Section 5:

Survey Instrument

2008 City of Clive Community Survey

Please take a few minutes to complete this survey. Your input is an important part of the City's on-going effort to continuously improve City services. If you have questions, please call Joyce Cortum, Deputy City Clerk at (515) 223-6220.

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1. <u>Quality of City Services.</u> Please rate the quality of various services provided by the City of Clive. Please rate each item on a scale of 1 to 5 where 5 means "very satisfied" and 1 means "very dissatisfied."

	1. How Satisfied are you with:	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
A.	Overall quality of police service	5	4	3	2	1	9
B.	Overall quality of fire and emergency medical services	5	4	3	2	1	9
C.	Overall efforts by the city to ensure the community is prepared for emergencies	5	4	3	2	1	9
D.	Overall maintenance of city streets, sidewalks and infrastructure	5	4	3	2	1	9
E.	Overall effectiveness of communication by the city	5	4	3	2	1	9
F.	Overall flow of traffic and congestion management on city streets	5	4	3	2	1	9
G.	Overall quality of the city's stormwater management system	5	4	3	2	1	9
H.	Overall quality of water utility services	5	4	3	2	1	9
I.	Overall quality of wastewater utility services	5	4	3	2	1	9
J.	Overall quality of trash, recycling and yardwaste services	5	4	3	2	1	9
K.	Overall quality of public transportation services	5	4	3	2	1	9
L.	Overall quality of parks and recreation programs and facilities	5	4	3	2	1	9
M.	Overall quality of customer service provided by the city	5	4	3	2	1	9
N.	Overall enforcement of local codes and ordinances	5	4	3	2	1	9
O.	Overall maintenance of city trails	5	4	3	2	1	9
P.	Overall quality of City library services	5	4	3	2	1	9

2. Which THREE of these items do you think should receive the most emphasis from City leaders over the next TWO Years? [Write the letters for your top 3 choices using the letters from the list in Question 1 above].

1st:____ 2nd:____ 3rd:____

3. **<u>Influential Factors</u>. Several items that may influence your perception of the City of Clive are listed below. Please rate each item on a scale of 1 to 5 where 5 means "very satisfied" and 1 means "very dissatisfied."**

How Satisfied are you with:		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
A.	Overall value that you receive for your city taxes and fees	5	4	3	2	1	9
B.	Overall image of the city	5	4	3	2	1	9
C.	Overall quality of city services	5	4	3	2	1	9
D.	Overall quality of life in the city	5	4	3	2	1	9
E.	How well Clive is planning growth	5	4	3	2	1	9
F.	Appearance of the city	5	4	3	2	1	9

4. **<u>Public Safety Services</u>. Using a scale of 1 to 5 where 5 means "very satisfied" and 1 means "very dissatisfied," please rate your satisfaction with the following services.**

How Satisfied are you with:		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
A.	Overall Quality of local police protection	5	4	3	2	1	9
B.	Visibility of police in neighborhoods	5	4	3	2	1	9
C.	Visibility of police in commercial and retail areas	5	4	3	2	1	9
D.	How quickly police respond to emergencies	5	4	3	2	1	9
E.	Efforts by local government in your area to prevent crime	5	4	3	2	1	9
F.	Enforcement of local traffic laws	5	4	3	2	1	9
G.	Animal control services	5	4	3	2	1	9
H.	Parking enforcement services	5	4	3	2	1	9
I.	Police safety education programs	5	4	3	2	1	9
J.	Overall quality of fire services	5	4	3	2	1	9
K.	Overall quality of emergency medical services	5	4	3	2	1	9
L.	How quickly fire and emergency medical services personnel respond	5	4	3	2	1	9
M.	Fire education programs provide by the City	5	4	3	2	1	9
N.	Fire inspection programs provided by the City	5	4	3	2	1	9

5. **Which THREE of these public safety services do you think should receive the most emphasis from City leaders over the next TWO Years?** [Write the letters for your top 3 choices using the letters from the list in Question 4 above].

