

Voice!

Questionnaire 35

June 2015

Aberdeen City  *Voice!*

ABERDEEN'S CITIZENS PANEL

POLICE SCOTLAND – NEW PSYCHOACTIVE SUBSTANCES (NPS)

We know from previous City Voice questions posed in 2014 (issue no 34), that a large majority of people surveyed were aware of New Psychoactive Substances (NPS), which are also commonly known as ‘Legal Highs’. The use of NPS is an emerging trend nationally and Police Scotland Aberdeen City Division would like to seek your views upon this matter and how you feel they have affected your community. The information provided will allow us to determine the extent to which NPS products are, or are perceived to be, impacting upon communities. It will inform our Local Policing Plans and actions and also the extent to which Police Scotland may require to provide additional information/education in this key area.

1. Over the last year, have you experienced any community problems which you believe were caused by people using NPS?

- a) Yes
- b) No (Please go to question 3)

2. If you answered with ‘yes’ to question 1, have you experienced any community problems caused by people using NPS and what is your perception of this problem over the last year? (Please tick all that apply)

	Problem has got significantly worse	Problem has got slightly worse	Problem has stayed the same	Problem has got slightly better	Problem has got significantly better
Youth annoyance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noisy parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-Social Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (rubbish disposal, needles, urination / defecation etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disturbance to quality of life at home or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)					

3. Do you think that the sale and supply of NPS should be controlled?

- a) Yes
- b) No

4. If you answered with ‘yes’ to question 3, how do you think it should be controlled? (Please tick all that apply)

- a) Government legislation banning the products
- b) Trading Standards legislation
- c) Anti-social behaviour orders
- d) Greater powers for the police
- e) Licensing
- f) Other (please specify)

If you have any further questions please contact:

Chief Inspector Michael Thompson

Telephone: 01224 306055 / Email: michael.thompson@scotland.pnn.police.uk

For any queries on NPS please contact:

DA

Telephone Helpline: 01224 594700

Email: helpline@drugsaction.co.uk

Web: www.drugsaction.co.uk

Address: 7 Hadden Street, Aberdeen AB11 6NU

DA provide a confidential, 7 day a week service

ARTS AND CULTURAL ACTIVITIES

Aberdeen City Council and the Aberdeen Cultural Network are trying to establish a better understanding of city residents' engagement with arts and cultural activities. This information will be used by the council to review against current working practices. The Aberdeen Culture Network will use the information gained, together with other gathered information, to inform the on-going process of developing a renewed strategy for arts and culture.

Part 1 – Engagement in cultural activity

1. On average, how often do you ATTEND the following type of cultural activities and venues in the city? (Please tick one box for each row)

	Weekly	Monthly	Every 2-3 months	Annually	Never
Visual arts venues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinemas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classical music performance / opera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural festivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance show / event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Historic sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live music event (non-classical / opera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)					

2. How would you rate the quality of the following type of cultural activities and venues in the city? (Please tick one box for each row)

	Excellent	Good	Fair	Poor	Don't know/ Not applicable
Visual arts venues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinemas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classical music performance / opera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural festivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance show / event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Historic sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live music event (non-classical / classical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Good	Fair	Poor	Don't know/ Not applicable
Theatres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)					

**3. Please tell us how you usually find out about cultural activities.
(Please tick your three main sources)**

a) Social Media (Facebook, Twitter etc.)	<input type="checkbox"/>
b) Internet	<input type="checkbox"/>
c) Local newspapers	<input type="checkbox"/>
d) National newspapers	<input type="checkbox"/>
e) Local radio	<input type="checkbox"/>
f) National radio	<input type="checkbox"/>
g) Posters / flyers	<input type="checkbox"/>
h) Television	<input type="checkbox"/>
i) Word of mouth	<input type="checkbox"/>
j) Not applicable	<input type="checkbox"/>
k) Other (please specify)	<input type="checkbox"/>

