

# The XYZ of ABC 2014 Citizen Survey

Please complete this questionnaire if you are the adult (age 18 or older) in the household who most recently had a birthday. The adult's year of birth does not matter. Please select the response (by circling the number or checking the box) that most closely represents your opinion for each question. Your responses are anonymous and will be reported in group form only.

## 1. Please rate each of the following aspects of quality of life in ABC:

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Don't know</i>
ABC as a place to live .....	1	2	3	4	5
Your neighborhood as a place to live.....	1	2	3	4	5
ABC as a place to raise children .....	1	2	3	4	5
ABC as a place to work.....	1	2	3	4	5
ABC as a place to visit .....	1	2	3	4	5
ABC as a place to retire .....	1	2	3	4	5
The overall quality of life in ABC.....	1	2	3	4	5

## 2. Please rate each of the following characteristics as they relate to ABC as a whole:

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Don't know</i>
Overall feeling of safety in ABC.....	1	2	3	4	5
Overall ease of getting to the places you usually have to visit.....	1	2	3	4	5
Quality of overall natural environment in ABC .....	1	2	3	4	5
Overall "built environment" of ABC (including overall design, buildings, parks and transportation systems) .....	1	2	3	4	5
Health and wellness opportunities in ABC .....	1	2	3	4	5
Overall opportunities for education and enrichment.....	1	2	3	4	5
Overall economic health of ABC.....	1	2	3	4	5
Sense of community.....	1	2	3	4	5
Overall image or reputation of ABC .....	1	2	3	4	5

## 3. Please indicate how likely or unlikely you are to do each of the following:

	<i>Very likely</i>	<i>Somewhat likely</i>	<i>Somewhat unlikely</i>	<i>Very unlikely</i>	<i>Don't know</i>
Recommend living in ABC to someone who asks .....	1	2	3	4	5
Remain in ABC for the next five years .....	1	2	3	4	5

## 4. Please rate how safe or unsafe you feel:

	<i>Very safe</i>	<i>Somewhat safe</i>	<i>Neither safe nor unsafe</i>	<i>Somewhat unsafe</i>	<i>Very unsafe</i>	<i>Don't know</i>
In your neighborhood during the day.....	1	2	3	4	5	6
In ABC's downtown/commercial area during the day.....	1	2	3	4	5	6

## 5. Please rate each of the following characteristics as they relate to ABC as a whole:

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Don't know</i>
Traffic flow on major streets .....	1	2	3	4	5
Ease of public parking.....	1	2	3	4	5
Ease of travel by car in ABC.....	1	2	3	4	5
Ease of travel by public transportation in ABC .....	1	2	3	4	5
Ease of travel by bicycle in ABC.....	1	2	3	4	5
Ease of walking in ABC .....	1	2	3	4	5
Availability of paths and walking trails .....	1	2	3	4	5
Air quality .....	1	2	3	4	5
Cleanliness of ABC .....	1	2	3	4	5
Overall appearance of ABC.....	1	2	3	4	5
Public places where people want to spend time .....	1	2	3	4	5
Variety of housing options .....	1	2	3	4	5
Availability of affordable quality housing .....	1	2	3	4	5
Fitness opportunities (including exercise classes and paths or trails, etc.) .....	1	2	3	4	5
Recreational opportunities.....	1	2	3	4	5
Availability of affordable quality food.....	1	2	3	4	5
Availability of affordable quality health care .....	1	2	3	4	5
Availability of preventive health services .....	1	2	3	4	5
Availability of affordable quality mental health care .....	1	2	3	4	5



