

## APPENDIX C QUESTIONNAIRE

HOUSEHOLD IDENTIFICATION													
Region .....	<input type="checkbox"/>												
District .....	<input type="checkbox"/> <input type="checkbox"/>												
Village .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
EA .....	<input type="checkbox"/> <input type="checkbox"/>												
GPS .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
Household # .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
Head of Household Name: (write current head)	<input type="text"/>												
INFORMATION FOR OFFICE USE													
Survey Date: <input type="checkbox"/> (dd/mm/yyyy)	First date: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (hh/mm)												
	End date: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (hh/mm)												
Name of Supervisor:	<input type="text"/>												
Name of Enumerator:	<input type="text"/>												
Number and code of visits: Visit 1 <input type="checkbox"/> Visit 2 <input type="checkbox"/> Visit 3 <input type="checkbox"/>													
<table border="1"> <tr> <td><b>Visit codes:</b></td> <td><b>1</b> Completed</td> <td><b>2</b> Partially completed</td> <td><b>3</b> Call back or Postponed</td> </tr> <tr> <td></td> <td><b>4</b> Refused</td> <td><b>5</b> Household away &gt; month</td> <td><b>6</b> Vacant(no residents)</td> </tr> <tr> <td></td> <td><b>7</b> Building destroyed (Cyclone Evans)</td> <td><b>8</b> Destroyed (other reasons)</td> <td></td> </tr> </table>		<b>Visit codes:</b>	<b>1</b> Completed	<b>2</b> Partially completed	<b>3</b> Call back or Postponed		<b>4</b> Refused	<b>5</b> Household away > month	<b>6</b> Vacant(no residents)		<b>7</b> Building destroyed (Cyclone Evans)	<b>8</b> Destroyed (other reasons)	
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Name of Field Editor/Code:	<input type="text"/>												
Date: (start)	<input type="checkbox"/> (dd/mm/yyyy)												
Date: (end)	<input type="checkbox"/> (dd/mm/yyyy)												
Name of Data Operator:	<input type="text"/>												
Date: (start)	<input type="checkbox"/> (dd/mm/yyyy)												
Date: (end)	<input type="checkbox"/> (dd/mm/yyyy)												



**COMMUNITY PERCEPTION SURVEY 2013  
SAFETY, CRIME AND POLICING  
WITHIN SAMOA**

Code _____
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Dear Participant,

This survey aims to identify your knowledge and perceptions of the Samoa Police and Prisons Service relating to safety, crime and your communication with the Police.

Your responses will help us to develop and recommend improvements to the Samoa Police and Prison Service.

Please complete the survey and return it to the contact person.

Completing the survey should take no longer than 20 minutes. Please tick answers that best describe your belief(s) and experience(s). Space is provided for any further comments.

The information you provide will be treated with strict confidence and will be used only for the purpose of this study.

You can provide your answers in either Samoan or English, whichever language you feel most comfortable using.

You do not have to give your telephone number, however it may be very useful to us if there is a need to clarify information you have provided in this survey.

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Telephone Number *(Optional)*

Thank you for your participation.

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**List of Eligible Household Members (18+)**  
*(from the youngest to the oldest)*

Person Number	NAME	SEX	AGE	
		1 Male 2 Female	(age last birthday)	
0 1		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
0 2		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
0 3		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
0 4		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
0 5		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
0 6		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
0 7		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
0 8		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
0 9		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
1 0		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
1 1		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
1 2		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
1 3		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
1 4		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
1 5		<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>Total Eligible household members (18+)</b>		<input type="text"/> <input type="text"/>	<b>Total Completed</b>	<input type="text"/> <input type="text"/>
<b>Total Eligible Male (18+)</b>		<input type="text"/> <input type="text"/>	<b>Total Males Completed</b>	<input type="text"/> <input type="text"/>
<b>Total Eligible Female (18+)</b>		<input type="text"/> <input type="text"/>	<b>Total Females Completed</b>	<input type="text"/> <input type="text"/>

## Section A: Respondent Details

This information is important and will be used to provide descriptive information in the report on this survey. It will not be used to identify the individual responses or any person who completes the survey.

*Except where otherwise indicated, please place a tick in the appropriate box or boxes; fill in your responses in the line where further information is indicated.*

1 Age (last birthday)

2 Sex

1  Male

2  Female

3 Marital Status

1  Single

3  Separated/Divorced

2  Married/De-facto

4  Widowed

5 Employment Status

1  Employee (paid work)

5  Domestic duties

2  Self-employed (business owners, sellers)

6  Student

3  Subsistence (agriculture, fishing)

7  Incapable (special needs, sick)

4  Unemployed (apply/wait for job)

6 Relationship to Head of household

1  Head

4  Parents (head/spouse)

2  Spouse

5  Other Relatives

3  Children

6  Friend/Visitor

## Section B: Community Perception of Safety and Crime

Except where otherwise indicated, please circle the appropriate number for each of the question below to indicate your response and fill in your response on the lines when further information is indicated.