**4. Which of the following reasons, if any, prevent you from ATTENDING as much cultural activities or venues as you would wish?
(Please tick up all that apply)**

a) Activity / venue cost	<input type="checkbox"/>
b) Don't feel welcome	<input type="checkbox"/>
c) Location of activity	<input type="checkbox"/>
d) Not aware of what's going on	<input type="checkbox"/>
e) Not enough time	<input type="checkbox"/>
f) Not interested	<input type="checkbox"/>
g) Quality of activity	<input type="checkbox"/>
h) Travel cost	<input type="checkbox"/>
i) Travel time	<input type="checkbox"/>
j) Not applicable. I am happy with how often I attend cultural activities	<input type="checkbox"/>
k) Don't know	<input type="checkbox"/>
l) Other (please specify)	<input type="checkbox"/>

**5. On average, how often do you TAKE PART in the following type of cultural activities in your own time?
(Please tick one box for each row)**

	Weekly	Monthly	Every 2-3 months	Annually	Never
Art / sculpture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative work on computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Weekly	Monthly	Every 2-3 months	Annually	Never
Meetings of local cultural / heritage group(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance with audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photography / make films or videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play instrument / write music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read for pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)					

6. Which of the following reasons, if any, prevent you from TAKING PART in as much cultural activity as you would wish? (Please tick up to three boxes)

a) Activity / venue cost	<input type="checkbox"/>
b) Don't feel welcome	<input type="checkbox"/>
c) Location of activity	<input type="checkbox"/>
d) Not aware of what's going on	<input type="checkbox"/>
e) Not enough time	<input type="checkbox"/>
f) Not interested	<input type="checkbox"/>
g) Quality of activity	<input type="checkbox"/>
h) Travel cost	<input type="checkbox"/>
i) Travel time	<input type="checkbox"/>
j) Not applicable. I am happy with how often I attend cultural activities	<input type="checkbox"/>
k) Don't know	<input type="checkbox"/>
l) Other (please specify)	<input type="checkbox"/>

7. How would you like to see opportunities for attending or taking part in cultural activities being developed or enhanced CITY WIDE?

8. How would you like to see opportunities for attending or taking part in cultural activities being developed or enhanced in YOUR LOCAL AREA?

Part 2 – Value of Arts and Culture

9. To what extent do you agree or disagree with the following statements on the value of arts and culture to you and the city as a whole? (Please tick one box in each row)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/ not applicable
Attending cultural activity is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking part in cultural activity is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural activity is important in attracting investment into the city.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural activity is important in improving residents' quality of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural activity is important in attracting visitors to the city.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Are there any specific activities, events, venues or initiatives you feel should be developed or introduced to develop the cultural life of the city?

If you have any further questions, please contact:

Gary Cameron
 Cultural Policy and Partnership Officer
 Telephone: 01224 522744 / Email: gcameron@aberdeencity.gov.uk

FIRE AND RESCUE SCOTLAND – HOME FIRE SAFETY VISIT

As the population ages, elderly people who live alone and have limited external contact are considered to be particularly vulnerable to fire related incidents in the home. Following on from the questions in questionnaire 34, Fire and Rescue Scotland wants to gauge the public's understanding of Home Fire Safety Visit (HFSV) referrals for people they think are at risk. (A Home Fire Safety visit is a fire risk assessment of a home, lasting approximately 30 minutes. The smoke alarms within the property are checked, and new ones fitted free of charge if necessary. Trained fire officers will identify any obvious hazards and offer the appropriate advice. A fire escape plan will be discussed with the occupier as well as any lifestyle issues that could add to the risk of the person. Visits can be requested by an individual or sometimes referred by a partner agency. There is no charge for the service.)

The aim is to give advice through media and raise awareness to 3rd sector organisations (they include voluntary and community organisations, social enterprises, mutuals and co-operatives), occupational therapists, mental health nurses, alcohol and drug partners, housing officers, social workers etc. Your responses will influence future initiatives and harness our resources to ensure that the public is well informed.

