

# Quality of Life Survey | 2016



West Lothian  
COMMUNITY PLANNING PARTNERSHIP

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West Lothian Council and its community planning partners (NHS Lothian, Police Scotland, Scottish Fire & Rescue, Voluntary Sector Gateway West Lothian, West Lothian College, Scotland's Rural College, West Lothian Chamber of Commerce, Scottish Water, JobCentre plus, West Lothian Leisure, West Lothian Youth Congress, Skills Development Scotland and SEStran are keen to hear your views about what it is like to live in West Lothian.

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The following questionnaire covers many aspects of life that will give an overarching view of the quality of life people experience in West Lothian. We will use the answers that you, and other panel members give us, to help us to plan and prioritise services in the coming years. Please answer as honestly as you can. Your individual information will not be passed on.

We have used some of the key planning documents used by all the partners to set a framework for this questionnaire.

# Your overall quality of life

**1** Overall, how much would you agree that West Lothian has improved in the last few years?

Strongly Agree    Agree    Neither Agree or disagree    Disagree    Strongly Disagree    Don't Know

1     2     3     4     5     6

**2** Please rate your overall satisfaction with West Lothian as a place to live

Very Satisfied    Satisfied    Neither satisfied or dissatisfied    Dissatisfied    Very dissatisfied

1     2     3     4     5

**3** How important are the following things in West Lothian to your overall quality of life?

Very important    Fairly important    Not important    Not applicable

Access to public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Access to health facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Attractive well maintained open spaces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Good quality education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Clean streets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Having an attractive town or village	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Having cultural facilities (e.g. libraries, museums, theatres or art galleries) nearby	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Good quality leisure facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Good quality roads	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The ease with which you can travel to work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Good Quality Housing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Access to good jobs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Feeling safe in your community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**4** Overall, how satisfied or dissatisfied are you with each of the following services in West Lothian?

Very satisfied    Satisfied    Neither satisfied or dissatisfied    Dis-satisfied    Very dissatisfied    No opinion

Cultural services e.g. libraries, museums, theatres or art galleries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Fire and rescue service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Leisure facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Local health services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Local schools	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Police service	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Refuse collection	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Social care services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Street cleaning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

## West Lothians Economy

5

**How much do you agree with the following statements?**

Strongly Agree    Agree    Neither Agree or disagree    Disagree    Strongly Disagree

West Lothian feels like a successful place	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
It is easy to travel to work in West Lothian	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
It is easy to travel to work out with West Lothian	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
It is easy to find a job in West Lothian	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There is help for people looking for work in West Lothian	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There are a range of job opportunities for everyone in West Lothian (including people with disabilities)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
West Lothian is a good business location and has a positive reputation for attracting investment and jobs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## Your Economic Situation

6

**Where do you shop for the following things? Tick all the boxes that apply**

Your village or town    In West Lothian    Outside West Lothian    Online    Not Applicable

Food, groceries and general household provision	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Local services such as plumbers, electricians, etc	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Entertainment such as cinemas, night clubs and restaurants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Clothes and footwear	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Domestic appliances such as washing machines, TVs, etc	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Large purchases such as cars, large items of domestic, kitchen or bedroom furniture	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

7

**How often do you shop for the following?**

Daily    Weekly    Monthly    Less often

Food, groceries and general household provision	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Local services such as plumbers, electricians, etc	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Entertainment such as cinemas, night clubs and restaurants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Clothes and footwear	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**8 What percentage of your household income do you spend on mortgage or rent?**

Less than 25%  1      More than 50%  3  
 25% - 50%  2      Not applicable  4

**9 Do you get help to pay your rent (For example, Housing benefit/Universal credit)?**

Yes  1      No  2

**10 Do you have access to the internet? Tick all the boxes that apply**

Yes at home via Broadband  1      Yes through mobile phone or other  4  
 mobile device  
 Yes at home – unsure of type of  2      Yes somewhere else (Please indicate  5  
 connection where below e.g. library, community  
 Yes at work  3      centre, internet cafe)  
 No (Go to Q12)  6