1 I feel safe in public places during the day

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

2 I feel safe in public places during the night

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

3 I feel safe at home during the day

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

4 I feel safe at home during the night

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

5 I believe crime has increased in the last 2 years

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

6 I believe crime has increased in the last 5 years

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

7 I believe the most common crime(s) are:

*Please rank what you believe are the most important types o crime with - one (1) being the most commonly occurring crime and eleven (11) being the least commonly occurring.*

- Murder/Manslaughter.....
- Sexual Crime.....
- Assault.....
- Theft/Stealing.....
- Fraud.....
- Break and enter.....
- Drug.....
- Drink Driving.....
- Serious Traffic Offence.....
- Damage to Property.....
- Other (specify).....

Please provide any further comments which you would like to make

1

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2

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3

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4

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## Section C: Personal Awareness and/or Experiences of Crime and Crime Management

Except where otherwise indicated, please place a tick in the appropriate box or boxes and fill in your response on the lines when further information is indicated.

1 Are you personally aware of a crime that has occurred within the past 2 years?

1  Yes

2  No (if No, skip to Section D)

2 If Yes, what was the nature of your involvement?

1  Victim

5  witness

2  Offender

6  Observer

3  Suspect

7  Other (specify) \_\_\_\_\_

4  Relative

3 Where did that crime take place?

1  Home

5  Church facilities/compound

2  Vehicle

6  Town Market

3  Public Street

7  Public Building (Restaurant,shop, Government Office,workshop)

4  Nightclub

8  Other (specify) \_\_\_\_\_

4 Who managed/resolved that crime? (you may tick more than one of the following)

1  Family

4  Police

2  Village Council

5  Non Government Organisation

3  Church

6  Other (specify) \_\_\_\_\_

If the crime was managed/resolved by police, please answer the following questions, if not, go to Section D

5 Was the matter reported to the Police? (If Yes go to Q.6, if No or Dont know skip to Section D)

1  Yes

2  No

3  Don't Know

6 Was the matter investigated by police? *(If Yes go to Q.7, if No or Dont know skip to Section D)*

1  Yes

2  No

3  Don't Know

7 Were you satisfied with how the police managed/resolved the matter?

<b>Strongly Dissatisfied</b>	<b>Dissatisfied</b>	<b>Neither Satisfied nor Dissatisfied</b>	<b>Satisfied</b>	<b>Strongly Satisfied</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Please provide any further comments which you would like to make

1

2

3

4

## Section D: Perception of the Samoa Police and Prisons Service

Except where otherwise indicated, please place a tick in the appropriate box or boxes or circle the appropriate number and fill in your response on the lines when further information is indicated.

### D1 Assistance sought from the Police

1 Have you sought the assistance of the Police in the last 12 months?

1  Yes

2  No (if No, skip to D2)

2 If Yes, how satisfied were you with the assistance provided?

Strongly Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Strongly Satisfied
1	2	3	4	5

3 What was your point of contact with the police.

1  Telephone

2  Police Station Front Desk

3  Police attended scene

4  Other (please state)

4 What was the nature of that assistance?

1

2

3

4



**D3 Police Generally**

1 I have confidence that the police carry out their duties well

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

2 I believe I have good access to the police should I need them

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

3 I believe the police act honestly in the performance of their duties.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

4 I believe the police respond appropriately to requests for police assistance.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

Please provide any further comments which you would like to make.

1

2

3

4

**D4 Access to information, education and communication about the Police or policing issues**

**1** Have you received information about the Samoa Police and Prisons Service? If so in what form?

*(you may tick more than one of the following)*

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Radio Program       | 6 <input type="checkbox"/> Brochures                         |
| 2 <input type="checkbox"/> Television Program  | 7 <input type="checkbox"/> Posters                           |
| 3 <input type="checkbox"/> Awareness Workshops | 8 <input type="checkbox"/> Billboards                        |
| 4 <input type="checkbox"/> Newspaper           | 9 <input type="checkbox"/> Leaflets                          |
| 5 <input type="checkbox"/> Pamphlets           | 10 <input type="checkbox"/> Personal contact with the police |

**2** How satisfied are you with how the police communicate and engage with the community?

<b>Strongly Dissatisfied</b>	<b>Dissatisfied</b>	<b>Neither Satisfied nor Dissatisfied</b>	<b>Satisfied</b>	<b>Strongly Satisfied</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Please provide any further comments which you would like to make.

**1** \_\_\_\_\_

\_\_\_\_\_

**2** \_\_\_\_\_

\_\_\_\_\_

**3** \_\_\_\_\_

\_\_\_\_\_

**4** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

## Section E: Conclusion

How can the Police do their job better to assist the community?

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