

### Section 1: Physical Activity

The questions below relate to physical activity. They have been included to give an insight into how active we are as a city and what motivators, barriers and preferences people have when it comes to being active, enjoying sport or exercising for health benefits. The results will be used to help inform future services and programming.

1. **In the past week, on how many days have you done a total of 30 minutes or more of physical activity which was enough to raise your breathing rate?** This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job. *(Please tick one box.)*

**1 day**

☐

**2 days**

☐

**3 days**

☐

**4 days**

☐

**5 days**

☐

**6 days**

☐

**7 days**

☐

If you answered 5, 6 or 7 days please go to Question 4.

2. **If you chose 4 or fewer days, have you been physically active for at least two and a half hours (150 minutes) over the course of the past week?** *(Please tick one box.)*

- ☐ Yes  
☐ No  
☐ Not applicable

3. **What prevents you from being more physically active?** *(Please tick all that apply.)*

- ☐ Work commitments  
☐ Family life or caring responsibilities  
☐ Lack of time  
☐ Availability of activities  
☐ Standard of local facilities  
☐ Cost of activities  
☐ Injury or illness  
☐ Lack of confidence  
☐ Transport  
☐ I've never been active  
☐ Other (please specify in the box below)

4. **What type(s) of physical activity do you take part in?** *(Please tick all that apply.)*

- ☐ Go to the gym or weight training
- ☐ Dance or fitness class
- ☐ Swimming
- ☐ Walking
- ☐ Jogging or running
- ☐ Cycling
- ☐ Sporting activity
- ☐ None
- ☐ Other *(please specify in the box below)*

5. **Where do you exercise?** *(Please tick all that apply.)*

- ☐ At home
- ☐ Indoor sports facilities
- ☐ Outdoor sports facilities
- ☐ Natural environment (e.g. walking, cycling etc)
- ☐ None
- ☐ Other *(please specify in the box below)*

6. **What do you value most about being physically active?** *(Please tick all that apply.)*

- ☐ Having good physical health
- ☐ Having good mental health
- ☐ Enjoy taking part in activities with others
- ☐ Social interaction and friendships
- ☐ Opportunity to be competitive
- ☐ Ageing well
- ☐ Reducing the risk of developing health conditions
- ☐ Managing the impact of an existing health condition
- ☐ Not sure
- ☐ Nothing
- ☐ Other *(please specify in the box below)*

7. **What would encourage you to be more active?** *(Please tick all that apply.)*

- ☐ Greater range of activities on offer
- ☐ Activities available more locally to my home or work
- ☐ Affordability of activities
- ☐ Nothing – I do not want to be more active
- ☐ Other *(please specify in the box below).*

8. **If you consider yourself to have a long-term health condition, would you be interested in specially designed physical activity programmes to help you manage your condition/improve your health?** *(Please tick one box.)*

- ☐ Yes *(please go to Q.9)*
- ☐ No *(please go to Q.10)*
- ☐ Not applicable, I don't have a long-term health condition *(please go to Q.10)*

9. **How would you like to access one of these specialist exercise programmes?** *(Please tick one box.)*

- ☐ I'd like to be directed to the programme via a medical professional (e.g. GP, nurse practitioner or physiotherapist).
- ☐ I'd like to be able to refer myself into a programme
- ☐ Other *(please specify in the box below).*

10. **How do you think specialist exercise programmes which help people manage their health should be funded?**  
(For example exercise on prescription through NHS or rehabilitation classes following an injury or surgery.)  
*(Please tick one box.)*

- ☐ Fully funded – no cost to participant
- ☐ Part funded – a financial contribution towards the cost required from the participant
- ☐ 100% paid for by the participant
- ☐ Don't know

## Section 2: Healthy and social lives

Community Planning Aberdeen want Aberdeen to be a place where everyone can live long and healthy lives. The following questions relate to your health and activity and will help to inform our improvement activity to support people access the supports, interventions and opportunities to stay well and connected in their community and to identify, at an early point, when behaviours could turn to harm.

### Vaccinations and screening

1. **Are you up to date with your Vaccinations** (e.g. flu, COVID-19)? *(Please tick one box.)*

- ☐ Yes  
☐ No  
☐ Don't know/not sure

2. **Are you up to date with your screening tests** (e.g. bowel or breast screening)? *(Please tick one box.)*

- ☐ Yes  
☐ No  
☐ Don't know/not sure  
☐ Not applicable

3. **Which of the following statements is true for you?** *(Please tick one box in each row.)*

	Yes	No	Don't know/not sure	Not applicable
I am aware of what vaccinations I am eligible for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of what screening tests I am eligible for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to find information relating to vaccinations or screening tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I attend all screening tests or vaccinations when offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I choose which screening or vaccinations I attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Carers

Carers provide care to family members, other relatives, partners, friends and neighbours of any age affected by physical or mental illness (often long-term), disability, frailty or substance use. Sometimes the cared-for person will have more than one condition. Some Carers care intensively or are life-long carers. Others care for shorter periods. The Carer does not need to be living with the cared-for person to be a Carer. Anybody can become a Carer at any time, sometimes for more than one person. Carers are now, and will remain, fundamental to strong families and partnerships and to resilient and cohesive communities.

