



Ref. No. «CCC\_Code»

## Northstowe Residents Survey

Thank you for taking the time to complete this survey on behalf of your household. It is entirely confidential, but feel free to leave out any questions you do not wish to answer. Please take part by scanning the QR code above, online at <http://www.smartsurvey.co.uk/s/Northstowe> or in the pre-paid envelope provided, one per household, by **28th September**. The survey is printed double-sided, two pages to one, to minimise costs. If you would like a larger print copy or have queries about the survey, please phone Cambridgeshire County Council on: 0345 045 5200.

### Section 1: Your previous home

1. Where did you move from?  
(Your last permanent home, where you lived for more than 6 months)

The city, town or village \_\_\_\_\_  
The county \_\_\_\_\_  
The full postcode \_\_\_\_\_  
The country (if overseas) \_\_\_\_\_

2. Was your last property:

Owned by you (outright or with a mortgage)	<input type="checkbox"/>	Rented from family/friends	<input type="checkbox"/>
Rented from a private landlord	<input type="checkbox"/>	Discounted/low cost ownership	<input type="checkbox"/>
Rented from your employer	<input type="checkbox"/>	Shared ownership/shared equity	<input type="checkbox"/>
Rented from a Local Authority	<input type="checkbox"/>	Key worker (owned or rented)	<input type="checkbox"/>
Rented from a Housing Association	<input type="checkbox"/>	Living with parents/family	<input type="checkbox"/>
Other (please state) _____			<input type="checkbox"/>

3. What were your main reasons for wanting to move away from your previous home? (Your reasons for choosing this location will be asked later). Please tick as many boxes as apply.

To be nearer job/new job	<input type="checkbox"/>	Wanting to set up own home	<input type="checkbox"/>
To be nearer family/friends	<input type="checkbox"/>	To be nearer to children's school	<input type="checkbox"/>
Unhappy with environment/quality of life	<input type="checkbox"/>	To move into school catchment	<input type="checkbox"/>
Unhappy with aspects of previous home/local	<input type="checkbox"/>	To find a larger or smaller home	<input type="checkbox"/>
Other (please state) _____			<input type="checkbox"/>

### Section 2: Your current home

4. When did you move into this property? Year  Month

5. Is your property:

Owned by you (outright or with a mortgage)	<input type="checkbox"/>	Discounted/low cost ownership	<input type="checkbox"/>
Rented from a private landlord	<input type="checkbox"/>	Shared ownership/shared equity	<input type="checkbox"/>
Rented from your employer	<input type="checkbox"/>	Key worker (owned or rented)	<input type="checkbox"/>
Rented from a Housing Association	<input type="checkbox"/>	Rented from family/friends	<input type="checkbox"/>
Other (please state) _____			<input type="checkbox"/>

6. Are you the first people to live in this property? Yes  No  Don't know

7. Is your property:

Detached  Terraced   
 Semi-detached  Flat/apartment/maisonette   
 Other (please state) \_\_\_\_\_

8. How many bedrooms does your property have?

9. What was your main reason for choosing to move to this location rather than elsewhere in the area? Please tick as many boxes as apply.

To be nearer to job  To be nearer to shops/services   
 To be nearer to family/friends  Design/appearance of property/development   
 Better public transport links than other locations in the area  Price compared to other locations in the area   
 Easier to buy new property from developer   
 To be nearer to children's school  Like idea of living in a new development   
 To move into school catchment  Health   
 Other (please state) \_\_\_\_\_

10. Do you see yourself living at this property:

Less than 6 months from now  Between 5 and 10 years from now   
 Between 6 months and 1 year from now  More than 10 years from now   
 Between 1 and 3 years from now  Not sure   
 Between 3 and 5 years from now

**Section 3: Your household**

11. How many people who normally live at this address are aged:  
 (only include students if they live here during term time)

	0-4	5-10	11-15	16-17	18-19	20-24	25-29	30-44	45-59	60-64	65-74	75+	Total
Male													
Female													

12. Is the gender you identify with the same as your sex registered at birth?  
 Please write the **number** of people in your household beside each answer.