**6. Please rate each of the following characteristics as they relate to ABC as a whole:**

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Don't know</i>
Availability of affordable quality child care/preschool .....	1	2	3	4	5
K-12 education .....	1	2	3	4	5
Adult educational opportunities.....	1	2	3	4	5
Opportunities to attend cultural/arts/music activities .....	1	2	3	4	5
Opportunities to participate in religious or spiritual events and activities .....	1	2	3	4	5
Employment opportunities .....	1	2	3	4	5
Shopping opportunities.....	1	2	3	4	5
Cost of living in ABC.....	1	2	3	4	5
Overall quality of business and service establishments in ABC .....	1	2	3	4	5
Vibrant downtown/commercial area .....	1	2	3	4	5
Overall quality of new development in ABC.....	1	2	3	4	5
Opportunities to participate in social events and activities .....	1	2	3	4	5
Opportunities to volunteer.....	1	2	3	4	5
Opportunities to participate in community matters .....	1	2	3	4	5
Openness and acceptance of the community toward people of diverse backgrounds .....	1	2	3	4	5
Neighborliness of residents in ABC .....	1	2	3	4	5

**7. Please indicate whether or not you have done each of the following in the last 12 months.**

	<i>No</i>	<i>Yes</i>
Made efforts to conserve water .....	1	2
Made efforts to make your home more energy efficient .....	1	2
Observed a code violation or other hazard in ABC (weeds, abandoned buildings, etc.) .....	1	2
Household member was a victim of a crime in ABC.....	1	2
Reported a crime to the police in ABC.....	1	2
Stocked supplies in preparation for an emergency .....	1	2
Campaigned or advocated for an issue, cause or candidate .....	1	2
Contacted the XYZ of ABC (in-person, phone, email or web) for help or information .....	1	2
Contacted ABC elected officials (in-person, phone, email or web) to express your opinion.....	1	2

**8. In the last 12 months, about how many times, if at all, have you or other household members done each of the following in ABC?**

	<i>2 times a week or more</i>	<i>2-4 times a month</i>	<i>Once a month or less</i>	<i>Not at all</i>
Used ABC recreation centers or their services.....	1	2	3	4
Visited a neighborhood park or XYZ park.....	1	2	3	4
Used ABC public libraries or their services .....	1	2	3	4
Participated in religious or spiritual activities in ABC .....	1	2	3	4
Attended a XYZ-sponsored event .....	1	2	3	4
Used bus, rail, subway or other public transportation instead of driving.....	1	2	3	4
Carpooled with other adults or children instead of driving alone.....	1	2	3	4
Walked or biked instead of driving .....	1	2	3	4
Volunteered your time to some group/activity in ABC .....	1	2	3	4
Participated in a club .....	1	2	3	4
Talked to or visited with your immediate neighbors .....	1	2	3	4
Done a favor for a neighbor.....	1	2	3	4

**9. Thinking about local public meetings (of local elected officials like City Council or County Commissioners, advisory boards, town halls, HOA, neighborhood watch, etc.), in the last 12 months, about how many times, if at all, have you or other household members attended or watched a local public meeting?**

	<i>2 times a week or more</i>	<i>2-4 times a month</i>	<i>Once a month or less</i>	<i>Not at all</i>
<u>Attended</u> a local public meeting .....	1	2	3	4
<u>Watched</u> (online or on television) a local public meeting.....	1	2	3	4

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## 10. Please rate the quality of each of the following services in ABC:

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Don't know</i>
Police/Sheriff services.....	1	2	3	4	5
Fire services.....	1	2	3	4	5
Ambulance or emergency medical services .....	1	2	3	4	5
Crime prevention.....	1	2	3	4	5
Fire prevention and education.....	1	2	3	4	5
Traffic enforcement .....	1	2	3	4	5
Street repair .....	1	2	3	4	5
Street cleaning .....	1	2	3	4	5
Street lighting.....	1	2	3	4	5
Snow removal .....	1	2	3	4	5
Sidewalk maintenance .....	1	2	3	4	5
Traffic signal timing.....	1	2	3	4	5
Bus or transit services.....	1	2	3	4	5
Garbage collection.....	1	2	3	4	5
Recycling .....	1	2	3	4	5
Yard waste pick-up .....	1	2	3	4	5
Storm drainage .....	1	2	3	4	5
Drinking water.....	1	2	3	4	5
Sewer services .....	1	2	3	4	5
Power (electric and/or gas) utility.....	1	2	3	4	5
Utility billing.....	1	2	3	4	5
XYZ parks .....	1	2	3	4	5
Recreation programs or classes.....	1	2	3	4	5
Recreation centers or facilities .....	1	2	3	4	5
Land use, planning and zoning.....	1	2	3	4	5
Code enforcement (weeds, abandoned buildings, etc.) .....	1	2	3	4	5
Animal control.....	1	2	3	4	5
Economic development .....	1	2	3	4	5
Health services .....	1	2	3	4	5
Public library services .....	1	2	3	4	5
Public information services .....	1	2	3	4	5
Cable television.....	1	2	3	4	5
Emergency preparedness (services that prepare the community for natural disasters or other emergency situations).....	1	2	3	4	5
Preservation of natural areas such as open space, farmlands and greenbelts .....	1	2	3	4	5
ABC open space.....	1	2	3	4	5
XYZ-sponsored special events .....	1	2	3	4	5
Overall customer service by ABC employees (police, receptionists, planners, etc.) .....	1	2	3	4	5

## 11. Overall, how would you rate the quality of the services provided by each of the following?

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Don't know</i>
The XYZ of ABC .....	1	2	3	4	5
The Federal Government .....	1	2	3	4	5

## 12. Please rate the following categories of ABC government performance:

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Don't know</i>
The value of services for the taxes paid to ABC .....	1	2	3	4	5
The overall direction that ABC is taking .....	1	2	3	4	5
The job ABC government does at welcoming citizen involvement .....	1	2	3	4	5
Overall confidence in ABC government.....	1	2	3	4	5
Generally acting in the best interest of the community .....	1	2	3	4	5
Being honest.....	1	2	3	4	5
Treating all residents fairly .....	1	2	3	4	5



**13. Please rate how important, if at all, you think it is for the ABC community to focus on each of the following in the coming two years:**

	<i>Essential</i>	<i>Very important</i>	<i>Somewhat important</i>	<i>Not at all important</i>
Overall feeling of safety in ABC.....	1	2	3	4
Overall ease of getting to the places you usually have to visit.....	1	2	3	4
Quality of overall natural environment in ABC.....	1	2	3	4
Overall “built environment” of ABC (including overall design, buildings, parks and transportation systems).....	1	2	3	4
Health and wellness opportunities in ABC.....	1	2	3	4
Overall opportunities for education and enrichment.....	1	2	3	4
Overall economic health of ABC.....	1	2	3	4
Sense of community.....	1	2	3	4

**xx. Custom Question #1 Custom Question #1 Custom Question #1 Custom Question #1 Custom Question #1 Custom Question #1 Custom Question #1 Custom Question #1 Custom Question #1 Custom Question #1 Custom Question #1 Custom Question #1 Custom Question #1 Custom Question #1 Custom Question #1 Custom Question #1**  
 Scale point 1       Scale point 2       Scale point 3       Scale point 4       Scale point 5

**xx. Custom Question #2 Custom Question #2 Custom Question #2 Custom Question #2 Custom Question #2 Custom Question #2 Custom Question #2 Custom Question #2 Custom Question #2 Custom Question #2 Custom Question #2 Custom Question #2 Custom Question #2 Custom Question #2 Custom Question #2 Custom Question #2**  
 Scale point 1       Scale point 2       Scale point 3       Scale point 4       Scale point 5

**xx. Custom Question #3 Custom Question #3 Custom Question #3 Custom Question #3 Custom Question #3 Custom Question #3 Custom Question #3 Custom Question #3 Custom Question #3 Custom Question #3 Custom Question #3 Custom Question #3 Custom Question #3 Custom Question #3 Custom Question #3 Custom Question #3**  
 Scale point 1       Scale point 2       Scale point 3       Scale point 4       Scale point 5

