



Moray Citizens' Panel

Survey on Community Safety

Introduction to be added.

Your experience of community safety problems/ crime

Q1 How often do you think the following have been problems for people in your local area *in the past year*? Please tick **ONE** option for each problem

	Daily	Once a week	Once a month	Less often	Never
Noisy neighbours/ loud parties	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other neighbour disputes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rowdy behaviour (eg teenagers children causing a nuisance)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Vandalism/ graffiti	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Deliberate damage or threat of damage to property	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Use of violence or force/ threat of violence or force	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Racial harassment or intimidation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other harassment or intimidation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Drug misuse or drug dealing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Under-age drinking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rubbish, litter or dog fouling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q2 And how often have *you personally experienced or seen* the following problems in the past year? Please tick **ONE** option for each problem

	Daily	Once a week	Once a month	Less often	Never
Noisy neighbours/ loud parties	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other neighbour disputes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rowdy behaviour (eg teenagers children causing a nuisance)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Vandalism/ graffiti	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Deliberate damage or threat of damage to property	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Use of violence or force/ threat of violence or force	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Racial harassment or intimidation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other harassment or intimidation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Drug misuse or drug dealing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Under-age drinking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rubbish, litter or dog fouling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q3 To what extent have the following problems had a *negative impact* on your life in the past year? Please tick ONE option for each problem

	Major impact	Minor impact	No impact	Don't know/ Can't say
Noisy neighbours/ loud parties	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Other neighbour disputes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Rowdy behaviour	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Vandalism/ graffiti	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Deliberate damage or threat of damage to property	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Use of violence or force/ threat of violence or force	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Racial harassment or intimidation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Other harassment or intimidation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Drug misuse or drug dealing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Under-age drinking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Rubbish, litter or dog fouling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q4 Have you or another member of your household been a victim of any of the following crimes *in the past year*? Please tick ALL that apply

Graffiti/ vandalism	<input type="checkbox"/> 1	Housebreaking	<input type="checkbox"/> 6
Threatening behaviour	<input type="checkbox"/> 2	Drug misuse	<input type="checkbox"/> 7
Physical assault/ violence	<input type="checkbox"/> 3	Alcohol misuse	<input type="checkbox"/> 8
Domestic abuse/ violence	<input type="checkbox"/> 4	Misuse of fireworks	<input type="checkbox"/> 9
Car crime	<input type="checkbox"/> 5	Other crime (please write in below)	<input type="checkbox"/> 10

Q5 To what extent do you think the sale of the following products to *underage* buyers is a problem in Moray? Please tick ONE option for each type of product

	Major problem	Minor problem	No problem	Don't know/ Can't say
Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Cigarettes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Fireworks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Solvents (eg glue, butane)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Spray paint	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Petrol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Weapons (eg guns, knives)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q6 Have you contacted anyone regarding any of the problems or crimes mentioned in questions 1 to 5 *in the past year*? If yes, who was this? Please tick ALL that apply

Yes - the Police	<input type="checkbox"/> 1
Yes - The Moray Council	<input type="checkbox"/> 2
Yes - a housing association	<input type="checkbox"/> 3
Yes - a private landlord	<input type="checkbox"/> 4
Yes - other (please write in below)	<input type="checkbox"/> 5

No, I have not contacted anyone 6

Q7 And how *satisfied or dissatisfied* were you with the response that you received? Please tick ONE option for each agency

	Very satisfied	Fairly satisfied	Neither/ nor	Fairly dissatisfied	Very dissatisfied	Did not contact
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
The Moray Council	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Housing association	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Private landlord	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q8 If you were dissatisfied with the response you received from any of these agencies, why was this? Please write in below

Police	
The Moray Council	
Housing association	
Private landlord	

Your views on Community Safety and Crime in Moray

Q9 To what extent would you say that levels of crime have increased or decreased *in the past two years*? Please tick ONE option for each area

	Increased greatly	Increased slightly	Stayed about the same	Decreased slightly	Decreased greatly
In your local area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
In Moray	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
In the country as a whole	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q10 How much do you worry about the following? Please tick ONE option for each line

	Very worried	Fairly worried	Not really worried	Not at all worried	Don't know/ Can't say
Becoming a victim of crime yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Your family/ friends becoming victims of crime	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q11 How much of an impact does a fear of crime have on how you lead your life (eg going out at night alone, travelling on buses in the evening)? Please tick one only

Major impact 1 Moderate impact 2 Minor impact 3 No impact at all 4

Q12 How safe do you feel doing the following? Please tick ONE option for each activity

	Very safe	Fairly safe	Not safe	Very unsafe	Don't know/ Can't say
Walking alone in your 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
Walking alone in your local area at night	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Travelling on buses/ trains during the day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Travelling on buses/ trains at night	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Background on community wardens (eg when introduced, where, purpose) to be added

