

About You

Are you? Male Female

Your Postcode /

Which of the following age groups apply to you?

0-15 16-24 25-34 35-44 45-54 55-64 65-74 75+

Where do you Live? Brixham Paignton Torquay

Where do you Work? Brixham Paignton Torquay

1. Community Spirit and Equality

1.1 By "Community Spirit" we mean... do you feel involved in your local community? Do you know what's going on? Is there good neighbourliness? How much do you feel part of town life?

The community spirit within my Parish is... Excellent Good OK Poor Awful

1.2 Please write 3 things that you like about living in your community.

Text input box for 1.2

1.3 Please write 3 things that you dislike about living in your community.

Text input box for 1.3

1.4 What one thing do you think could improve community spirit in the Parish? (e.g. more social events, public art, more notice boards, etc)

Text input box for 1.4

2. Travel and Transport

2.1 Do you think public transport provision within Brixham is...? (Please tick all that apply)

Excellent Good OK Poor Awful Do not use

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7.6 How do you find health service provision within Brixham? (please tick all that apply)

Times services are available Good OK Bad Bad Very Do not use
The effectiveness of the service provided Good OK Bad Bad Very Do not use
Accessibility Good OK Bad Bad Very Do not use
The quality of the information provided Good OK Bad Bad Very Do not use

7.7 Do you think that NHS services are adequate in Brixham?

Yes No Don't Know

8. Employment and the Local Economy

8.1 What type of business development do you think would benefit Brixham? (please tick all that apply)

Small business workspace units Tea rooms Craft workshops
Large industrial sites Leisure facilities Take-away food outlets
Shops Social enterprise Marine
Hotel Restaurant Other
Boat building and repair Fishing

8.2 How often do you use one of the towns post offices? (please tick all that apply)

Daily Weekly Monthly Occasionally Never
Fore St
Cambridge Rd
St Marys

8.3 How often do you use a local Bank branch? (please tick all that apply)

Daily Weekly Monthly Never ATM only

8.4 Do you shop for groceries in Brixham? (please tick all that apply)

Daily Weekly Monthly Never

8.5 If you shop in Brixham for groceries do you shop for: (please tick all that apply)

Immediate needs. eg lunch Main monthly shopping
Main weekly shopping Top up shopping (items omitted from main shopping)
Daily needs Other

If 'Other' please specify

Text input box for 8.5 'Other' specify

6.8 Please provide any comments you may have regarding the library service, including what else you would like.

7. Social Care and Health

7.1 Please give us your views on healthcare provision within Brixham, including any improvements you would like to see

7.2 Does anyone in your household need care and support with everyday tasks?

Yes No

7.3 If you are a parent or guardian of young children how easy is it for you to find the childcare you wanted? (please tick all that apply)

	Easy	OK	Difficult	Extremely difficult
Within Brixham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.4 Please tell us about any particular childcare you would like to see, for instance after school clubs, holiday play schemes, day nursery etc

7.5 How easy is it to access the following services? (please tick all that apply)

	Easy	OK	Difficult	Extremely difficult	Do not use
Social Care Inc Home Help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Dentist surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Dentist surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctors surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health visitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropody service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complementary therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loan of medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.2 Please identify the type of transport you most often use for each of the following purposes. (Please tick all that apply)

	Private car / motorbike	Bus	Train	Bicycle	Walk	Lift
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending school / college/ training/ University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3 Please specify how frequently you use any of the following community transport schemes available within Brixham.

	Daily	Weekly	Monthly	Don't know if available	Not available
Community bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dial A Ride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi vouchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Transport scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 'Other' please specify

2.4 Which of the following would encourage you to walk more within Brixham? (Please tick all that apply)

Better maintained pavements	<input type="checkbox"/>	More or better street lighting	<input type="checkbox"/>	More public seating	<input type="checkbox"/>
Additional pavements	<input type="checkbox"/>	Less fear of crime / anti-social behaviour	<input type="checkbox"/>	Other	<input type="checkbox"/>
More pedestrian crossings / shelters	<input type="checkbox"/>	Walk to school plan	<input type="checkbox"/>	Physically unable to use	<input type="checkbox"/>
More dropped kerbs at crossings	<input type="checkbox"/>	Organised group social walks	<input type="checkbox"/>		

If 'Other' please specify

2.5 What would encourage you to cycle more? (Please tick all that apply)

More off road cycle ways	<input type="checkbox"/>	A safer cycling environment	<input type="checkbox"/>	Other	<input type="checkbox"/>
More cycle land within the carriageway	<input type="checkbox"/>	Secure cycle lock-ups	<input type="checkbox"/>	Physically unable to use	<input type="checkbox"/>
More or better street lighting	<input type="checkbox"/>	Better surfaces	<input type="checkbox"/>		

If 'Other' please specify below

4. Sport, Leisure and Recreation

4.1 How often do you use the following facilities?

(please tick all that apply)

	Daily	Weekly	Monthly	Occasionally	Never
Indoor swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoalstone Outdoor pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allotments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furzeham Green	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonsey Gardens (Rose Gdns)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Boundary Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monksbridge Skate Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wishings Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
St Marys Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summercourt Way park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Astley Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Gardens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land to the rear of Washbourne Close	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Great Parkham Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rowan Way Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you do not use these facilities, what would encourage you to use them?