**1. Are you aware that you can refer another person to receive a free Scottish Fire and Rescue Service Home Fire Safety Visit?
(Please tick one box in each row)**

	Yes	No
With the person's consent	<input type="checkbox"/>	<input type="checkbox"/>
Without the person's consent	<input type="checkbox"/>	<input type="checkbox"/>

2. Have you ever referred a person to receive a free Home Fire Safety Visit?

a) Yes, I have previously referred a person with their knowledge.	<input type="checkbox"/>
b) Yes, I have previously referred a person without their knowledge.	<input type="checkbox"/>
c) No, I have never referred a person.	<input type="checkbox"/>

3. If you answered with 'yes' in question 2 would you consider referring another person to receive a free home fire safety visit?

a) Yes	<input type="checkbox"/>
b) No	<input type="checkbox"/>

4. If you answered with 'no' in question 3 why not?

5. Are you aware that you can call Scottish Fire and Rescue Service for some general advice and information if you are concerned about a potentially vulnerable person?

a) Yes	<input type="checkbox"/>
b) No	<input type="checkbox"/>

6. Fires in the home can start in various locations. Please indicate using 1, 2, 3 (with 1 being the most frequent and 3 being the least frequent) where you believe the majority of house fires start.

a) Bedroom	<input type="checkbox"/>
b) Kitchen	<input type="checkbox"/>
c) Living Room/Lounge	<input type="checkbox"/>

7. Why did you select this answer in question 6?

8. What do you think is the most common ignition source for house fires in Aberdeen? (Please tick one box)

a) Candles or other naked flames	<input type="checkbox"/>
b) Cooking related	<input type="checkbox"/>
c) Electrical appliances	<input type="checkbox"/>
d) Smoking materials	<input type="checkbox"/>
e) Other please specify	<input type="checkbox"/>

9. Why did you select this answer in question 7?

If you have any further questions, please contact:

Gordon Riddel
Station Manager
Scottish Fire & Rescue Service
Telephone: 01224 788761 / Email: gordon.riddel@firescotland.gov.uk

HEALTH AND WELLBEING

There are many benefits to walking and cycling including improved health, reduced road congestion and decreased carbon emissions.

Aberdeen City Public Health Team is seeking your views on walking and cycling opportunities in Aberdeen. Your responses will help inform future priorities, including how we can support people to remain active and healthy.

Please note we understand that for some people, walking or cycling is not an option. If you feel any of the questions are not relevant to you, please feel free to leave them blank.

1. Do you currently walk or cycle in Aberdeen City? (Please tick all that apply)

a) Walk	<input type="checkbox"/>
b) Cycle	<input type="checkbox"/>

2. Which of the following, if any, prevent you from walking and cycling in Aberdeen City? (Please tick all that apply)

	Walking	Cycling
Health problems or injury	<input type="checkbox"/>	<input type="checkbox"/>
The weather	<input type="checkbox"/>	<input type="checkbox"/>
Lack of local walk and cycle paths	<input type="checkbox"/>	<input type="checkbox"/>
Traffic	<input type="checkbox"/>	<input type="checkbox"/>
Safety concerns	<input type="checkbox"/>	<input type="checkbox"/>
Time constraints	<input type="checkbox"/>	<input type="checkbox"/>
Distance	<input type="checkbox"/>	<input type="checkbox"/>
Do not have access to a bicycle	<input type="checkbox"/>	<input type="checkbox"/>
Unable to ride a bicycle	<input type="checkbox"/>	<input type="checkbox"/>
Cost of buying a bicycle	<input type="checkbox"/>	<input type="checkbox"/>
Nothing	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify	<hr/>	

3. How often do you WALK: (Please tick one box in each row)

	Daily	More than once a week	More than once a month	Never	Not applicable
To work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To university / college?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For leisure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To keep fit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To local shops?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To visit friends / family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To GP surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Daily	More than once a week	More than once a month	Never	Not applicable
To accompany children to school / nursery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

