

APPENDIX C – CONSULTATION QUESTIONS

1. Do you live or work in Camden?

- a. Live in the area
- b. Neither live or work in the area
- c. Live and work in the area
- d. Work in the area

2. Have you felt unsafe in Camden during daytime due to antisocial behaviour related to street drinking?

If yes, how often has this happened?

- Very Often
- Fairly Often
- Not very Often
- Never

3. Have you felt unsafe in Camden during the night due to antisocial behaviour related to street drinking?

If yes, how often has this happened?

- Very Often
- Fairly Often
- Not very Often
- Never

4. How big of a problem are the following issues in Camden?

Issue	Big problem	Fairly Big problem	Not a big problem	Not a problem	Don't know
Street drinking related littering					
Street drinking related noise					
Street drinking related violence					
Street drinking related verbal abuse					

Street drinking related intimidation					
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5. How often over the last 12 months have you witnessed antisocial behaviour linked to people consuming alcohol in public places?
 - a. Never
 - b. One to two times
 - c. Three to five times
 - d. Five to ten times
 - e. More than ten times
6. How does antisocial behaviour linked to people consuming alcohol in public places impact your life? (to be free text so we are able to report common themes)
7. Are there specific areas of the borough that you believe antisocial behaviour linked to people consuming alcohol in public places is a particular problem? (to be free text so we are able to report common themes)
8. Do you support the proposal made by Camden Council to introduce a boroughwide PSPO to deal with antisocial behaviour linked to alcohol consumption in public places and to make Camden a Responsible Drinking Borough?
9. Do you have any other comments?
10. What is your age?
 - 16 – 24
 - 25 – 34
 - 35 – 44
 - 45 – 54
 - 55 – 64
 - 65 – 74
 - 75 – 84
 - 85+

11. What is your gender?

- Male
- Female
- Transgender
- Prefer not to say

12. Is your gender identity different to the sex you were assumed to be at birth?

- Yes
- No
- Prefer not to say

13. How would you describe your sexual orientation?

- Heterosexual or straight
- Gay
- Lesbian
- Bisexual
- Prefer not to say

14. How would you describe your ethnicity?

- English/Welsh/Scottish/Northern Irish/ British
- Irish
- Gypsy or Irish Traveller
- White Other background (please state below)
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (please state below)
- Caribbean
- African
- Any other Black/African/Caribbean background (please state below)
- White and Caribbean
- White and Black African
- White and Asian
- Any other mixed ethnic background (please state below)
- Arab
- Any other ethnic group (please state below)

15. What is your religion or belief?

- Buddhist
- Muslim
- Christian
- Sikh
- Hindu
- Jewish
- No religion/belief
- Other (please state)

16. Do you consider yourself to have a disability? In other words, a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities?

- No
- Yes – if yes, please tick all that apply below.
- Physical impairment (including frailty)
- Sensory impairment
- Long-standing illness
- Mental health condition (including dementia)
- Substance misuse
- Learning disability/difficulty
- Other disability condition (please state below)