



2013 City of Columbia Community Survey – Draft #4

Please take a few minutes to complete this survey. Your input is an important part of the City's on-going effort to identify and respond to resident concerns. If you have questions, please call Toni Messina at 874-7660.

1. Major categories of services provided by the City of Columbia are listed below. Please rate each item on a scale of 1 to 5 where 5 means “very satisfied” and 1 means “very dissatisfied.”

<i>How Satisfied are you with:</i>		Very Satisfied	Satisfied	Neutral	Dissat	Very Dissat	Don't Know
A.	Public safety services provided by the City (e.g., police and fire services)	5	4	3	2	1	9
B.	Parks and recreation programs and facilities provided by the City	5	4	3	2	1	9
C.	Condition of City streets	5	4	3	2	1	9
D.	Enforcement of City codes and ordinances for building and housing	5	4	3	2	1	9
E.	Quality of customer service you receive from City employees	5	4	3	2	1	9
F.	Effectiveness of City communication with the public	5	4	3	2	1	9
G.	The City's stormwater runoff/stormwater management system	5	4	3	2	1	9
H.	Public health services in the community	5	4	3	2	1	9
I.	Solid waste services (trash, recycling, etc.)	5	4	3	2	1	9
J.	City water, electric, and sewer services	5	4	3	2	1	9

2. Which **THREE** of the major City services listed above do you think are the most important services for the City to provide? [Write in the letters below using the letters from the list in Question 1 above].

1st. ____ 2nd. ____ 3rd. ____

3. PERCEPTIONS OF THE CITY. Several items that may influence your perception of the City of Columbia are listed below. Please rate each item on a scale of 1 to 5 where 5 means “very satisfied” and 1 means “very dissatisfied.”

<i>How Satisfied are you with:</i>		Very Satisfied	Satisfied	Neutral	Dissat	Very Dissat	Don't Know
A.	Overall quality of services provided by the City of Columbia	5	4	3	2	1	9
B.	Overall value that you receive for your City tax dollars and fees	5	4	3	2	1	9
C.	City efforts to pursue innovative programs and solutions	5	4	3	2	1	9
D.	City efforts to partner with organizations and citizens to address issues	5	4	3	2	1	9
E.	Transparency and accountability of City actions	5	4	3	2	1	9
F.	How well the City is planning for growth	5	4	3	2	1	9
G.	Overall quality of life in the city	5	4	3	2	1	9
H.	Overall feeling of safety in the city	5	4	3	2	1	9

4. PERCEPTIONS OF SAFETY. Using a scale of 1 to 5 where 5 means “very safe” and 1 means “very unsafe,” please rate your feeling of safety in the following situations in the city.

<i>How Safe do you feel:</i>		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 at night	5	4	3	2	1	9
C.	In downtown Columbia during the day	5	4	3	2	1	9
D.	In downtown Columbia at night	5	4	3	2	1	9
E.	In City parks during the day	5	4	3	2	1	9
F.	In City parks at night	5	4	3	2	1	9

5. **PUBLIC SAFETY SERVICES.** For each of the following, please rate your satisfaction with each item on a scale of 1 to 5 where 5 means “very satisfied” and 1 means “very dissatisfied.”

<i>How Satisfied are you with:</i>		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
A.	Police efforts to prevent crime	5	4	3	2	1	9
B.	How quickly police respond to emergencies	5	4	3	2	1	9
C.	Overall quality of local police services	5	4	3	2	1	9
D.	How quickly Fire Department personnel respond to emergencies	5	4	3	2	1	9
E.	Overall quality of City fire protection	5	4	3	2	1	9
F.	The City's municipal court	5	4	3	2	1	9

6. Which **THREE** of the public safety services listed above do you think are the most important services for the City to provide? [Write in the letters below using the letters from the list in Question 5 above.]

1st. _____ 2nd. _____ 3rd. _____

7. **STREETS AND SIDEWALKS.** For each of the following, please rate your satisfaction with each item on a scale of 1 to 5 where 5 means “very satisfied” and 1 means “very dissatisfied.”

