**Community Needs Assessment**

*Sample Questionnaire*

**Survey Introduction**

* *State Community Group Name*
* *State Community Group Mission*
* *State Community Group Website Address or Contact Details*
* *State Purpose of Survey*

**Sample Survey Questions**

1. What do you like the most about living in our Community?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Tick the box that best indicates how far away you live from the nearest:

 **Within 1 km Within 5 kms Within 10 kms 10 kms +**

Supermarket/grocery shop □ □ □ □

Petrol/Fuel Station □ □ □ □

Post Office □ □ □ □

Credit Union □ □ □ □

Bank □ □ □ □

Doctor Surgery □ □ □ □

Hospital □ □ □ □

Community Hall/Centre □ □ □ □

Sports Pitch □ □ □ □

Train Station □ □ □ □

Public Bus Service □ □ □ □

Childcare Facilities □ □ □ □

3. Do you currently use any local community facilities or amenities e.g. meeting rooms, sports hall, sports pitches, etc.?

□ Yes

□ No

If yes, what community facilities or amenities do you use?

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4. Do you currently use any facilities or amenities based outside of the local community?

□ Yes

□ No

If yes, what community facilities or amenities do you use and where are they located?

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5. What community facilities or amenities do you believe will be of most relevance to our Community in five years’ time?

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6. Do you currently use any community services e.g. childcare, after-schools, meals on wheels, rural transport, services for people who are unemployed, disability services, health care services, social and recreational activities, training opportunities, etc.?

□ Yes

□ No

If yes, what community services do you use?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. What community services do you believe will be of most relevance to our Community in five years’ time?

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8. In what way(s) did you find out about the community services, facilities or amenities that you currently use?

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9. Do you have, or have access to a car for personal use?

□ Yes

□ No

10. What (if any) concerns do you have about living in our Community?

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11. What (if any) additional community services, facilities or improvements in amenities would you like to see in our Community?

Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amenities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note:***

*Optional questions can be included here to collect data related to age, gender and employment status if appropriate. If including such questions, state that information will be treated in a confidential manner. Be aware of your data protection obligations.*

*Please return completed surveys to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by: dd/mm/yy*

***Thank you for completing our Community Needs Assessment Survey***

*Keep up to date with Community News at WWW.YOURDOMAINNAME.COM!*