**11 If you use the internet what do you use it for? Tick all the boxes that apply**

Finding information / research  1      Paying bills  7  
 Games  2      Accessing council services and information  8  
 Shopping  3      Using online forms  9  
 Booking travel  4      NHS 24  10  
 Looking and applying for jobs  5      Social networking  11  
 Banking  6      Other  12

Other (please say what)

**12 Are you currently in employment? Yes  1      No  2 (Go to Q 14)**

**13 How satisfied are you with the following?**

Very satisfied      Satisfied      Neither satisfied or dissatisfied      Dissatisfied      Very dissatisfied

Your present job?  1       2       3       4       5  
 Your job security?  1       2       3       4       5  
 Your work-life balance?  1       2       3       4       5

## Your learning and skills

**14** We are interested in the range of qualifications that people hold. Please tell us from the following list which qualifications you have. Tick all that apply

- |   |                          |    |
|---|--------------------------|----|
| No qualifications   | <input type="checkbox"/> | 1  |
| School leaving certificate, National Qualification Access Unit  | <input type="checkbox"/> | 2  |
| O Grade, Standard Grade, GCSE, GCE O Level, CSE, National Qualification Access 3 cluster, Intermediate 1 or 2, Senior certificate or equivalent, National 4, National 5 | <input type="checkbox"/> | 3  |
| GNVQ/GSVQ Foundation or Intermediate, SVQ Level 1 or 2, SCOTVEC/ National certificate module, City and Guilds Craft, RSA Diploma or equivalent                          | <input type="checkbox"/> | 4  |
| Higher Grade, Advanced Higher, CSYS, A level, AS level, Advanced senior certificate or equivalent   | <input type="checkbox"/> | 5  |
| GNVQ/GSVQ Advanced, SVQ level 3, ONC, OND, SCOTVEC National diploma, City and Guilds Advanced Craft, RSA Advanced diploma or equivalent                                 | <input type="checkbox"/> | 6  |
| HNC, HND, SVQ Level 4, RSA Higher Diploma or equivalent   | <input type="checkbox"/> | 7  |
| First degree, higher degree, SVQ Level 5 or equivalent  | <input type="checkbox"/> | 8  |
| Professional qualification, eg teaching, accountancy  | <input type="checkbox"/> | 9  |
| Other school exams not already mentioned  | <input type="checkbox"/> | 10 |
| Other post school but pre higher education exams not already mentioned  | <input type="checkbox"/> | 11 |
| Other Higher education qualifications not already mentioned   | <input type="checkbox"/> | 12 |
| Don't know  | <input type="checkbox"/> | 13 |

**15** Do you have children at school? Yes  1 No  2 (Go to Q18)

**16** If yes, are they in; Nursery education  1 Primary school  2  
Special school  3 Secondary school  4

**17** How much do you agree with the following statements?

	Strongly Agree	Agree	Neither Agree or disagree	Disagree	Strongly Disagree	Don't Know
Our nurseries support young children effectively in education, health and wellbeing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Our schools help ensure that young people are responsible citizens	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Our schools help ensure that young people choose a healthy, active lifestyle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Our schools help ensure that school leavers are equipped with the skills and confidence necessary for work, training, or further and higher education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Young people are leaving school with the qualifications they need	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**18** Are you currently accessing learning and / or training opportunities? Yes  1 No  2 (Go to Q21)

**19** If yes, is this for

Leisure  1 Furthering your education  2 For your job  3 Other  4

If other please specify \_\_\_\_\_

**20** How much do you agree with the following statements?

Strongly Agree    Agree    Neither Agree or disagree    Disagree    Strongly Disagree    Don't Know

Adults in West Lothian have access to a range of appropriate learning opportunities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I have access to the learning opportunities I need /want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Training and further education facilities in West Lothian are good	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**21** In the last 12 months how frequently have you been to any of these events or places within West Lothian?

