How to fill this in

Your answers will help local leaders decide where to focus time and funding over the next few years. Please fill the checkboxes completely using a blue or black pen. The survey is anonymous, so please do not write your name anywhere on this form.

01 About you and your household

Your age group *(Please cross one)*

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

How many people live in your household, including you?

How long have you lived in this area? *(Please cross one)*

- ◯ Less than 1 year
- ◯ 1 to 5 years
- ◯ 6 to 10 years
- ◯ 11 to 20 years
- ◯ More than 20 years

Which best describes your housing situation? *(Please cross one)*

- ◯ Own my home
- ◯ Rent from a private landlord
- ◯ Rent social or public housing
- ◯ Live with family or friends

Other

02 Housing

How satisfied are you with the following aspects of housing in this area?

Please cross one in each line

	Very dissatisfied	*Dissatisfied*	*Neutral*	*Satisfied*	*Very satisfied*
The overall condition of your current home	○	○	○	○	○
The availability of homes in this area	○	○	○	○	○
The quality of rental options	○	○	○	○	○
The choice of housing for different budgets	○	○	○	○	○
The look and upkeep of housing in your neighborhood	○	○	○	○	○

How affordable is housing in this area for someone on an average local income?

Very unaffordable ○ ○ ○ ○ ○ Very affordable

To respond ⊗ or ●

DRFT 0002

03 Local services

How important is each of these services to you and your household?

Please cross one in each line

	Not important	*Slightly important*	*Moderately important*	*Very important*	*Essential*
Public schools	○	○	○	○	○
Libraries	○	○	○	○	○
Parks and green spaces	○	○	○	○	○
Trash and recycling collection	○	○	○	○	○
Road and sidewalk maintenance	○	○	○	○	○
Street lighting	○	○	○	○	○
Community centers	○	○	○	○	○
Services for older adults	○	○	○	○	○

And how satisfied are you with each of these services today?

Please cross one in each line

	Very dissatisfied	*Dissatisfied*	*Neutral*	*Satisfied*	*Very satisfied*
Public schools	○	○	○	○	○
Libraries	○	○	○	○	○
Parks and green spaces	○	○	○	○	○
Trash and recycling collection	○	○	○	○	○
Road and sidewalk maintenance	○	○	○	○	○
Street lighting	○	○	○	○	○
Community centers	○	○	○	○	○
Services for older adults	○	○	○	○	○

04 Safety and environment

Please tell us how much you agree with each statement.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Please cross one in each line					
I feel safe walking in my neighborhood during the day	○	○	○	○	○
I feel safe walking in my neighborhood after dark	○	○	○	○	○
Streets and public spaces are kept clean	○	○	○	○	○
There is enough street lighting where I live	○	○	○	○	○
Traffic speeds are well controlled on local streets	○	○	○	○	○
Air quality and noise levels in my area are acceptable	○	○	○	○	○

Which of the following are a concern in your neighborhood? Check all that apply. *(Please cross all that apply)*

- ☐ Speeding traffic
- ☐ Theft or burglary
- ☐ Illegal dumping
- ☐ Abandoned buildings
- ☐ Vandalism or property damage
- ☐ Drug activity
- ☐ Poorly lit streets
- ☐ Stray or dangerous animals

05 Transport and access

What is your main way of getting around the area? *(Please cross one)*

- ◯ Own car or motorcycle
- ◯ Walking
- ◯ Rideshare or taxi
- ◯ Public transit
- ◯ Bicycle
- ◯ Rides from family or friends

How often do you use public transit? *(Please cross one)*

- ◯ Daily
- ◯ A few times a week
- ◯ A few times a month
- ◯ Rarely
- ◯ Never

How satisfied are you with the following?

Please cross one in each line

	Very dissatisfied	*Dissatisfied*	*Neutral*	*Satisfied*	*Very satisfied*
Frequency and reliability of public transit	◯	◯	◯	◯	◯
Condition of local roads	◯	◯	◯	◯	◯
Condition of sidewalks and crossings	◯	◯	◯	◯	◯
Availability of parking	◯	◯	◯	◯	◯
Safety of bicycle routes	◯	◯	◯	◯	◯

To respond ⊗ or ●

DRFT 0005

06 Health and wellbeing access

How easy is it for you to access each of the following?

Please cross one in each line

	Very difficult	Difficult	Neutral	Easy	Very easy
A family doctor or general practitioner	○	○	○	○	○
A dentist	○	○	○	○	○
Mental health support	○	○	○	○	○
Urgent or emergency care	○	○	○	○	○
Affordable fitness and recreation options	○	○	○	○	○

Which of the following make it harder for you to access health services? Check all that apply. *(Please cross all that apply)*

- ☐ Cost of care
- ☐ Distance or travel time
- ☐ Limited opening hours
- ☐ Language barriers
- ☐ Long wait times
- ☐ Lack of transportation
- ☐ Difficulty getting appointments
- ☐ None of these

07 Priorities for the future

Which areas should receive the most attention over the next five years? Choose up to three. *(Please cross all that apply)*

- ☐ Affordable housing
- ☐ Roads and transportation
- ☐ Parks and recreation
- ☐ Schools and education
- ☐ Jobs and the local economy
- ☐ Public safety
- ☐ Public transit
- ☐ Health services
- ☐ Support for older adults
- ☐ Environment and cleanliness

How likely are you to recommend this area as a place to live?

Not at all likely ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ Extremely likely

What is the single biggest issue facing this community today?

What one change would most improve life in this community?

Thank you for taking part in this needs assessment. Please return the completed form to the drop box or hand it to a survey volunteer.