1st:____ 2nd:____ 3rd:____

6. **Feeling of Safety. Using a scale of 1 to 5 where 5 means "very safe" and 1 means "very unsafe," please rate how safe you feel in the following situations:**

How safe do you feel:		Very Safe	Safe	Neutral	Unsafe	Very Unsafe	Don't Know
A.	Walking in your neighborhood during the day	5	4	3	2	1	9
B.	Walking in your neighborhood after dark	5	4	3	2	1	9
C.	Walking, running, or biking on greenbelt trails	5	4	3	2	1	9
D.	In City parks	5	4	3	2	1	9

7. **Maintenance Services. Using a scale of 1 to 5 where 5 means "very satisfied" and 1 means "very dissatisfied," please rate your satisfaction with the following services.**

How Satisfied are you with:		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
A.	Condition of major streets in Clive	5	4	3	2	1	9
B.	Condition of streets in your neighborhood	5	4	3	2	1	9
C.	Condition of sidewalks in your neighborhood	5	4	3	2	1	9
D.	Adequacy of street lighting in your neighborhood	5	4	3	2	1	9
E.	Snow/ice removal on major city streets	5	4	3	2	1	9
F.	Snow/ice removal on streets in your neighborhood	5	4	3	2	1	9
G.	Cleanliness of streets and other public areas	5	4	3	2	1	9

8. **Public Information. Using a scale of 1 to 5 where 5 means "very satisfied" and 1 means "very dissatisfied," please rate your satisfaction with the following services.**

How Satisfied are you with:		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
A.	Availability of information about local governmental services and activities	5	4	3	2	1	9
B.	Timeliness of information provided by your local government	5	4	3	2	1	9
C.	Efforts by local government to keep you informed about local issues	5	4	3	2	1	9
D.	The quality of the city website	5	4	3	2	1	9
E.	The level of public involvement in local decisions	5	4	3	2	1	9
F.	The quality of the city's monthly newsletter	5	4	3	2	1	9
G.	Online services offered on City's website	5	4	3	2	1	9

9. **Website Usage. Please indicate how many times you have visited the City's website (www.cityofclive.com) in the past 6 months either from home, work, or another location.**

___(1) none – go to #10 ___(2) 3 to 5 times ___(3) More than 10 times
___(2) 1 to 2 times ___(5) 6 to 10 times

9a. Can you think of any ways to improve the City's website? (write your ideas below)

_____

10. <u>Parks and Recreation</u>. Using a scale of 1 to 5 where 5 means "very satisfied" and 1 means "very dissatisfied," please rate your satisfaction with the following services.

How Satisfied are you with:		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
A.	Maintenance of city parks	5	4	3	2	1	9
B.	Quality of park facilities, such as picnic shelters and restrooms , at city parks	5	4	3	2	1	9
C.	Quality of playground equipment at city parks	5	4	3	2	1	9
D.	Number of parks in the city	5	4	3	2	1	9
E.	Availability of gym space in the City	5	4	3	2	1	9
F.	Number of walking/biking trails in Clive	5	4	3	2	1	9
G.	City's Aquatic Center	5	4	3	2	1	9
H.	Quality of outdoor athletic fields in Clive	5	4	3	2	1	9
I.	The City's youth programs	5	4	3	2	1	9
J.	The City's adult programs	5	4	3	2	1	9
K.	Ease of registering for City recreation programs	5	4	3	2	1	9

11. <u>Needs.</u> Please indicate if you have a need for the facilities and activities listed below by circling YES or NO. <u>If you use or have a need for a facility/activity and circled YES</u>, please answer the questions in the shaded area to the right by circling the appropriate responses.

Type of Facility or Activity		Do you or your family members have a need for this facility or activity?		<u>If You Have A Need</u>, How Well Are Your Needs Being Met?				Should this program/facility be offered by the City or by a non-governmental group such as a private club or church?	
				Fully Met	Mostly Met	Partly Met	Not Met		
A.	Baseball/softball/soccer fields	Yes	No	4	3	2	1	City	Other
B.	Outdoor basketball/volleyball courts	Yes	No	4	3	2	1	City	Other
C.	Tennis courts	Yes	No	4	3	2	1	City	Other
D.	In-line skating/skateboard areas	Yes	No	4	3	2	1	City	Other
E.	Outdoor swimming/water park	Yes	No	4	3	2	1	City	Other
F.	Picnic areas and shelters	Yes	No	4	3	2	1	City	Other
G.	Playgrounds for children	Yes	No	4	3	2	1	City	Other
H.	Paved walking/biking/running trails	Yes	No	4	3	2	1	City	Other
I.	Dog parks	Yes	No	4	3	2	1	City	Other
J.	Nature observation areas	Yes	No	4	3	2	1	City	Other
K.	Cardiovascular equipment and aerobics/fitness areas	Yes	No	4	3	2	1	City	Other
L.	Indoor walking/jogging tracks	Yes	No	4	3	2	1	City	Other
M.	Racquetball/handball courts	Yes	No	4	3	2	1	City	Other
N.	Indoor leisure/lap pool/water park	Yes	No	4	3	2	1	City	Other
O.	Indoor basketball/volleyball /soccer	Yes	No	4	3	2	1	City	Other
P.	Rock climbing walls	Yes	No	4	3	2	1	City	Other
Q.	Performance stages/music areas	Yes	No	4	3	2	1	City	Other
R.	Areas for arts and crafts	Yes	No	4	3	2	1	City	Other
S.	Organized outings and day trips	Yes	No	4	3	2	1	City	Other
T.	Organized card clubs	Yes	No	4	3	2	1	City	Other
U.	Culinary/kitchen areas	Yes	No	4	3	2	1	City	Other
V.	Areas for table tennis/billiards	Yes	No	4	3	2	1	City	Other