<i>How Satisfied are you with:</i>		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
A.	Maintenance of major City streets	5	4	3	2	1	9
B.	Maintenance of streets in YOUR neighborhood	5	4	3	2	1	9
C.	Snow removal on major City streets	5	4	3	2	1	9
D.	Snow removal on neighborhood streets	5	4	3	2	1	9
E.	Overall cleanliness and appearance of City streets	5	4	3	2	1	9
F.	Condition of City sidewalks	5	4	3	2	1	9
G.	Availability of sidewalks in the city	5	4	3	2	1	9
H.	Condition of pavement markings	5	4	3	2	1	9
I.	Traffic calming efforts	5	4	3	2	1	9

8. Which **THREE** of the street and sidewalk services listed above do you think are the most important services for the City to provide? [Write in the letters below using the letters from the list in Question 7 above.]

1st. _____ 2nd. _____ 3rd. _____

9. **CODE ENFORCEMENT AND NEIGHBORHOOD SERVICES.** For each of the following, please rate your satisfaction with each item on a scale of 1 to 5 where 5 means “very satisfied” and 1 means “very dissatisfied.”

<i>How Satisfied are you with City efforts to enforce the following:</i>		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
A.	Maintenance of residential property	5	4	3	2	1	9
B.	Maintenance of business property	5	4	3	2	1	9
C.	Parking on neighborhood streets	5	4	3	2	1	9
D.	Animal regulations (including the pick-up of strays)	5	4	3	2	1	9

10. Which **THREE** of the code enforcement items listed above do you think are the most important services for the City to provide? [Write in the letters below using the letters from the list in Question 9 above].

1st. _____ 2nd. _____ 3rd. _____

11. To what extent are overgrown lots, abandoned cars, graffiti, and dilapidated buildings a problem in your neighborhood?

- ☐ (1) Not a problem
☐ (2) Only a small problem
☐ (3) Somewhat of a problem
☐ (4) A major problem
☐ (5) Don't Know

12. CUSTOMER SERVICE. Have you called or visited the City with a question, problem, or complaint during the past year?

___(1) Yes [answer Question 12a-i] ___(2) No [go to Question 13]

12a. [Only if "YES" to Q#12] For which service did you contact the City most recently?

- | | |
|------------------------------|--|
| ___(01) Police | ___(08) City Manager |
| ___(02) Fire | ___(09) Public health |
| ___(03) Water/sewer | ___(10) Streets/sidewalks |
| ___(04) Stormwater | ___(11) Electric service |
| ___(05) Parks and recreation | ___(12) Public transportation |
| ___(06) Code enforcement | ___(13) Solid waste (trash, recycling, yard waste) |
| ___(07) City Council | ___(14) Other: _____ |

12b. [Only if "YES" to Q#12] Why did you contact the City about this service?

- | | |
|--------------------------------|---|
| ___(1) Request service | ___(5) Request emergency assistance |
| ___(2) Get information | ___(6) Request non-emergency assistance |
| ___(3) Report a problem | ___(7) Comply with City requirements |
| ___(4) Discuss a billing issue | ___(8) Other: _____ |

12c-i.[Only if "YES" to Q#12] Please indicate your level of agreement with the following statements about the quality of service you received from City employees the last time you contacted the City as indicated in Question 12a by circling the corresponding number below.

<i>Behavior of Employees</i>		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
C.	The hours City employees were available met my needs	5	4	3	2	1	9
D.	It was easy to reach the right person at the City	5	4	3	2	1	9
E.	City employees who helped me were courteous and polite	5	4	3	2	1	9
F.	City employees did what they said they would do in a timely manner	5	4	3	2	1	9
G.	City employees gave prompt, accurate and complete answers to your questions	5	4	3	2	1	9
H.	City employees were knowledgeable	5	4	3	2	1	9
I.	Overall, I was satisfied with the quality of customer service provided by the City	5	4	3	2	1	9

13. COMMUNICATION. Using a scale of 1 to 5 where 5 means "strongly agree" and 1 means "strongly disagree", please rate your level of agreement with the following statements.

