

This is our **great** survey. We'd love you to fill it in.

Personal data

We will submit your input to West Patrina's online participation platform. If you want to receive updates relevant to your input by email, please fill out the following fields on this page and we will create an account for you. Your data will not be public and will only be used by West Patrina. If you do not agree for us to use your personal data in this way, you can leave them empty.

First name(s) (optional)

Phil

Last name (optional)

Normal

Email address (optional)

phil.normal @ somewhere . com

☒ By checking this box I consent to my data being used to create an account on West Patrina's participation platform.

1. What is the place you like best? (optional)

Please give us a real indicator of what you think.

**Choose as many as you like*

☐ Being at home with my family

☒ Holiday in the sun

☐ In space, floating around and eating through a straw

☒ Somewhere else

If 'Somewhere else', please specify

Rotherham

2. What is your postcode? (optional)

S11 7PF

3. Tell us what you think we should be adding to the town centre (optional)

Be really descriptive. There is no wrong answer.

Nothing. It is ~~per~~ perfect.

Although a McDonalds would be good

4. How would you rate the public toilets in town? (optional)

Please write a number between 1 (Terrible) and 5 (Amazing) only

3

5. Tell us how much you agree or disagree with the following statements (optional)

Please be honest, it helps us to plan for next year

For each row, mark one circle with a cross to indicate your preference.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The town will be better next year	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The council are doing a good job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
I like living in the town	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Rank the following options from your least favourite to your most favourite (optional)

Please write a number from 1 (most preferred) and 4 (least preferred) in each box. Use each number exactly once.

- | | |
|---|---------------|
| 3 | Ice cream |
| 4 | Sprouts |
| 1 | Chicken tikka |
| 2 | Cake |

Thank you so much for completing the survey.