services and will help guide the work of all the public and voluntary sector agencies working in Renfrewshire.

Should you have any questions about the questionnaire or the Public Services Panel in general, please contact either: Craig Glover (0141 840 3251) at Renfrewshire Council or Jim Patton (0800 121 4897) at Hexagon Research.



David Martin  
Chief Executive

## Section 1: Local Area Committees

As part of Renfrewshire Council's commitment to involving local people in shaping the services that affect them, 5 Local Area Committees (LACs) have been set up. The 5 LACs are made up of local councillors, partners such as the Police and Fire Service, and community representatives. They act as a focus for community consultation in Renfrewshire. They also help to enhance transparency and accountability in relation to the provision of Council services at a local level; to improve communication between the Council, its partners and the community; and to fund local projects and allocate a wide range of grants across their local communities. The five LACs are:

- Renfrew & Gallowhill
- Paisley North
- Paisley South
- Johnstone & Villages
- Houston, Crosslee, Linwood, Riverside & Erskine

### Q1. Are you aware of the introduction of Local Area Committees in Renfrewshire?

Yes  1 Go To Q2

No  2 Go To Q3

### Q2. How did you hear about them?

Local newspaper  1

From a community or  
voluntary group  1

Council newsletter  1

Council website  1

Council leaflet (e.g.  
"Having Your Say")  1

Other  1

### Q3. Are you a member of a community or voluntary organisation?

Yes  1 Go To Q4

No  2 Go To Q5

### Q4. Your group may be able to join or seek funding from a Local Area Committee. Please specify the type of group you are a member of:

Sports and Leisure  1

Social  1

Other (please specify)  1

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**Q5. Community and voluntary organisations and community planning partners can apply for funding from Local Area Committees. Are you aware of any Local Area Committee funded activity in your community?**

Yes  1 Go To Q6

No  2 Go To Q7

**Q6. Have you noticed any positive effect on your community from LAC funded activity?**

Yes  1

No  2

**Q7. Local Area Committees will be developing plans to help identify and prioritise local concerns. Please could you indicate from the list below the three issues which you feel are most important in your community.**

	Most Important	Second most important	Third most important
Policing	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Provision of facilities for young people	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Town Centre improvements/regeneration	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Anti social behaviour	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Litter	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Roads and footpaths (condition)	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Availability of public transport	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Play parks and open spaces	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Health promotion	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Community facilities	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

## Section 2: Health

Renfrewshire Council works with a number of other organisations for the benefit of the community. Health is an important area for all of us. The following sections ask about certain aspects of your health and the types of issues that may affect it.

### Q8. How important do you think the following are to keep you healthy?

	Very Important	Fairly Important	Not Very Important	Don't Know
Taking regular exercise/activity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Limit the amount of salt eaten	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Eating a healthy balance of different foods	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Control weight	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Give up/cut down on smoking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Avoid other people's smoking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Reduce your levels of stress/pressure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Eat plenty of fruit and vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Limit the amount of fat eaten	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Have regular checks on blood pressure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Have regular checks on cholesterol levels	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

## Smoking

### Q9. Which best describes you?

I have never smoked tobacco (or tried smoking it once or twice)	<input type="checkbox"/> 1	I smoke tobacco some days	<input type="checkbox"/> 2
I have given up smoking tobacco	<input type="checkbox"/> 3	I smoke tobacco every day	<input type="checkbox"/> 4

## Physical Activity

### Q10. In an average week, on how many days do you accumulate a minimum of 30 minutes per day of physical activity?

1 day	<input type="checkbox"/> 1	5 days	<input type="checkbox"/> 5
2 days	<input type="checkbox"/> 2	6 days	<input type="checkbox"/> 6
3 days	<input type="checkbox"/> 3	7 days	<input type="checkbox"/> 7
4 days	<input type="checkbox"/> 4	No Days	<input type="checkbox"/> 8

**Q11. How important are the following in preventing you from being more physically active?**

	Very Important	Fairly Important	Not Very Important	Don't Know
I don't have the skills or confidence to do it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The weather puts me off	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Traffic, road safety or the environment puts me off	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I have no one to go with	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Lack of transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Lack of money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I am too old	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Lack of suitable local facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I do not enjoy exercise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel too fat/overweight	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Ill health, injury, disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Prefer to do other things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Lack of time due to other commitments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q12. Do you ever feel isolated from friends and family?**

Yes  1 No  2

**Q13. What is your main form of transport?**

Car/motorcycle/moped	<input type="checkbox"/> 1	Walking	<input type="checkbox"/> 4
Public transport (buses and trains)	<input type="checkbox"/> 2	Other	<input type="checkbox"/> 5
Cycling	<input type="checkbox"/> 3		

## Diet

### Q14. How important are the following in preventing you from eating more healthily?

	Very Important	Fairly Important	Not Very Important	Don't Know
Lack of will power	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Healthy foods are too boring	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Healthy foods take too long to prepare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Healthy foods are too expensive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Lack of advice from a qualified person such as a nutritionist or doctor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Poor choice of healthy foods in places where you shop	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Poor choice of healthy foods in canteens and restaurants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Not knowing how to cook more healthy foods	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Not knowing what changes to make	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Friends discouraging or unsupportive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Family discouraging or unsupportive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
People at work discouraging or unsupportive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