4. How often do you CYCLE: (Please tick one box in each row)

	Daily	More than once a week	More than once a month	Never	Not applicable
To work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To university / college?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For leisure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To keep fit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To local shops?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To visit friends / family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To GP surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To accompany children to school / nursery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

5. Where do you WALK most often? (Please tick all that apply)

a) Pavements	<input type="checkbox"/>
b) Local path networks	<input type="checkbox"/>
c) Local parks and open / green spaces	<input type="checkbox"/>
d) Countryside	<input type="checkbox"/>
e) Medal Routes*	<input type="checkbox"/>
f) Other (please specify)	<input type="checkbox"/>

*Medal Routes are short circular walking routes that start and finish at the same location (called a hub). There are 4 hubs in Aberdeen City including Marischal College and Aberdeen Sports Village.

6. Where do you CYCLE most often? (Please tick all that apply)

a) Designated cycle paths	<input type="checkbox"/>
b) Dual use paths	<input type="checkbox"/>
c) On the road	<input type="checkbox"/>
d) Other off road paths	<input type="checkbox"/>
e) Other (please specify)	<input type="checkbox"/>

7. Roughly how long would it take you to WALK from home to each of the following? (Please tick one box in each row)

	Less than 10 min	Less than 20 min	More than 20 min	I don't know	Not applicable
The nearest public transport link, for example, a bus stop or train station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nearest park or open / green space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nearest grocery shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nearest school / nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your GP surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University / college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)					

8. Roughly how long would it take you to CYCLE from home to each of the following? (Please tick one box in each row)

	Less than 10 min	Less than 20 min	More than 20 min	I don't know	Not applicable
The nearest public transport link, for example, a bus stop or train station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nearest park or open / green space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nearest grocery shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The nearest school / nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your GP surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University / college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)					

9. Which of the following best describes your attitude towards WALKING? (Please tick one box in each row)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/ not applicable
Walking makes me feel good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking is good for the environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking is more convenient than other modes of transport.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking is good for my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking is the only option available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking is the quickest form of transport.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking is cost effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<hr/>					

10. Which of the following best describes your attitude towards CYCLING? (Please tick one box in each row)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/ not applicable
Cycling makes me feel good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling is good for the environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling is more convenient than other modes of transport.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling is good for my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling is the only option available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling is the quickest form of transport.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling is cost effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<hr/>					

11. Which of the following (if any) would encourage you to walk or cycle more often? (Please tick all that apply)

	Walking	Cycling
Having better quality paths	<input type="checkbox"/>	<input type="checkbox"/>
Having better lighting along paths	<input type="checkbox"/>	<input type="checkbox"/>
Feeling safer at night	<input type="checkbox"/>	<input type="checkbox"/>
Having someone to walk or cycle with	<input type="checkbox"/>	<input type="checkbox"/>
Having more information about local opportunities	<input type="checkbox"/>	<input type="checkbox"/>
Having more safe places to cross the road for	<input type="checkbox"/>	<input type="checkbox"/>
Having more off road routes for	<input type="checkbox"/>	<input type="checkbox"/>
More public toilets	<input type="checkbox"/>	<input type="checkbox"/>
Limiting vehicle speeds to 20mph in my local area	<input type="checkbox"/>	<input type="checkbox"/>
Having shops and facilities closer to where I live	<input type="checkbox"/>	<input type="checkbox"/>
Adult walking or cycling proficiency training	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		

These questions are similar to the questions used in the Public Opinion Survey on Attitudes to Walking, a study commissioned by the Living Street Charity (www.livingstreetsscotland.org.uk - Company Registration No. 5368409 Registered Charity No. 1108448 (England and Wales) and SC039808 (Scotland)). The use of the City Voice questions will allow for consistency of data collection and the opportunity to make a comparison between local and national attitudes towards walking.