Q13 How aware or unaware are you of Community Wardens? Please tick ONE only

- Fully aware, see them regularly 1
- Fully aware, see them occasionally 2
- Aware/ heard of, but not seen 3
- Unaware/ never heard of 4

Q14 To what extent has the introduction of Community Wardens made you feel safer in your area? Please tick one only

- Much safer 1
- Slightly safer 2
- No safer at all 3
- Don't know/ Can't say 4

Q15 Which, if any, of the following safety measures have you taken in the past two years? Please tick ALL that apply

- Improved/ increased home security 1
- Installed CCTV in home 2
- Improved/ increased vehicle security 3
- Sought crime prevention advice 4
- Joined a neighbourhood watch scheme 5
- Carried a personal alarm 6
- Avoided certain places 7
- Avoided going out alone at night 8
- Other (please write in below) 9

Q16 Which of the following community safety initiatives would you like to see in your local area? Please select your *top three* priorities, ONE in each column

	First priority	Second priority	Third priority
Improved street lighting	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Improved street layout	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
More community wardens	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Use of CCTV	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Anti-drugs and alcohol campaigns	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
More police patrolling in cars - during the day	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
More police patrolling in cars - at night	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
More police patrolling on foot - during the day	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
More police patrolling on foot - at night	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
More facilities for teenagers/ older children	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
More crime prevention information	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Other (please write in below)	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12

Fire Safety

Q17 The following Fire Safety messages have been publicised in the local and national press over the past 12 months. Have you seen or heard any of these messages being advertised? Please tick ONE option for each message

	Definitely seen/ heard	Possibly seen heard	Definitely not seen/ heard	Don't know/ Can't say
"Fire setting - it's a crime"	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
"No smoke without fire"	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
"Fireworks - be safe, not sorry (Always follow the code)"	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
"Recipe for safe cooking"	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
"Alcohol - fuel for fire"	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q18 Through which of the following have you seen/ heard fire safety messages in the past 12 months? Please tick ALL that apply

Newspaper - local	<input type="checkbox"/> 1	A website specific to the Moray area	<input type="checkbox"/> 6
Newspaper - national	<input type="checkbox"/> 2	Other website(s)	<input type="checkbox"/> 7
Radio - local	<input type="checkbox"/> 3	Email	<input type="checkbox"/> 8
Radio - national	<input type="checkbox"/> 4	A direct mailing to your home	<input type="checkbox"/> 9
Television	<input type="checkbox"/> 5	Other (please write in below)	<input type="checkbox"/> 10

Q19 Have you made any of the following changes to your home or lifestyle as a result of fire safety concerns? Please tick ALL that apply

Stopped smoking	<input type="checkbox"/> 1
Reduced your smoking	<input type="checkbox"/> 2
Reduced your alcohol intake	<input type="checkbox"/> 3
Installed a smoke alarm	<input type="checkbox"/> 4
Installed a carbon dioxide detector	<input type="checkbox"/> 5
Started checking your smoke alarm more frequently	<input type="checkbox"/> 6
Installed a fire guard	<input type="checkbox"/> 7
Started to turn off electrical appliances at night	<input type="checkbox"/> 8
Sought fire prevention advice	<input type="checkbox"/> 9
Other (please write in below)	<input type="checkbox"/> 10

Q20 Thinking about Fire Safety messages more generally, how important or unimportant do you think they are? Please tick ONE only

Very important	<input type="checkbox"/> 1
Fairly important	<input type="checkbox"/> 2
Neither/ nor	<input type="checkbox"/> 3
Fairly unimportant	<input type="checkbox"/> 4
Very unimportant	<input type="checkbox"/> 5

Q21 And how effective or ineffective do you think they are? Please tick ONE only

- Very effective 1
- Fairly effective 2
- Neither/ nor 3
- Fairly ineffective 4
- Very ineffective 5

Q22 How do you think the effectiveness of Fire Safety messages could be improved? Please tick one only

- More press/ media coverage 1
- Greater use of IT to deliver messages (eg email, websites, mobile phones) 2
- More leaflets, etc delivered to people's homes 3
- More "hard-hitting" campaigns 4
- Less "hard-hitting" campaigns 5
- Better campaign slogans 6
- Other (please write in below) 7

Safety at Work

Q23 Thinking about *your main job*, please answer the following in relation to health and safety at work. Please tick ONE option for each question

	Yes	No	Don't know	Not applicable
Does your employer have public liability insurance to cover the work you (and other employees) do?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Does your employer have a health and safety policy ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Have you seen a copy of the health and safety policy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Does your employer have any other policies relating to your safety at work (eg child protection policy, lone worker policy)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q24 Have you worked as a volunteer in Moray over the past year? If yes, how often have you done so? Please tick ONE only

- Yes, regularly 1 Yes, occasionally 2 Not in past year, but previously 3 Never 4

Q25 Now thinking about the organisation that you do most *volunteer work* for, please answer the following in relation to health and safety at work. Please tick ONE option for each question