<i>How strongly do you agree or disagree with the following statements::</i>		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
A.	City government is a trusted source of information about programs and services	5	4	3	2	1	9
B.	It is easy to get the information I need from City government	5	4	3	2	1	9
C.	Information is communicated clearly, accurately and in a form that meets my needs	5	4	3	2	1	9
D.	City government is open to citizen involvement and ideas	5	4	3	2	1	9

14. Which of the following are your primary sources of information about City issues, services and events? (check all that apply)

- | | |
|----------------------------|---|
| ___(1) The City newsletter | ___(6) Radio |
| ___(2) Local newspaper | ___(7) Social networking sites (Facebook, YouTube, Twitter, etc.) |
| ___(3) Television news | ___(8) Friends/neighbors |
| ___(4) City cable channel | ___(9) Other: _____ |
| ___(5) City website | |

15. Using a scale of 1 to 5 where 5 means “Always” and 1 means “never,” please rate how frequently you use the following communication services & opportunities for participation provided by the City.

<i>How frequently do you:</i>		Always	Often	Sometimes	Seldom	Never	Don't Know
A.	Watch programming on the City's cable TV channel	5	4	3	2	1	9
B.	Visit the City's website	5	4	3	2	1	9
C.	Read the City newsletter	5	4	3	2	1	9
D.	Use the City's social media outlets (Facebook, Twitter, You Tube, etc.)	5	4	3	2	1	9
E.	Attend a City Council Meeting	5	4	3	2	1	9
F.	Contacted a Council Person	5	4	3	2	1	9
G.	Contacted the City Manager	5	4	3	2	1	9
H.	Watched a City Council Meeting on the City's Website	5	4	3	2	1	9
I.	Read a Council Meeting's agenda on the City's website	5	4	3	2	1	9

16. Using a scale of 1 to 5 where 5 means “very satisfied” and 1 means “very dissatisfied,” please rate your satisfaction with the following communication services provided by the City.

<i>How Satisfied are you with:</i>		Very Satisfied	Satisfied	Neutral	Dissat	Very Dissat	Don't Know
A.	The usefulness of programming on the City's cable television channel	5	4	3	2	1	9
B.	How easy it is to use (or navigate) the City's website	5	4	3	2	1	9
C.	The usefulness of information that is available on the City's website	5	4	3	2	1	9
D.	The usefulness of the information that is provided in the City newsletter	5	4	3	2	1	9
E.	How often the City newsletter is released	5	4	3	2	1	9
F.	How effectively the City is using social networks, such as Facebook and Twitter	5	4	3	2	1	9

17. Which of the following would you be likely to use to get information and to interact with the City? (check all that apply)

- ☐ (1) A City Call Center
☐ (2) Mobile apps
☐ (3) Electronic newsletter
☐ (4) Online polling for Council Meeting agenda items (Favor, Disfavor, Neutral)
☐ (5) Participate in Focus Groups
☐ (6) View City services' performance online (Dashboard, graphs with most up-to-date information)

18. **CULTURAL AFFAIRS.** For each of the following, please rate your satisfaction with each item on a scale of 1 to 5 where 5 means “very satisfied” and 1 means “very dissatisfied.”

<i>How Satisfied are you with:</i>		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
A.	Public art through out the City	5	4	3	2	1	9
B.	Music, Film, and Art Festivals (True/False, Roots and Blues, Art in the Park, etc.)	5	4	3	2	1	9
C.	Quality and organization of concerts in public spaces (9 th Street, Stephens Amphitheater, etc.)	5	4	3	2	1	9
D.	Public safety measures and efforts at large events throughout the City	5	4	3	2	1	9
E.	Ease of finding information about events, concerts, festivals, etc.	5	4	3	2	1	9
F.	Parking for events, concerts, festivals, etc.	5	4	3	2	1	9