If you have any questions about anything you have been asked in this section, please contact:

Liliane de Ruiter
 Public Health Co-ordinator (North Cluster)
 Telephone: 01224 551519 / Email: liliane.deruiter@nhs.net

THE ABERDEEN CITY ALCOHOL AND DRUGS PARTNERSHIP (ADP)

The Aberdeen City Alcohol and Drugs Partnership (ADP) is a multi agency partnership including Aberdeen City Council, NHS Grampian, Police Scotland, Scottish Fire and Rescue Service and the Third Sector. During 2012, the partnership posed a number of questions to City Voice (issue No. 26) panellists. Answers provided were used to help inform the development of the Aberdeen City Licensing Board Statement of Licensing Policy for the period 2013 – 2016. This policy describes how the Aberdeen City Licensing Board proposes to deliver its work in line with the five national licensing objectives. These objectives are:

- Preventing crime and disorder
- Securing public safety
- Preventing public nuisance
- Protecting and improving public health
- Protecting children from harm

All liquor license applications are reviewed by the Aberdeen City Licensing Board who will make due reference to their Statement of Licensing Policy.

Following the responses to the City Voice in 2012, the Aberdeen City Licensing Board incorporated a section on overprovision within the policy which identified;

- The whole city of Aberdeen as having sufficient **off sales (alcohol which can be purchased from supermarkets, licensed grocer etc., to drink at home)** licensed premises, with the exception of 2 localities, which are Anguston and Kirkhill.
- The two specific localities of Belmont Street and Langstane Place / Windmill Brae / Bridge Place as having a surplus of **on sales (alcohol which can be purchased from a pub, bar, restaurant or night club)** licensed premises.

The Aberdeen City Licensing Board Statement of Licensing Policy will be reviewed and a new one produced in 2016. Aberdeen City ADP are therefore keen to revisit some of the questions previously posed within City Voice to find out if views have changed, and to collect additional data that will help inform local campaign and health promotion work with licensed premises in the city.

1. Are you aware that Aberdeen City Licensing Board produced a Statement of Licensing Policy for the period 2013-2016?

- | | |
|---------------------------------|--------------------------|
| a) Yes | <input type="checkbox"/> |
| b) No (Please go to Question 4) | <input type="checkbox"/> |

2. If you are aware of the Statement Licensing Policy where did you get this information? (Please tick all that apply)

- | | |
|----------------------------------|--------------------------|
| a) Local newsletters | <input type="checkbox"/> |
| b) Community councils | <input type="checkbox"/> |
| c) Newspapers | <input type="checkbox"/> |
| d) Radio | <input type="checkbox"/> |
| e) Aberdeen City Council Website | <input type="checkbox"/> |
| f) Leaflet | <input type="checkbox"/> |
| g) Other (please specify) | <input type="checkbox"/> |

3. If you are aware of the Statement of Licensing Policy are you supportive of it?

a) Yes	<input type="checkbox"/>
b) No	<input type="checkbox"/>
c) Have no views on this	<input type="checkbox"/>

Please comment on why you answered with 'yes' or 'no':

4. If you are not aware of the Statement of Licensing Policy where do you think this information should be shared to raise awareness? (Please tick all that apply)

a) Local newsletters	<input type="checkbox"/>
b) Community councils	<input type="checkbox"/>
c) Newspapers	<input type="checkbox"/>
d) Radio	<input type="checkbox"/>
e) Aberdeen City Council Website	<input type="checkbox"/>
f) Leaflet	<input type="checkbox"/>
g) Other (please specify)	<input type="checkbox"/>

5. What do you think should influence the Licensing Board when developing the next Statement of Licensing Policy (Please tick all that apply)

a) Number of existing licensed premises	<input type="checkbox"/>
b) Location of proposed new licensed premises	<input type="checkbox"/>
c) Size of licensed premises	<input type="checkbox"/>
d) Proximity to existing licensed premises	<input type="checkbox"/>
e) Display areas and shelf capacity for off-sales premises	<input type="checkbox"/>
f) Health status of the city residents	<input type="checkbox"/>
g) Crime statistics	<input type="checkbox"/>
h) Needs of the city residents	<input type="checkbox"/>
i) Other (please specify)	<input type="checkbox"/>