	Yes	No	Don't know	Not applicable
Does the organisation you volunteer for have public liability insurance to cover the work you (and others) do?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Does the organisation have a health and safety policy ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Have you seen a copy of the health and safety policy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Does the organisation have any other policies relating to your safety at work (eg child protection policy, lone worker policy)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q26 If the organisation that you volunteer for **does** have other policies relating to your safety at work, what are these? Please write in below

Consumer Safety

Q27 Have you ever been injured whilst using a consumer product? If so, how serious was the injury? Please tick **ONE** only

Yes, serious injury 1 Yes, minor injury 2 No, never 3

Q28 If you **have** been injured whilst using a consumer product, do you think this was due to a fault or problem with the product? Please tick **ONE** only

Yes 1 No 2 Don't know/ can't say 3

Q29 What, if anything, did you do as a result of your injury? Please tick **ALL** that apply

- Approach the **retailer** to ask for a refund or replacement 1
- Approach the **manufacturer** to ask for a refund or replacement 2
- Contact the manufacturer's customer services department 3
- Make an official complaint direct to the manufacturer 4
- Make an official complaint to the Ombudsman 5
- Seek advice on your consumer rights (eg from Trading Standards, Citizens' Advice) 6
- Seek legal advice from solicitor 7
- Undertaken legal proceedings against the manufacturer 8
- I did **nothing** as a result of my injury 9

Q30 If you did **nothing** about your injury, why was this? Please tick **ALL** that apply

- Injury was not serious enough to make a complaint 1
- Did not know who to talk to/ how to raise the problem 2
- Thought that the retailer/ manufacturer would be difficult to approach with a problem 3
- Did not think anyone would be able to do anything about the injury 4
- Did not want to be seen as a difficult person or troublemaker 5
- Other (please write in below) 6

Equality in Moray

Q31 Have you personally, or a member of your household, been a victim of discrimination or harassment because of your nationality of background? Please tick **ALL** that apply

- Yes, myself 1
- Yes, someone in my household 2
- No 3

Q32 If yes, what form did this discrimination or harassment take? Please tick ALL that apply

- Work-related discrimination (eg prevented from getting a job/ promotion) 1
- Graffiti/ vandalism/ damage to property 2
- Verbal abuse/ harassment 3
- Physical abuse/ violence 4
- Other (please write in below) 5

Q33 How much prejudice do you think there is against the following groups in Moray? Please tick ONE option for each group

	Great deal of prejudice	Quite a lot of prejudice	A little prejudice	No prejudice	Don't know/ Can't say
People from ethnic minorities, such as black and Asian people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People moving in to Moray from elsewhere in Scotland	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People moving in to Moray from elsewhere in the UK	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People moving in to Moray from outwith the UK	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q34 And do you think there is more or less prejudice against these groups in Moray than elsewhere in Scotland? Please tick ONE option for each group

	More prejudice in Moray	About the same	Less prejudice in Moray	Don't know/ Can't say
People from ethnic minorities, such as black and Asian people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
People moving in to Moray from elsewhere in Scotland	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
People moving in to Moray from elsewhere in the UK	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
People moving in to Moray from outwith the UK	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q35 Do you personally know anyone who is from the following groups? Please tick ALL that apply

	From an ethnic minority group	From elsewhere in Scotland	From elsewhere in the UK	From outwith the UK
No, I don't know anyone from this group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Yes, a member of my family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Yes, a friend I know well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Yes, someone I do not know very well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Yes, someone at my work/ college	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Yes, someone else	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q36 Do you personally know someone who is prejudiced against people from different ethnic backgrounds or people from outwith Moray? Please tick ALL that apply

- Yes, prejudiced against people from different ethnic backgrounds 1
- Yes, prejudiced against people from elsewhere in Scotland 2
- Yes, prejudiced against people from elsewhere in the UK 3
- Yes, prejudiced against people from outwith the UK 4
- No 5

Q37 Thinking about people from ethnic minorities and those moving in to Moray from outside Scotland, to what extent do you agree or disagree with the following statements? Please tick ONE option for each statement

	Strongly agree	Agree	Neither/ not	Disagree	Strongly disagree
People from ethnic minorities/ outwith Scotland provide Moray with much needed skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People from ethnic minorities/ outwith Scotland take jobs away from local people in Moray	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There are not enough people from ethnic minorities in Moray	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There are too many people from outwith Scotland in Moray	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People from ethnic minorities in Moray should do more to integrate with local communities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Local people should do more to learn about the cultures of ethnic groups in Moray	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People in Moray would be happy to have someone from outwith Scotland as their MP or MSP	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People in Moray would be happy to have someone from an ethnic minority as their MP or MSP	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

THANK YOU FOR YOUR HELP

Please return your completed questionnaire using the reply PRE PAID envelope provided to:
 Craigforth, 19 Scion House, Stirling University Innovation Park
 STIRLING FK9

ANY QUERIES?

Freephone 0800 027 2245

or

Email c.thornton@craigforth.co.uk

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