

Revitalising Ireland's Towns 2016-2017

Ballina Town Centre Health Check – Retailer Survey

1. When you think of Ballina town centre, what are your first thoughts – please list the main words that come to mind.

2. How long have you been trading from this address? Years Months

3. Does your business own or rent this space?

Own ₁ Rent ₂

4 Are you satisfied with your current premises?

Yes ₁ No ₂ If no, why? _____

5. Please rate the following aspects of Ballina town centre where:

5= very good, 4= good, 3=neither good nor poor, 2=poor, 1= very poor

	VG 5	G 4	N 3	P 2	VP 1	Don't Know 999
1. Traffic Flow in the town centre						
2. Parking in the town centre						
3. Pavement Quality						
4. Pavement Cleanliness						
5. General ease of getting around Ballina town centre						
6. General attractiveness of the town centre						
7. Parks and green space in the town centre						
8. Attractions in the town centre other than shopping						
9. Seating and areas to congregate						
10. Variety/Range of shops in the town centre						
11. Quality of Shops in the town centre						
12. Variety of goods available in shops in the town centre						
13. Value for money of shops in the town centre						
14. Standard of service in shops in the town centre						
15. Café/restaurant choice in the town centre						
16. Café/ restaurant quality in the town centre						
17. Feeling of safety and security at night in the town centre						
18. Feeling of safety and security during the day in town centre						
19. Range of Events in Ballina town centre						
20. General feeling of Vibrancy in Ballina town centre						

6. What do you think is the main thing that attracts customers to Ballina town centre? *One answer only please*

7. What is your principle competition town? (Please rank the following 1-5, with 1 being the highest competition ranking and 5 being the lowest competition ranking)

Castlebar	<input type="text"/>
Sligo	<input type="text"/>
Galway	<input type="text"/>
Dublin	<input type="text"/>
Other	<input type="text"/>

8. Has your business traded better, worse or about the same in the...

	Improved	No change	Disimproved
...Last 12 Months	<input type="text"/> _3	<input type="text"/> _2	<input type="text"/> _1
...Last 2 Years	<input type="text"/> _3	<input type="text"/> _2	<input type="text"/> _1

9(a) What are your expectations for trading over the next two years?

Improving _3 No Change _2 Worse _1

9(b) If you expect the trading conditions to change, what is the main reason for this change? *One answer only please*

10. What investment plans if any have you put into action in the past 5 years?

11. What investment plans, if any, do you envisage in the future? (Shop front works, improved access, refurbishment, etc.)

12(a). Do you intend to continue trading in Ballina town as your first choice in the future?

Yes _1 No _2

12(b). If not what are the main reasons for your decision?

13. What improvements would you make to Ballina town centre?

14. What do you think is the main strength of Ballina town centre? (Please list the Main strength only)

15. What kind of events would you like to see in Ballina town centre (which would entice people to spend time in the town centre)?

16. Would you be willing to participate in organising events to attract people to Ballina?

Yes ₁ No ₂

17. Does your business have a website?

Yes ₁ No ₂

18. Do you sell online?

Yes ₁ No ₂

19. Do you have a Facebook page for your business?

Yes ₁ No ₂

20. Do you have an Instagram account for your business?

Yes ₁ No ₂

21. How long do you spend on updating your social media accounts per day?

22. What percentage of your business is:

Online

Offline

23. How many staff do you employ (including owner) at this outlet?

Full-time staff

Part-time staff

24. (a) Do you have floor space on the upper floors?

Yes _1

No _2

If yes, is it: Vacant _1

Occupied _2

If Occupied, what is the upper floor space used for? _____

24. (b) If Vacant, What incentive would encourage you to rent out your upper floors?

25. Would you be willing to contribute to a cooperative marketing strategy fund for Ballina town?

Yes _1

No _2

26. Are you aware of Ballina Chamber?

Yes _1

No _2

27. Are you a member of Ballina Chamber?

Yes _1

No _2

28. Any other/final comments?

Thank you for taking the time to complete this Questionnaire – it is greatly appreciated.

DETAILS	
Name of Business/ Outlet	
Name of Respondent	
Age Profile of Respondent	18-24 <input type="checkbox"/> _1 25-34 <input type="checkbox"/> _2 35-49 <input type="checkbox"/> _3 50-66 <input type="checkbox"/> _4 67+ <input type="checkbox"/> _5
Address of Business	
Email Address of Business	
Mobile Phone Number	
Land Line Number	