At least once a week    Less than once a week but more than once a month    Less than once a month    Less frequently    Never

Cinema	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Theatre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Art gallery	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Live music venue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Museum	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Library	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Archive or records office	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Place of historical or archaeological interest	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## Your health and wellbeing

**22** Please tick the most appropriate statement about smoking that applies to you and the other people in your household

- I have never smoked (go to Q24)  1
- I used to smoke and have now stopped  2
- I have cut down the number of cigarettes with a plan to give up (go to Q24)  3
- I have cut down the number of cigarettes with no plan to give up (go to Q24)  4
- I smoke and do not plan to give up (go to Q24)  5

**23** If you used to smoke and have now stopped – which method(s) did you use to help you?  
Tick all that apply

- .....
- Nicotine replacement patches  1
  - Nicotine replacement oral intermittent products such as inhalator, gum, lozenges, oral strips, oral spray  2
  - Combination of Nicotine replacement patches and an oral intermittent product  3
  - Medication e.g. Bupropion (Zyban) or Varenicline (Champix)  4
  - Electronic cigarette/Vapour  5
  - I attended specialist stop smoking service  7
  - I attended my practice nurse for support  8
  - None of the above  9

**24** If you used any of the nicotine replacement products above were these?

- .....
- Prescribed for you  1
  - Purchased by you  2

**25** Can you identify what kind of physical activity you participate in? (By physical activity we mean you feel a little warmer and your heart beats faster and makes you get mildly out of breath – but you should still be able to hold a conversation). Tick all that apply...

- .....
- Housework  1
  - Gardening  2
  - Using the stairs  3
  - Walking  4
  - Cycling  5
  - Activity relating to your job  6
  - Other  7

If other please specify \_\_\_\_\_

**26** How often do you engage in physical activity? Tick one box only

- .....
- Never or rarely  1
  - Two or three times a month  2
  - Once a week  3
  - Two or four times a week  4
  - Five or more times a week  5



**27** Can you describe what kind of exercise you participate in? (By exercise we mean more vigorous intensity activity - where you are short of breath, have a rapid heartbeat and unable to carry on a conversation). Tick all that apply...

- .....
- Running or Jogging  1
- Organised sport (e.g. football, badminton)  2
- Swimming  3
- Gym activities  4
- Group Exercise (e.g. aerobics, zumba etc.)  5
- Other  6

If other please specify \_\_\_\_\_

**28** How often do you engage in exercise? Tick one box only

- .....
- Never or rarely  1
- Two or three times a month  2
- Once a week  3
- Two or four times a week  4
- Five or more times a week  5

**29** Are you an active member of a West Lothian sports club?

.....

Yes  1 No  2 (Go to Q31)

**30** Please state in which capacity you are involved in your sports club. Tick all that apply...

- .....
- Playing member  1
- Coach  2
- Volunteer  3
- Social member  4
- Other  5

If other please specify \_\_\_\_\_

**31** How is your health in general?

.....

Very good  1 Good  2 Fair  3 Poor  4 Very Poor

**32** 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?

.....

Yes  1 No  2

33

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I've been feeling useful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I've been feeling relaxed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I've been feeling interested in other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I've had energy to spare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I've been dealing with problems well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I've been thinking clearly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I've been feeling good about myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I've been feeling close to other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I've been feeling confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I've been able to make up my own mind about things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I've been feeling loved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I've been interested in new things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I've been feeling cheerful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

34

To what extent do you agree that the following would reduce the amount of alcohol consumed?

	Strongly Agree	Agree	Neither Agree or disagree	Disagree	Strongly Disagree	Don't Know
Raising the drinking age to 21 in pubs and clubs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Raise the age to purchase alcohol in an off licence to 21	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Increase the price of alcohol based on alcohol content	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Increase taxation on alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Stricter enforcement of current licensing laws	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Reducing the number of shops which sell alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Reducing the hours shops can sell alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Reducing the number of pubs and clubs which sell alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <sup>5</sup>	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Reducing the hours in which pubs/ clubs can sell alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**35** How many days a week do you usually have an alcoholic drink?

