

## Facilities Questionnaire

Please help us to find out what **you** want in your local area by completing the questions below...

**What town/village do you live in?**

---

**How old are you?**

\_\_\_\_\_

**What gender are you?**

Female      Male

**What school/college do you go to?**

---

**Do you have a learning disability?**

Yes      No

**Do you have a physical disability?**

Yes      No

**What ethnic background do you come from?**

---

**How would you rate the youth facilities in your area?**

*(Please circle your choice, 1 is the lowest and 10 is the highest.)*

1    2    3    4    5    6    7    8    9    10

**What youth facilities do you enjoy using the most?**

---

Continued...

**Please circle 5 youth facilities from the following list that you would like to have in your area:**

*(If what you want is not in the list please add them in the spaces below.)*

- |                |                          |               |                          |               |                          |
|----------------|--------------------------|---------------|--------------------------|---------------|--------------------------|
| BMX track      | <input type="checkbox"/> | Gym           | <input type="checkbox"/> | Skate Park    | <input type="checkbox"/> |
| Bowling alley  | <input type="checkbox"/> | Ice skating   | <input type="checkbox"/> | Sports club   | <input type="checkbox"/> |
| Cinema         | <input type="checkbox"/> | Internet cafe | <input type="checkbox"/> | Swimming pool | <input type="checkbox"/> |
| Football pitch | <input type="checkbox"/> | Music / dance | <input type="checkbox"/> | Youth club    | <input type="checkbox"/> |
| Other          | <input type="checkbox"/> | Other         | <input type="checkbox"/> | Other         | <input type="checkbox"/> |

**Out of the 5 you have chosen which one would you want most?**

---

**Where would you put it?**

---

---

---

Thank-you