12. Would you like to be doing more recreation/leisure activities than you are currently doing?
___(1) Yes – answer #12a ___(2) No

12a. [IF YES] What prevents you from doing more activities now?
___(1) Too busy
___(2) Do not know what types of programs and activities are offered
___(3) The kinds of programs/activities in which I am interested are not offered
___(4) Programs/activities are not offered during convenient times
___(5) The City does not have facilities that support my recreational/leisure interests
___(0) Other:_____

13. Have you enrolled in any recreation/leisure programs or classes sponsored by the City of Clive Park and Recreation Department during the past year?
___(1) Yes ___(2) No – answer #13a

13a. [IF NO] Why not?
___(1) Too busy
___(2) Don't know what is offered
___(3) Don't offer programs I am interested in taking
___(4) The facilities where the programs are offered are poor
___(5) Other:_____

14. Can you think of any recreation programs that are needed in Clive that are not currently offered to residents? (write your ideas below)

_____

15. Can you think of any park amenities that are needed in Clive that are not currently available for residents? (write your ideas below)

_____

16. <u>Utility Services</u>. Using a scale of 1 to 5 where 5 means "very satisfied" and 1 means "very dissatisfied," please rate your satisfaction with the following services.

How Satisfied are you with:		*Very Satisfied*	*Satisfied*	*Neutral*	*Dissatisfied*	*Very Dissatisfied*	*Don't Know*
A.	Residential trash collection services	5	4	3	2	1	9
B.	Curbside recycling services	5	4	3	2	1	9
C.	Yardwaste collection services	5	4	3	2	1	9
D.	Bulky item pick up/removal services (old furniture, appliances. etc.)	5	4	3	2	1	9
E.	Water service	5	4	3	2	1	9
F.	Wastewater services	5	4	3	2	1	9
G.	Household hazardous waste disposal service (for oil, paint, etc)	5	4	3	2	1	9

<u>LIBRARY SERVICES</u>

17. How important do you think it is to have a larger public library for the residents of Clive?
___(1) Extremely important
___(2) Important
___(3) Somewhat important
___(4) Not important (current size is sufficient)
___(5) Don't know

18. <u>Library Services</u>. Using a scale of 1 to 5 where 5 means "very satisfied" and 1 means "very dissatisfied," please rate your satisfaction with the following services.

How Satisfied are you with:		*Very Satisfied*	*Satisfied*	*Neutral*	*Dissatisfied*	*Very Dissatisfied*	*Don't Know*
A.	Size of collection	5	4	3	2	1	9
B.	Children's programs	5	4	3	2	1	9
C.	Internet/computer services	5	4	3	2	1	9
D.	Handicapped accessibility	5	4	3	2	1	9
E.	Customer service	5	4	3	2	1	9
F.	Use of library resources from home via Internet	5	4	3	2	1	9
G.	Hours	5	4	3	2	1	9
H.	Availability of meeting space	5	4	3	2	1	9
I.	Availability of study space	5	4	3	2	1	9
J.	Availability of public seating	5	4	3	2	1	9
K.	Wait time for requests/holds	5	4	3	2	1	9
L.	Welcoming atmosphere	5	4	3	2	1	9
M.	Monthly library newsletter	5	4	3	2	1	9

19. <u>Communication.</u> Have you called the City with a question, problem, or complaint during the past year?