One  1 Two  2 Three  3 Four  4 Five  5 Six  6 Seven  7 None  8

If none go to question 37

**36** How many days a week do you usually drink more than 3 units (female), 4 units (male)

One  1 Two  2 Three  3 Four  4 Five  5 Six  6 Seven  7 None  8

**Alcohol Unit Guide**

Drink	Strength	Units
Half pint of normal beer	4%	1.0
25ml measure of spirit	40%	1.0
125ml glass of wine (small)	12.5%	1.5
275ml bottle of alcopop	5%	1.5
175ml glass of wine (medium)	12.5%	2.0
440ml normal beer	4.5%	2.0
Half pint strong beer	4.5%	2.0
250ml glass of wine (large)	12.5%	3.0
440ml strong beer	6.5%	3.0
Bottle of wine (750ml)	12.5%	9.0
Bottle of spirits (750ml)	40%	30.0

**37** Overall has your use of alcohol;

Increased in the last 12 months  1 Decreased in last 12 months  2 Stayed the same  3

**38** Please indicate how much you agree or disagree that the following are important ways of tackling drug use

Strongly Agree    Agree    Neither Agree or disagree    Disagree    Strongly Disagree    Don't Know

Strict enforcement of the law by the police	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Drugs education in schools	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Medical treatment services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Counselling services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Better access to job and education opportunities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Better access to housing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

# Your community

39

**How much do you agree with the following statements?**

Strongly Agree    Agree    Neither Agree or disagree    Disagree    Strongly Disagree    Don't Know

If I was concerned that someone I knew was the victim of domestic abuse, I would know who to contact about my concerns

1     2     3     4     5     6

If I was aware of a vulnerable adult who may be at risk of being harmed, exploited or neglected I would know who to report this to

1     2     3     4     5     6

If I was aware of a vulnerable child who may be at risk of being harmed, exploited or neglected I would know who to report this to

1     2     3     4     5     6

40

**How much do you agree with the following statements about your community?**

Strongly Agree    Agree    Neither Agree or disagree    Disagree    Strongly Disagree    Don't Know

People in my area feel involved in their community

1     2     3     4     5     6

People in my community can influence decisions which affect our community

1     2     3     4     5     6

People in my community help each other when there is a problem

1     2     3     4     5     6

My community is a place where people from different backgrounds can get on well together

1     2     3     4     5     6

**'Giving help' could mean one or more of the following:**

1. Raising or handling money e.g. collecting on flag days, selling raffle tickets, selling at a jumble sale, fete or charity shop, taking part in a fundraising or sponsored event
2. Leading the group/member of a committee
3. Organising or helping to run an activity or event
4. Visiting/befriending people
5. Giving advice/information/counselling
6. Secretarial, admin or clerical work
7. Providing transport/driving
8. Representing e.g. addressing meetings, leading a delegation
9. Campaigning e.g. lobbying canvassing, letter writing
10. Any other help

**41** Thinking about how you spend your free time, have you given unpaid help in the last twelve months to any of the following groups, clubs or organisations? Tick all that apply

- |  |                          |    |
|--|--------------------------|----|
| Children's education/schools                 | <input type="checkbox"/> | 1  |
| Community councils                           | <input type="checkbox"/> | 2  |
| Day care centres for the elderly             | <input type="checkbox"/> | 3  |
| Education for adults                         | <input type="checkbox"/> | 4  |
| Environmental groups                         | <input type="checkbox"/> | 5  |
| Faith groups                                 | <input type="checkbox"/> | 6  |
| Hobbies/ recreation/arts groups              | <input type="checkbox"/> | 7  |
| Justice and human rights groups              | <input type="checkbox"/> | 8  |
| Local community or neighbourhood groups      | <input type="checkbox"/> | 9  |
| Political groups                             | <input type="checkbox"/> | 10 |
| Safety / first aid at events                 | <input type="checkbox"/> | 11 |
| Social clubs                                 | <input type="checkbox"/> | 12 |
| Sports/exercise – taking part, coaching      | <input type="checkbox"/> | 13 |
| Trade Unions                                 | <input type="checkbox"/> | 14 |
| Youth / children's activities outside school | <input type="checkbox"/> | 15 |
| Not given any unpaid help                    | <input type="checkbox"/> | 16 |