1. **Based on the above definition, do you consider yourself to be a Carer?** *(Please tick one box.)*
  - ☐ Yes
  - ☐ No
2. **If you answered 'Yes' to the question above, are you registered as a Carer with the local Carer Support Service?** *(Please tick one box.)*
  - ☐ Yes
  - ☐ No
  - ☐ Not applicable
3. **Would you like more information on how to register as a Carer and what support you may be eligible for?** *(Please tick one box.)*
  - ☐ Yes
  - ☐ No
  - ☐ Not applicable
4. **If you answered 'Yes' to the question above, are you happy for us to contact you directly with the information about the Carer Support Service?** *(Please tick one box.)*
  - ☐ Yes
  - ☐ No
  - ☐ Not applicable

## Socially connected

We are asking these questions to help support people to stay well and stay connected in their community.

1. **On average, how often do you connect with people outside of your household through the following ways?** *(Please tick one box in each row.)*

	At least once a week	At least once a fortnight	At least once a month	At least once every six months	At least once a year	Never	Not applicable
Hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups or clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social events (e.g. meeting up with friends/family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classes (e.g. evening classes)	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify in box below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other please specify below:

2. **Are there any factors that you feel limit your ability to be socially active?** *(Please tick all that apply.)*

- ☐ Disability or mobility
- ☐ Digital Connectivity
- ☐ Funds or Costs
- ☐ Nationality or Language
- ☐ Confidence
- ☐ Mental health
- ☐ Unaware of what is available to attend in your local area
- ☐ Other *(please specify in the box below)*
- ☐ Not applicable

3. **Do you feel you would like to be more socially active?** *(Please tick one box.)*
- ☐ Yes
- ☐ No
4. **If you answered 'Yes' to the question above, would you be happy for us to contact you directly to give you information about our Stay Well Stay Connected programme?** *(Please tick one box.)*
- ☐ Yes
- ☐ No
- ☐ Not applicable
5. **Do you own or have easy access to?** *(Please tick all that apply.)*
- ☐ A smart phone
- ☐ A tablet
- ☐ A laptop or PC
6. **Do you have access to the internet at home?** *(Please tick all that apply.)*
- ☐ Yes, there is household access to the internet at home
- ☐ Yes, I can access the internet at home using a mobile device
- ☐ No, there is no internet access at home
7. **Would you be interested in learning skills to help build your confidence in using technology?** *(Please tick one box.)*
- ☐ Yes
- ☐ No
8. **If you answered 'Yes' to the question above, are you happy for us to contact you directly with information about digital connectivity?** *(Please tick one box.)*
- ☐ Yes
- ☐ No
- ☐ Not applicable

## Health and wellbeing

1. **In general, would you say your health is?** *(Please tick one box.)*
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Bad
- ☐ Very bad
2. **Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Include problems related to old age)** *(Please tick one box.)*
- ☐ Yes, limited a lot
- ☐ Yes, limited a little
- ☐ No

3. **Would you know where to go if you were seeking support in relation to the following concerns?** *(Please tick all that apply.)*

	Yes	No	Not applicable	Would like more information
<b>Mental health</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Diet</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol consumption</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Drug use</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Smoking</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chronic pain</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dental health</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. **If you answered any of the above questions with 'would like more information' are you happy for us to contact you directly to provide information on services available?** *(Please tick one box.)*

- ☐ Yes
- ☐ No
- ☐ Not applicable



## Section 2: Community Justice

Community justice is a community-first model of justice, where people who have broken the law are held to account and supported to reconnect and contribute to their communities. It means that some people, where it is safe to do so, receive community-based sentences. And the evidence emphatically shows that community justice can help people stop breaking the law again which leads to fewer victims and safer communities.

1. **Before reading this information, had you heard of Community Justice?** *(Please tick one box.)*

- ☐ Yes
- ☐ No

2. **Which of these topics relating to the Justice System would you like to learn more about?** *(Please tick all that apply.)*

- ☐ Reporting a crime, initial Police investigation/detention of suspect, police direct measures (e.g. fines, warnings)
- ☐ Charging, alternatives to prosecution (e.g. fines, compensation, fiscal work orders, referral for treatment, reparation)
- ☐ Trial (e.g. court processes/procedures, witnesses, evidence, verdicts)
- ☐ Sentencing (e.g. decisions/guidelines)
- ☐ Sentences (e.g. prison, community sentences, electronic bail ("Tag"), bail supervision)
- ☐ Rehabilitation
- ☐ None of the above
- ☐ Other *(please specify in the box below)*

3. **All Community Justice services and interventions have a clear focus on supporting communities, helping people move away from offending and supporting those harmed by crime. Which of the Community Justice services/interventions listed below would you like to learn more about?** *(Please tick all that apply.)*

- ☐ Supports for people who have been harmed or affected by crime
- ☐ Diversion from prosecution
- ☐ Unpaid Work in communities (Community Payback)
- ☐ Support for people on community sentences
- ☐ Support for people liberated from prison
- ☐ Restorative Justice (Communication between offender and victim to understand the impact of the offence)
- ☐ None of the above
- ☐ Other *(please specify in the box below)*

