

## Countryside Visitor Survey

Will you help us to continually improve our Countryside Sites and the service we provide? Please take a few minutes to complete this questionnaire - your opinions are valuable to us.

Q1 **Please select which countryside site you visited:**

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Clay Cross      | <input type="checkbox"/> High Peak Junction   | <input type="checkbox"/> Tapton Lock |
| <input type="checkbox"/> Elvaston Castle | <input type="checkbox"/> Middleton Top        | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Hayfield        | <input type="checkbox"/> Shipley Country Park |                                      |

If 'Other' please specify

Q2 **Please enter the date that you visited (DDMMYYYY):**

Q3 **Where did you set out from today?**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> My own home | <input type="checkbox"/> Holiday accommodation/friends or relatives home |
|--------------------------------------|--|

Q4 **What is your home postcode?**

Q5 **Have you ever been to this site before?**  Yes  No

Q6 **If you answered 'No' to Q5 can you please say why?**

Q7 **How likely are you to return in the future?**

- |                          |                          |                            |                          |                          |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Very likely              | Likely                   | Neither likely or unlikely | Unlikely                 | Very unlikely            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

Q8 **If you answered 'Unlikely' or 'Very unlikely' to Q7, can you please give your reasons?**

Q9 **If you have been to this site before, approximately how many times have you visited in the past 12 months?**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Most days/every day   | <input type="checkbox"/> Every week           | <input type="checkbox"/> 2 to 3 times a year |
| <input type="checkbox"/> More than once a week | <input type="checkbox"/> 1 to 3 times a month | <input type="checkbox"/> Once                |

**Q10 How did you find out about this site?**

- |   |   |
|---|---|
| <input type="checkbox"/> Leaflet                    | <input type="checkbox"/> Saw it on a map                                |
| <input type="checkbox"/> Newspaper/magazine article | <input type="checkbox"/> Child's visit with school                      |
| <input type="checkbox"/> Radio or TV feature        | <input type="checkbox"/> Friends/relatives recommendation               |
| <input type="checkbox"/> Website (internet)         | <input type="checkbox"/> Previous visit/local knowledge                 |
| <input type="checkbox"/> Signpost/when driving past | <input type="checkbox"/> Other  |
| If 'Other' (please specify)                         | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

**Q11 How would you rate each of the following (where applicable):**

	Very Good	Good	Fair	Poor	Very Poor
Signposts on the roads leading to site	<input type="checkbox"/>				
Noticeboards on site	<input type="checkbox"/>				
Information about things to see and do at site	<input type="checkbox"/>				
Information to help me find my way around site	<input type="checkbox"/>				
Cleanliness of site as a whole	<input type="checkbox"/>				
Cleanliness of toilets	<input type="checkbox"/>				
Maintenance of equipment	<input type="checkbox"/>				
Service from Countryside Service staff	<input type="checkbox"/>				
Overall enjoyment of your visit	<input type="checkbox"/>				

**Q12 How safe did you feel...**

	Very safe	Fairly safe	Neither safe nor unsafe	Fairly unsafe	Very unsafe
In the car park	<input type="checkbox"/>				
Around the main building	<input type="checkbox"/>				
In park/around the site	<input type="checkbox"/>				

Q13 Which of the following brings you to this site?

- |   |   |
|---|---|
| <input type="checkbox"/> Walking                  | <input type="checkbox"/> Cycling                                  |
| <input type="checkbox"/> Dog walking              | <input type="checkbox"/> Horse riding                             |
| <input type="checkbox"/> Scenery                  | <input type="checkbox"/> Peace and quiet                          |
| <input type="checkbox"/> Event/Organised activity | <input type="checkbox"/> Cafe                                     |
| <input type="checkbox"/> History                  | <input type="checkbox"/> Other e.g. Trumper hire, Changing Places |
| <input type="checkbox"/> Picnic                   |   |

If 'Other' please specify

Q14 Did you enjoy your visit?

Yes

No

Q15 If you answered 'No' to Q14, please say why:

Q16 What did you like most about this site?

Q17 What did you least like about this site?

Q18 Including yourself, please specify in the relevant age categories, how many people are in your group:

Under 5 years

5 - 12 years

13 - 17 years

18 - 24 years

25 - 34 years

35 - 44 years

45 - 54 years

55 - 64 years

65 +

\* Q19 and Q20 only relate to Elvaston Castle County Park

Q19 **Did you know that the grounds of Elvaston Castle County Park are listed by English Heritage as Grade II\* and are important historically?**

Yes

No

Q20 **Did you know that there is a designated Local Nature Reserve within Elvaston's grounds?**

Yes

No

## About You

The following questions are about you and will help us understand the views of different demographic groups and people using the services we provide.

Q21 **Are you....**

Male

Female

Q22 **How old were you on your last birthday?**

Q23 **To which of these groups do you consider you belong?**

White

Asian/Asian British

Mixed

Black/Black British

Chinese

Other

If 'Other' please specify

A disabled person is someone who has a physical or mental impairment which has a substantial or long term adverse effect on their ability to carry out day to day activities.

Q24 **Do you consider yourself to have a disability?**

No

Yes, affecting vision

Yes, affecting mobility

Yes, a learning disability

Yes, affecting hearing

Other

If 'Other' please specify

Q25 **Are there any changes you would like to see, or comments you wish to make?**

Thank you for completing this questionnaire