___(1) Yes [answer Question 19a-d] ___(2) No

19a-d. [Only if "YES"] **Using a 5-point scale where 5 means "very satisfied" and 1 means "very dissatisfied, " please rate your satisfaction with the city employees with whom you interacted with regard to the following:**

How Satisfied are you with:		*Very Satisfied*	*Satisfied*	*Neutral*	*Dissatisfied*	*Very Dissatisfied*	*Don't Know*
A.	How easy the appropriate staff person was to contact	5	4	3	2	1	9
B.	The way you were treated	5	4	3	2	1	9
C.	The accuracy of the information & the assistance you were given	5	4	3	2	1	9
D.	How quickly City staff responded	5	4	3	2	1	9
E.	How well your issue was handled	5	4	3	2	1	9

20. <u>Quality of Life.</u> Using a scale of 1 to 5 where 5 means "excellent" and 1 means "poor," please rate the City of Clive with regard to the following:

How would you rate the City of Clive:		*Excellent*	*Good*	*Neutral*	*Below Average*	*Poor*	*Don't Know*
A.	As a place to live	5	4	3	2	1	9
B.	As a place to raise children	5	4	3	2	1	9
C.	As a place to work	5	4	3	2	1	9
D.	As a place to retire	5	4	3	2	1	9
E.	As a place to visit	5	4	3	2	1	9
F.	As a City that is moving in the right direction	5	4	3	2	1	9

21. Approximately how many years have you lived in the City of Clive?

____(1) less than 5 years
____(2) 5-10 years
____(3) 11-20 years
____(4) more than 20 years

22. Counting yourself, how many people in your household are?

Under age 5 ____
Ages 5-9 ____
Ages 10-14 ____
Ages 15-19 ____
Ages 20-24 ____
Ages 25-34 ____
Ages 35-44 ____
Ages 45-54 ____
Ages 55-64 ____
Ages 65-74 ____
Ages 75+ ____

23. Please indicate your total annual household income is:

____(1) Under $30,000
____(2) $30,000 to $59,999
____(3) $60,000 to $99,999
____(4) $100,000 to $149,999
____(5) $150,000 to $249,999
____(6) $250,000 or more

24. Which of the following describes your race? (check all that apply)

____(1) African American/Black
____(2) Asian/Pacific Islander
____(3) American Indian
____(4) White/Caucasian
____(5) Hispanic
____(6) Other:_____

25. Is English the primary language spoken in your home?

____(1) Yes ____(2) No: **If NO - what language is?** _____

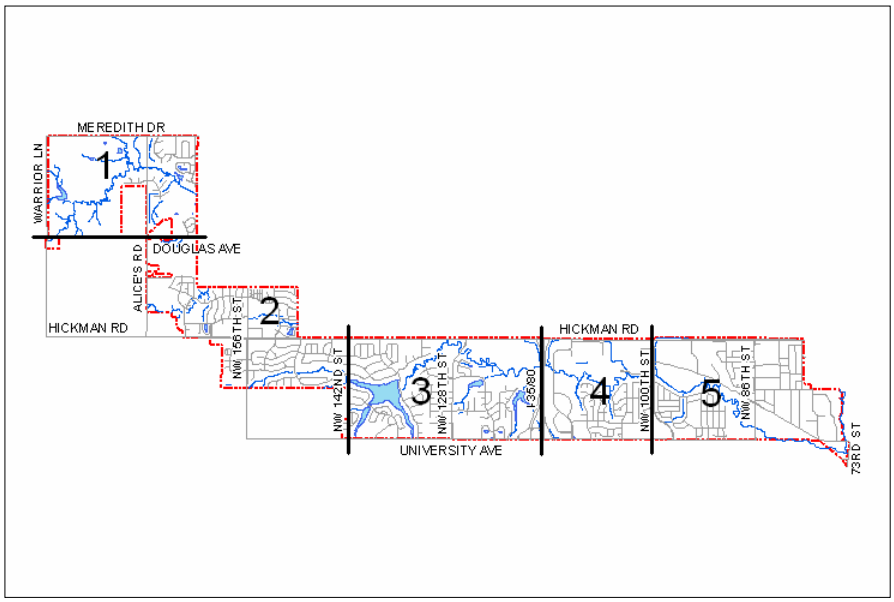
26. If you were given a choice, how would you have preferred to complete this survey?

____(1) Phone ____(2) Mail or paper copy ____(3) Internet

27. Your gender: ____(1) Male ____(2) Female

28. Referring to the map below, please indicate which of the following areas best represents the location of your home.

___(1) Between Douglas Avenue and Meredith Drive off Alice's Road
___(2) West of 142nd Street and south of Douglas Avenue
___(3) East of 142nd Street and west of I-80/35
___(4) East of I-80/35 and west of 100th
___(5) East of 100th Street



The City of Clive Thanks You For Your Time.

Please Return This Survey In the Postage Paid Envelope Provided Addressed to:
ETC Institute
725 W. Frontier Circle
Olathe, KS 66061