**4. What do you think are the best ways to raise awareness and understanding about Community Justice?  
Please select your top 3.**

- ☐ Social media (e.g. Facebook, X, Instagram etc)
- ☐ Meetings/Workshops
- ☐ Leaflets
- ☐ Press/magazine articles
- ☐ Community radio
- ☐ Community Justice Partner websites
- ☐ Other (please specify in the box below)

**5. How would you like to give your views about Community Justice? (Please tick all that apply.)**

- ☐ Social media (e.g. Facebook, X etc)
- ☐ Meetings/Workshops
- ☐ Questionnaires
- ☐ Online survey
- ☐ Face to face engagement (e.g. door to door, public space)
- ☐ Other (please specify in the box below)

**6. Do you agree that people, rather than spend a few months in prison for committing a minor offence, should help their community as part of a community sentence? (Please tick one box.)**

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

### Section 3: Alcohol

In Aberdeen City it is estimated that 31% of males and 12% of females drink above recommended levels. These questions will help us to understand the knowledge of the wider population regarding drinking alcohol in a responsible way. We will use this information to plan communication about responsible drinking across the city.

1. **What is the maximum number of units of alcohol recommended over a week?** *(Please tick one box.)*

- ☐ 7 units
- ☐ 10 units
- ☐ 14 units
- ☐ 19 units
- ☐ 21 units
- ☐ 24 units
- ☐ 30 units
- ☐ Don't know

2. **Do you know how many units are in the alcoholic drinks you consume?** *(Please tick one box.)*

- ☐ Yes
- ☐ No
- ☐ Don't drink alcohol

3. **Do you think about how many units you are drinking before, during or after you drink alcohol?** *(Please tick one box.)*

- ☐ Before
- ☐ During
- ☐ After
- ☐ Not at all
- ☐ Don't drink alcohol

## Section 4: Children and young people

The Aberdeen City Children's Services Board has established 6 different Stretch Outcomes as part of the development of our Children's Services Plan 2023-26 and Local Outcome Improvement Plan 2016-2026. These are focussed in a number of key areas where we know there is a need to improve the services and supports that we provide. More information about these can be found on the Community Planning Aberdeen Website: <https://communityplanningaberdeen.org.uk/>

As part of the current refresh of the LOIP 2022/26 we have reviewed the our 32 Improvement Project Aims in the CSP and LOIP to ensure that they continue to address the needs of our children and young people. To support us in our improvement aims we are keen to hear your views about the availability of services and supports for Children and young people across the city.

### Support

1. **Would you know where to go if you were seeking support for your family or your children in relation to the following concerns?** *(Please tick one box in each row.)*

	Yes	No	Not applicable
Mental health concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional support needs and/or disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early years developmental concerns (e.g. speech, weight, hearing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. **If you answered 'Yes' to any of the above questions, please let us know where you would go for support:**

	Where would you go for support?
Mental health concerns	
Additional support needs and/or disability	
Early years developmental concerns	
Substance use	
Dental health	
Educational concerns	

## Young people

1. **Who do you believe is most likely to participate in Anti-Social Behaviour?** *(Please tick one box.)*

- ☐ Adults (18+)
- ☐ Young People
- ☐ People of any age

2. **Do you feel that young people are fairly treated in your community?** *(Please tick one box.)*

- ☐ Yes
- ☐ No
- ☐ Don't know

3. **Do you think adults understand young people in your community?** *(Please tick one box.)*

- ☐ Yes
- ☐ No
- ☐ Don't know

4. **Do you think there are sufficient activities available for young people in your area?** *(Please tick one box.)*

- ☐ Yes
- ☐ No
- ☐ Don't know

5. **Do you think young people make enough use of available activities?** *(Please tick one box.)*

- ☐ Yes
- ☐ No
- ☐ Don't know

6. **If there was one change you think would improve things for young people in your community, what would it be?** *(Please comment in the box below.)*

# Thank you!

Thank you for taking the time to complete this questionnaire. A full copy of the results will be made available online at [City Voice - Community Planning Aberdeen](#). We intend to publish the results in April 2024.

If you have any questions or comments about this questionnaire, please email [cityvoice@aberdeencity.gov.uk](mailto:cityvoice@aberdeencity.gov.uk).

Please return your completed questionnaire in the prepaid envelope provided. If you have not received an envelope, please return it to the Freepost address below:

Freepost RUBB-VERY-YHYE  
Aberdeen City Voice  
Mariscal College  
Broad Street  
Aberdeen  
AB10 1AB

Alternatively, if you would like to complete an online version of this questionnaire, please contact: [cityvoice@aberdeencity.gov.uk](mailto:cityvoice@aberdeencity.gov.uk)

To notify us of any changes to your contact details, or if you would like to change your preference from receiving a paper to an email questionnaire, please email: [cityvoice@aberdeencity.gov.uk](mailto:cityvoice@aberdeencity.gov.uk)

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