6. The Licensing Board informs the following groups when it receives an application:

- Each person with a notifiable interest in neighbouring land
- Any community council within whose area the premises are situated

Did you know about this process and that you could therefore have a route to influence the Licensing Board?

a) Yes	<input type="checkbox"/>
b) No	<input type="checkbox"/>

7. Are you aware that overprovision of licensed premises had been identified for the city in relation to (a definition of ‘on sales’ and ‘off sales’ is provided at the introduction):

	Yes	No
On sales	<input type="checkbox"/>	<input type="checkbox"/>
Off sales	<input type="checkbox"/>	<input type="checkbox"/>

8. October 2011 saw the introduction of a 50% tax break on the production of beer / lager / cider containing no more than 2.8% alcohol ABV (Alcohol By Volume). The result of this change has been that a number of major alcohol producers have since launched “no” and “low” alcohol beers, wines and ciders including versions of existing products.

Have you purchased any of these “no” or “low” alcohol products in the last year?

	Yes	No
From on sales	<input type="checkbox"/>	<input type="checkbox"/>
From off sales	<input type="checkbox"/>	<input type="checkbox"/>

9. Have you seen “no” and “low” alcohol drinks on display in the last year?

	Yes	No
On sales	<input type="checkbox"/>	<input type="checkbox"/>
Off sales	<input type="checkbox"/>	<input type="checkbox"/>

10. Would you be influenced by promotions and offers to purchase “no” and “low” alcohol drinks?

	Yes	No
On sales	<input type="checkbox"/>	<input type="checkbox"/>
Off sales	<input type="checkbox"/>	<input type="checkbox"/>

11. What factors could influence you most in relation to purchase of “no” or “low” alcohol drinks? (Please tick all that apply)

a) Price	<input type="checkbox"/>
b) Prominent display and/ or advertising	<input type="checkbox"/>
c) Taste or opportunity to taste before purchase	<input type="checkbox"/>
d) Advertising	<input type="checkbox"/>
e) New drink-drive legislation	<input type="checkbox"/>
f) Health – e.g. weight gain / loss – many of these products are lower in calories	<input type="checkbox"/>
g) Regulating consumption, e.g. lowering number of alcohol units consumed weekly	<input type="checkbox"/>
h) None of the above	<input type="checkbox"/>
i) Other, please specify	<input type="checkbox"/>

12. If you wanted to buy alcohol from off sales (that is not from a pub, bar, restaurant, or club) roughly how many places could you potentially make a purchase from within a 5 minute walk of your home? (Please tick one box)

a) None	<input type="checkbox"/>
b) 1	<input type="checkbox"/>
c) 2-3	<input type="checkbox"/>
d) 4-5	<input type="checkbox"/>
e) 6-10	<input type="checkbox"/>
f) Over 10	<input type="checkbox"/>
g) Don't know / not sure	<input type="checkbox"/>

13. Do you feel that the number of places to buy alcohol in your local area is:

a) Too few?	<input type="checkbox"/>
b) About right?	<input type="checkbox"/>
c) Too many?	<input type="checkbox"/>
d) Don't know.	<input type="checkbox"/>

For more information on this topic please contact:

Heather Wilson
 Health Improvement Officer
 Telephone: 01224 557047 / Email: heather.wilson2@nhs.net

To read the Aberdeen City Statement of Licensing Policy please visit:

<http://www.aberdeencity.gov.uk/nmsruntime/saveasdialogasp?IID=56156&SID=6126>

Thank you . . .

for taking the time to complete this questionnaire. Please return in the pre-paid envelope provided or send it to

Freepost RTLZ-USYG-SHHS
 Aberdeen City Voice
 Town House
 Broad Street
 Aberdeen
 AB10 1LP



Community Planning
in Aberdeen