# Your safety

## 42 How safe do you feel in the following;

	Very Safe	Safe	Neither safe or unsafe	Not very safe	Not safe at all	Don't know
Being at home alone during the day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Being at home alone after dark	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Walking alone in the local area during the day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Walking alone in the local area after dark	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Travelling on public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Travelling on public transport after dark	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Letting children out alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

## 43 Overall how satisfied are you with the feeling of safety in your community?

Very satisfied  1    Satisfied  2    Neither satisfied or dissatisfied  3  
 Dissatisfied  4    Very dissatisfied  5    Not applicable  6

## 44 In the last 12 months have you been a victim of crime?

Yes  1    No  2 (Go to 46)

## 45 If yes, what type(s) of crime? Tick all that apply

- Against your person
- Physically  1
  - Non physical  2
- Against your property:
- House  3
  - Vehicle  4
  - Personal items  5
- Against your family  6
- Against your business  7

'Hate Crime' includes any crime or harassment based on prejudice or hatred of people who are thought to be a member of an identifiable group which includes their age, colour of skin, disability, faith, gender, gender identity, race, sexual orientation, or any other identifiable factor. This also includes abuse of people because of their perceived citizenship or immigration status and nationality.

**46 Have you ever been a victim of hate crime?**

Yes  1 No  2 (Go to 49)

**47 Are you a repeat victim of hate crime?**

Yes  1 No  2

**48 Did you report the incident(s) to the police?**

Always  1 Sometimes  2 Never  3

If not, why not?

*Third Party Reporting Centres are organisations that have agreed to assist by submitting Hate Crimes/ Incident reports to the police on behalf of the victim/witness. Police Scotland works in partnership with a wide variety of partners who perform the role of 3rd Party Reporting Centres. There are a number of these in West Lothian.*

**49 Are you aware of 3rd Party reporting sites?**

Yes  1 No  2

**50 Anti social behaviour takes many forms some of which are listed below. Please indicate which aspects of anti-social behaviour have directly affected you, or affected your neighbourhood, in the last 12 months**

Affected you personally      Affected your neighbourhood

Malicious Fires/Wheelie Bin Fires	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Broken glass, dirty syringes, dog fouling, fly tipping, litter	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Graffiti/Vandalism	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Bullying	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Car nuisance	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Dog Barking	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Drunkenness	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Groups of people on the street	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Harrassment	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Items used as weapons	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Loud music	<input type="checkbox"/> 11	<input type="checkbox"/> 11

50

**Anti social behaviour takes many forms some are listed below. Please indicate which aspects of anti-social behaviour have directly affected you, or affected your neighbourhood, in the last 12 months.**  
 (Continues from previous page)

Affected you personally

Affected your neighbourhood

Neighbour disputes

12

12

Neighbour noise (other than music)

13

13

Street disorder

14

14

Territorialism

15

15

None

16

16

## Your travel

51

**How many cars do you have in your household?**

None  1

One  2

Two  3

Three  4

Four or more  5

52

**Your travelling arrangements (Select one per line)**

Car/  
Motorbike

Bus

Train

Cycle

Walk

Taxi

Not applicable

How do you usually travel to work and back?

1

2

3

4

5

6

7

How do you usually travel to do your grocery shopping?

1

2

3

4

5

6

7

How do you usually get to services such as GP/Dentist?

1

2

3

4

5

6

7

How do your children travel to school?

1

2

3

4

5

6

7

How do your children travel to out of school activities?