4.2 Are there any other facilities you would use in Brixham if they were provided (e.g. tennis courts, picnic areas etc.)? Please suggest specific locations if appropriate.

4.3 Are there any clubs / societies you would be interested in helping set-up in Brixham (with support)? If yes, please leave your contact details at the end of the questionnaire to enable us to contact you

Yes No

4.4 Do you take part in the following recreation and sporting activities within Brixham? (Please tick all that apply)

	Yes	No		Yes	No
Cycling	<input type="checkbox"/>	<input type="checkbox"/>	Reading Group	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	Photography	<input type="checkbox"/>	<input type="checkbox"/>
Cricket	<input type="checkbox"/>	<input type="checkbox"/>	Adult Education Close	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	Archery	<input type="checkbox"/>	<input type="checkbox"/>
Rugby	<input type="checkbox"/>	<input type="checkbox"/>	Canoe	<input type="checkbox"/>	<input type="checkbox"/>
Bowls	<input type="checkbox"/>	<input type="checkbox"/>	Rowing	<input type="checkbox"/>	<input type="checkbox"/>
Chess	<input type="checkbox"/>	<input type="checkbox"/>	Yacht	<input type="checkbox"/>	<input type="checkbox"/>
Exercise Class	<input type="checkbox"/>	<input type="checkbox"/>	Angling (inc sea angling)	<input type="checkbox"/>	<input type="checkbox"/>
Martial Arts	<input type="checkbox"/>	<input type="checkbox"/>	Allotments	<input type="checkbox"/>	<input type="checkbox"/>
Racquet sports	<input type="checkbox"/>	<input type="checkbox"/>	Theatre group	<input type="checkbox"/>	<input type="checkbox"/>
			Other	<input type="checkbox"/>	<input type="checkbox"/>

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If 'Other' please specify

4.5 If you use any of the public rights of way and bridleways within Brixham please identify any improvements which would be of benefit (please tick all that apply)

Improvements to stiles	<input type="checkbox"/>	Leaflets illustrating walks	<input type="checkbox"/>	Improved signposting	<input type="checkbox"/>
Improvements to condition of public rights of way	<input type="checkbox"/>	Improved / more information on notice board	<input type="checkbox"/>	Countryside Watch scheme	<input type="checkbox"/>
Better vegetation maintenance	<input type="checkbox"/>	More seating, picnic and rest stops	<input type="checkbox"/>	Removal of barriers preventing access to public rights of way	<input type="checkbox"/>
Wheelchair / pushchair friendly	<input type="checkbox"/>	Create new footpaths	<input type="checkbox"/>	None of these	<input type="checkbox"/>

If 'Other' please specify

5. Environment, Housing and Planning

5.1 Do you think any of the following could improve the parish's physical and natural environment? (Please tick all that apply)

	Yes	No		Yes	No
Better managed natural features benefitting people and wildlife (e.g. hedges / trees / open spaces)	<input type="checkbox"/>	<input type="checkbox"/>	Better maintained rights of way	<input type="checkbox"/>	<input type="checkbox"/>
More trees	<input type="checkbox"/>	<input type="checkbox"/>	Better maintained roads	<input type="checkbox"/>	<input type="checkbox"/>
More open spaces	<input type="checkbox"/>	<input type="checkbox"/>	Less dog fouling	<input type="checkbox"/>	<input type="checkbox"/>
Less litter in verges / on	<input type="checkbox"/>	<input type="checkbox"/>	Less pollution (e.g. noise, fumes etc)	<input type="checkbox"/>	<input type="checkbox"/>
No fly tipping	<input type="checkbox"/>	<input type="checkbox"/>	Better maintained or more street furniture (e.g. seating, road signs, bins, bus shelters, bollards)	<input type="checkbox"/>	<input type="checkbox"/>
Better maintained footways	<input type="checkbox"/>	<input type="checkbox"/>	Less graffiti	<input type="checkbox"/>	<input type="checkbox"/>

Please identify any specific locations where these improvements could be made

5.2 Do you think that there are any historic features in Brixham which could be improved for the benefit of the community? (Please tick all that apply)

	Yes	No
Buildings of architectural importance	<input type="checkbox"/>	<input type="checkbox"/>
Archaeological sites and monuments	<input type="checkbox"/>	<input type="checkbox"/>
Ancient routes	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If yes please specify

5.3 Do you think the town would benefit from a new purpose built combined civic and community centre? Yes No