## Alcohol

### Q15. How often do you drink alcohol?

Never	<input type="checkbox"/> 1	Go To Q17	1-2 days a week	<input type="checkbox"/> 4	Go To Q16
Less than once a month	<input type="checkbox"/> 2	Go To Q16	3 - 5 days a week	<input type="checkbox"/> 5	Go To Q16
More than once a month but not weekly	<input type="checkbox"/> 3	Go To Q16	6 - 7 days a week	<input type="checkbox"/> 6	Go To Q16

**Q16. Where do you drink?**

Outside e.g. street/park  1

At home alone  2

At home with friends and family  3

Pubs  4

Clubs  5

Restaurants  6

Other e.g. cinema, theatre, bingo  7

**Oral Health**

**Q17. Are you registered with a dentist?**

Yes - NHS  1

Yes - Private  2

No  3

**Q18. How often do you brush your teeth?**

Twice or more a day  1

About once a day  2

Less than once a day  3

Seldom or never  4

**Q19. When was the last time you went to the dentist?**

Within the last six months  1

Within the last 6-15 months  2

Over 15 months ago  3

**Area**

**Q20. Do you think the facilities in your community support you to live a healthier life?**

Yes  1

No  2

Don't Know  3

**Q21. Do you know how to improve and increase the opportunities for exercise, quitting smoking and healthy eating in your community?**

Yes  1

No  2

Don't Know  3

**Q22. How much do you agree or disagree with the following statements about living in your local area?**

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
This is a neighbourhood where neighbours look out for each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel I belong to this local area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The friendships and associations I have with other people in my local area mean a lot to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel valued as a member of my community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Generally speaking, you can trust people in my local area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
By working together, people in my neighbourhood can influence decisions that affect my neighbourhood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
If I have a problem there is always someone to help me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q23. Do you feel in control of decisions that affect your life, such as planning your budget, moving house or changing jobs?**

Definitely  1                      To some extent  2                      No  3

## Changing Behaviour

### Q24. Are you thinking of:

	No	Thinking about it	Intend to do it	Been doing it for less than six months	Been doing it for over six months
Stopping smoking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cutting down smoking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Eating more fruit and vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Eating less fat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Socialising more	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Trying to reduce your stress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being more physically active	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Taking part in more activities in the community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

### Section 3: Healthy Eating - school catering

#### Q25. Do you have a child or children of school age?

Yes  1 Go To Q26

No  2 Go To Q34

#### Q26. How often do your children use the school catering service

Every day  
 1 Go To  
Q28

Several times a week  
 2 Go To  
Q28

Occasionally  
 3 Go To  
Q28

Never  
 4 Go To  
Q27

#### Q27. If your children do not use the school catering service, what do they normally do for lunch

Take a packed lunch  
 1

Go home  
 2

Buy from local shops  
 3

Other  
 4

**Q28. How would you and your child/children rate the school meal service?**

	Very good	Good	Average	Poor	Very poor
Quality of food	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Value for money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Menu options available	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Dining surroundings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Customer service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q29. What would encourage your child/children to use the school catering service? Please select all that apply.**

- Better menu choices  1
- Better dining surroundings  1
- Improved pricing  1
- More time to eat at lunchtime  1

Other, please specify \_\_\_\_\_

**Q30. Would you be interested in attending school meal taster sessions**

Yes  1

No  2

**Q31. Would you like to receive more information on the school meal service?**

Yes  1 Go To Q32

No  2 Go To Q33

**Q32. What information would you like to receive? Please select all that apply.**

Menu selections and prices  1

Information on healthy choices  1

Nutritional analysis  1

Information on entitlement to free meals  1

Other, please specify \_\_\_\_\_

**Q33. Do you know about the extension to entitlement of free school meals that came into effect for the 2009/10 school year?**

Yes  1

No  2

**Section 4: Domestic Noise Nuisance**

**Q34. In the last 12 months have you been affected by domestic noise?**

Yes  1 Go To Q35

No  2 Go To Q39

**Q35. Did you report the complaint?**

Yes  1 Go To Q36

No  2 Go To Q39

**Q36. Who did you contact to report your complaint?**

Police  1

Housing Office  1

Council – Noise enforcement service  1

Council - other  1

Councillor/MSP  1

Other, please specify \_\_\_\_\_

**Q37a. Are you aware of the existence of the noise enforcement service?**

Yes  1

No  2 Go To Q39

**Q37b. Did you know that the noise enforcement service provides an out of hours service?**

Yes  1

No  2

**Q37c. Have you used the noise enforcement service?**

Yes  1 Go To Q38

No  2 Go To Q39

**Q38. How would you rate the Noise Enforcement Service?**

	Very good	Good	Average	Poor	Very poor
Service contact arrangements	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Staff manner (polite/friendly)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Staff knowledge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Outcome of complaint	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Overall satisfaction rating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q39. Your views/comments**

**Please use this space to add any other comments or suggestions.**

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**Q40. Prize draw**

Every completed form will be entered into a prize draw. If you would like to be in with a chance of winning then please leave us your home or mobile phone number.

Phone number

***Thank you for taking part in this very important survey  
Please return your questionnaire in the enclosed FREEPOST envelope  
If you have lost the FREEPOST envelope, send it free in an envelope marked:***

**FREEPOST RRZE-SGEY-KCHX  
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**If you would like to complete future questionnaires online, please send your email address to Hexagon Research and Consulting at [office@hexagonresearch.co.uk](mailto:office@hexagonresearch.co.uk)**