1

2

3

4

5

6

7

53

**Please rate the overall standard of the following in West Lothian**

Excellent

Good

Average

Poor

Very Poor

The condition of your roads

1

2

3

4

5

The condition of your pavements

1

2

3

4

5

Your street lighting

1

2

3

4

5

Condition of car parking

1

2

3

4

5

54

**How do West Lothian's roads compare to roads in other Council areas?**

Excellent  1

Good  2

Average  3

Poor  4

Very Poor  5

Don't know  5



55

**How much do you agree with the following in West Lothian?**

Strongly Agree    Agree    Neither Agree or disagree    Disagree    Strongly Disagree    Don't Know

Public transport is easy to access	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Public transport is joined up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Public transport is affordable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

56

**During periods of severe winter weather – How would you rate West Lothian's performance in treating?**

Excellent    Good    Average    Poor    Very Poor

Main roads	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Housing estates & residential areas	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Foot paths & cycle paths	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rural roads	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## Your environment

57

**Please say how much you agree with the following**

Strongly Agree    Agree    Neither Agree or disagree    Disagree    Strongly Disagree    Don't Know

It is important to have public gardens, parks, countryside or other green spaces nearby	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Efforts are being made to improve traditional town centres in West Lothian	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
West Lothian has a lot to offer visitors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Towns and villages in West Lothian are attractive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
My local park or open space is suitable for my needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

58

**How often do you use your local greenspace areas? By greenspace, we mean land or water in urban areas, it can be formal areas such as parks, allotments, gardens, children's play areas and canal paths, or informal areas such as riversides, woodland or waste ground.**

Once a week or more often	<input type="checkbox"/> 1
3-4 times per month	<input type="checkbox"/> 2
1-2 times per month	<input type="checkbox"/> 3
Once every 2-3 months	<input type="checkbox"/> 4
Once or twice per year	<input type="checkbox"/> 5
Less often	<input type="checkbox"/> 6
Never	<input type="checkbox"/> 7

**59** How satisfied are you with your quality of local greenspace?

Very satisfied  1    Satisfied  2    Neither satisfied or dissatisfied  3  
 Dissatisfied  4    Very dissatisfied  5    Not applicable  6

**60** Please rate the overall standard of cleanliness and appearance of:

Excellent    Good    Average    Poor    Very poor

Cemeteries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Children's play areas	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Footpaths	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Grass verges	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Main street/Town Centres	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Open spaces in housing estates	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Parks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rural roadside verges	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**61** Overall how satisfied are you with your neighbourhood?

Very satisfied  1    Satisfied  2    Neither satisfied or dissatisfied  3  
 Dissatisfied  4    Very dissatisfied  5    Not applicable  6

**62** Which of these statements, if any comes, closest to your view?

- Climate change is an immediate and urgent problem  1
- Climate change is more of a problem for the future  2
- I'm still not convinced that climate change is happening  3
- Climate change is not really a problem  4
- No opinion  5

63

**Please say how much you agree with the following**

	Strongly Agree	Agree	Neither Agree or disagree	Disagree	Strongly Disagree	Don't Know
It is important that citizens as well as organisations try to address the impact which we might be having on our environment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
It is important that we all try to save fuel & energy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
It is important that we all try to cut waste wherever possible e.g. by avoiding packaging & not wasting food	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
It is important to take part in recycling waste	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
West Lothian Council makes it easy for me to recycle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
A wide range of material can be recycled at the council's Community Recycling centres	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

64

**Please say how much you agree with the following**

	Strongly Agree	Agree	Neither Agree or disagree	Disagree	Strongly Disagree	Don't Know
There is enough affordable housing in West Lothian for people who need it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
My house is in a good state of repair	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I find it easy to heat my house	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

# Quality of Life Survey | 2016

THANK YOU FOR TAKING PART  
Please now return the questionnaire in the prepaid envelope provided (no stamp required) to:

Research Resource,  
FREEPOST RRSA-LEUS-ULUB,  
17b Main Street,  
Cambuslang,  
G72 7EX

QUERIES ABOUT THE SURVEY? Contact Research Resource on 0800 121 8987 (Freephone) or [info@researchresource.co.uk](mailto:info@researchresource.co.uk)

West Lothian Community Planning Team  
West Lothian Civic Centre  
Howden South Road  
Livingston  
West Lothian  
EH54 6FF

Email: [community.planning@westlothian.gov.uk](mailto:community.planning@westlothian.gov.uk)

Information is available in Braille, tape, large print and community languages.  
Please contact the Customer Service Centre on 01506 280000.



West Lothian  
COMMUNITY PLANNING PARTNERSHIP