**xx. OPTIONAL [See Worksheets for details and price of this option] Open-Ended Question Open-Ended Question Open-Ended Question Open-Ended Question Open-Ended Question Open-Ended Question Open-Ended Question Open-Ended Question Open-Ended Question Open-Ended Question Open-Ended Question Open-Ended Question Open-Ended Question Open-Ended Question Open-Ended Question**

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# The XYZ of ABC 2014 Citizen Survey

**Our last questions are about you and your household. Again, all of your responses to this survey are completely anonymous and will be reported in group form only.**

**D1. How often, if at all, do you do each of the following, considering all of the times you could?**

	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>
Recycle at home .....	1	2	3	4	5
Purchase goods or services from a business located in ABC .....	1	2	3	4	5
Eat at least 5 portions of fruits and vegetables a day .....	1	2	3	4	5
Participate in moderate or vigorous physical activity .....	1	2	3	4	5
Read or watch local news (via television, paper, computer, etc.) .....	1	2	3	4	5
Vote in local elections.....	1	2	3	4	5

**D2. Would you say that in general your health is:**

- Excellent       Very good       Good       Fair       Poor

**D3. What impact, if any, do you think the economy will have on your family income in the next 6 months? Do you think the impact will be:**

- Very positive       Somewhat positive       Neutral       Somewhat negative       Very negative

**D4. What is your employment status?**

- Working full time for pay  
 Working part time for pay  
 Unemployed, looking for paid work  
 Unemployed, not looking for paid work  
 Fully retired

**D5. Do you work inside the boundaries of ABC?**

- Yes, outside the home  
 Yes, from home  
 No

**D6. How many years have you lived in ABC?**

- Less than 2 years       11-20 years  
 2-5 years       More than 20 years  
 6-10 years

**D7. Which best describes the building you live in?**

- One family house detached from any other houses  
 Building with two or more homes (duplex, townhome, apartment or condominium)  
 Mobile home  
 Other

**D8. Is this house, apartment or mobile home...**

- Rented  
 Owned

**D9. About how much is your monthly housing cost for the place you live (including rent, mortgage payment, property tax, property insurance and homeowners' association (HOA) fees)?**

- Less than \$300 per month  
 \$300 to \$599 per month  
 \$600 to \$999 per month  
 \$1,000 to \$1,499 per month  
 \$1,500 to \$2,499 per month  
 \$2,500 or more per month

**D10. Do any children 17 or under live in your household?**

- No       Yes

**D11. Are you or any other members of your household aged 65 or older?**

- No       Yes

**D12. How much do you anticipate your household's total income before taxes will be for the current year? (Please include in your total income money from all sources for all persons living in your household.)**

- Less than \$25,000  
 \$25,000 to \$49,999  
 \$50,000 to \$99,999  
 \$100,000 to \$149,999  
 \$150,000 or more

**Please respond to both questions D13 and D14:**

**D13. Are you Spanish, Hispanic or Latino?**

- No, not Spanish, Hispanic or Latino  
 Yes, I consider myself to be Spanish, Hispanic or Latino

**D14. What is your race? (Mark one or more races to indicate what race you consider yourself to be.)**

- American Indian or Alaskan Native  
 Asian, Asian Indian or Pacific Islander  
 Black or African American  
 White  
 Other

**D15. In which category is your age?**

- 18-24 years       55-64 years  
 25-34 years       65-74 years  
 35-44 years       75 years or older  
 45-54 years

**D16. What is your sex?**

- Female       Male

**D17. Do you consider a cell phone or land line your primary telephone number?**

- Cell       Land line       Both

**Thank you for completing this survey. Please return the completed survey in the postage-paid envelope to: National Research Center, Inc., PO Box 549, Belle Mead, NJ 08502**