Yes  Prefer not to say

No (You may also state how they identify below if you wish)

13. Please give the dates of birth of all those aged 17 years and under:

	Month	Year	Which childcare, nursery, school or college (if any) do they attend?
1 <sup>st</sup> child			_____
2 <sup>nd</sup> child			_____
3 <sup>rd</sup> child			_____
4 <sup>th</sup> child			_____
5 <sup>th</sup> child			_____

14. What is the first language spoken in your household?

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15. Which country were you born in?

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16. What is your ethnic group?

Please write the **number** of people in your household who belong to each ethnic group.

Asian or Asian British: Bangladeshi	<input type="checkbox"/>	Mixed: White and Black African	<input type="checkbox"/>
Asian or Asian British: Chinese	<input type="checkbox"/>	Mixed: White and Black Caribbean	<input type="checkbox"/>
Asian or Asian British: Indian	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>
Asian or Asian British: Other Asian	<input type="checkbox"/>	Other Traveller	<input type="checkbox"/>
Asian or Asian British: Pakistani	<input type="checkbox"/>	White: British	<input type="checkbox"/>
Black or Black British: Black African	<input type="checkbox"/>	White: Irish	<input type="checkbox"/>
Black or Black British: Black Caribbean	<input type="checkbox"/>	White: Other	<input type="checkbox"/>
Black or Black British: Other Black	<input type="checkbox"/>	White: Roma/Gypsy	<input type="checkbox"/>
Mixed: Other	<input type="checkbox"/>	White: Traveller of Irish Heritage	<input type="checkbox"/>
Mixed: White and Asian	<input type="checkbox"/>		

#### Section 4: About your work, study and travel

Please give the following details about each person aged 17 and over in your household.

17. Employment circumstances. For each person, please only mark the box which most applies.  
Part time = under 30 hours a week    Full time = 30 or more hours a week.

	Self-employed	Employed full time	Employed part time	Seeking work	Full time education	Look after home/family	Permanently sick/disabled	Retired
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Where do they work/study?

For each person, please write the town and postcode of their main place of work/study.  
If they work at or from home write 'home'. If they have no fixed workplace write 'various'.  
If they don't work or study write N/A.

Person 1	Town _____	Postcode _____
Person 2	Town _____	Postcode _____
Person 3	Town _____	Postcode _____
Person 4	Town _____	Postcode _____
Person 5	Town _____	Postcode _____

For each person, please write the name of their main employer or their school/college.

Person 1	_____
Person 2	_____
Person 3	_____
Person 4	_____
Person 5	_____

19. What is the full title of their main job?

For example, primary school teacher, car mechanic, district nurse, aircraft engineer.

Person 1 \_\_\_\_\_  
Person 2 \_\_\_\_\_  
Person 3 \_\_\_\_\_  
Person 4 \_\_\_\_\_  
Person 5 \_\_\_\_\_

20. How do they travel to work/study?

Please select the means of travel used for the longest part, by distance, of their usual journey to their main place of work or study.

	Walk	Cycle	Bus	Car alone	Car share	Train	Park and ride	Other (please state)
Person 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. How many motor vehicles are available for use by your household?

None  One  Two  Three  Four or more

### Section 5: About you and your other activities

22. In which location does your household do its main non-food shopping, such as clothes, shoes electrical goods? \_\_\_\_\_

23. Which doctor's surgery/health centre is your household registered with?

If more than one, please list all of them. Please do not include students living away from home.

24. Generally, how satisfied or dissatisfied are you with the local services and amenities in your local area? (Please select the box that most applies to you and your household)

Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are you most satisfied with? \_\_\_\_\_

What are you most dissatisfied with? \_\_\_\_\_

What would you most like to change? \_\_\_\_\_

Data Protection: The information you are providing will assist informing Cambridgeshire County Council and South Cambridgeshire District Council in the provision of services and will be held in accordance with data protection legislation. Further information about how we collect and use personal data, and your rights around this, can be found at [www.cambridgeshire.gov.uk/privacy](http://www.cambridgeshire.gov.uk/privacy) and <https://www.scambs.gov.uk/your-council-and-democracy/access-to-information/customer-privacy-notice/>. By returning your completed survey to us you confirm you are happy for your response to be used in the analysis and results.