19. PUBLIC HEALTH. Please rate the following health issues affecting in Columbia.

Health Issues in Columbia		Not a Problem at All	Small Problem	Medium Problem	Big Problem	Very Big Problem	Don't Know
How big of a problem are the following issues for ADULTS in the City of Columbia?							
A.	Access to Medical, Dental, and Mental Health Services	5	4	3	2	1	9
B.	Domestic Violence	5	4	3	2	1	9
C.	Infectious Diseases (<i>examples: influenza, whooping cough, TB, sexually transmitted diseases and foodborne illnesses</i>)	5	4	3	2	1	9
D.	Substance Use (Alcohol, Tobacco, Drugs)	5	4	3	2	1	9
E.	Chronic Illnesses (<i>examples: heart disease, diabetes, stroke, arthritis, asthma and cancer</i>)	5	4	3	2	1	9
F.	Overweight/Obesity/Lack of Exercise/Unhealthy Eating	5	4	3	2	1	9
G.	Accidental Injuries	5	4	3	2	1	9
H.	Suicide	5	4	3	2	1	9
How big of a problem are the following issues for CHILDREN (ages 0-18) in the City of Columbia?							
I.	Access to Medical, Dental, and Mental Health Services	5	4	3	2	1	9
J.	Violence (<i>bullying, teen partner violence, abuse & neglect, person on person</i>)	5	4	3	2	1	9
K.	Infectious Diseases (<i>examples: influenza, whooping cough, TB, sexually transmitted diseases and foodborne illnesses</i>)	5	4	3	2	1	9
K.	Substance Use (Alcohol, Tobacco, Drugs)	5	4	3	2	1	9
M.	Teen Pregnancy	5	4	3	2	1	9
N.	Chronic Illnesses (<i>examples: diabetes & asthma</i>)	5	4	3	2	1	9
O.	Overweight/Obesity/Lack of Exercise/Unhealthy Eating	5	4	3	2	1	9
P.	Accidental Injuries	5	4	3	2	1	9
Q.	Suicide	5	4	3	2	1	9

20. PUBLIC HEALTH. For each of the following, please rate your satisfaction with 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.	Prevent the spread of infectious disease and protect the public from new health threats such as anthrax, small pox, and the West Nile virus	5	4	3	2	1	9
B.	Guard against food poisoning through restaurant inspections	5	4	3	2	1	9
C.	Guard against exposure to environmental risks such as air pollution, lead poisoning, swimming pool contamination	5	4	3	2	1	9
D.	Encourage healthy lifestyles such as good diet, exercise, and non-smoking	5	4	3	2	1	9
E.	Assess and monitor disease, injuries, and potential health risks	5	4	3	2	1	9
F.	Assure the health of women and children in the community	5	4	3	2	1	9

21. Which THREE of the public health services listed above do you think are the most important services for the City to provide? [Write in the letters below using the letters from the list in Question 20 above.]

1st. _____ 2nd. _____ 3rd. _____

- 22. UTILITIES.** Please indicate if your household uses the following services provided by the City of Columbia. If you answer “YES,” please rate your overall satisfaction with the services on a scale of 1 to 5 where 5 means “very satisfied” and 1 means “very dissatisfied.”

DO YOU USE THE SERVICE?			Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
YES	NO	(A) Residential trash collection service	5	4	3	2	1	9
YES	NO	(B) Curbside recycling (blue bags)	5	4	3	2	1	9
YES	NO	(C) Drop-off recycling	5	4	3	2	1	9
YES	NO	(D) City electric service	5	4	3	2	1	9
YES	NO	(E) City water service	5	4	3	2	1	9

- 23. TRANSPORTATION.** For each of the following, please rate your satisfaction with 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.	How easy it is to get from your home to downtown Columbia	5	4	3	2	1	9
B.	How easy it is for you to get to/from work	5	4	3	2	1	9
C.	How easy it is to get to/from your home and major shopping areas in the City	5	4	3	2	1	9
D.	Ease of travel by bike in the City	5	4	3	2	1	9
E.	Ease of walking in the City	5	4	3	2	1	9
F.	The availability of bus service in the City	5	4	3	2	1	9

- 24. Which THREE of the transportation services listed above do you think are the most important services for the City to provide?** [Write in the letters below using the letters from the list in Question 23 above.]

1st. _____ 2nd. _____ 3rd. _____

- 25. COMMUNITY PRIORITIES.** Using a scale of 1 to 5, where 5 mean “very high priority” and 1 means “very low priority,” rank the importance of the following issues:

What Priority Should Be Placed on the Following:		Very High	High	Medium	Low	Very Low	Don't Know
A.	Ensuring that affordable housing is available	5	4	3	2	1	9
B.	Minimizing congestion on City streets	5	4	3	2	1	9
C.	Improving sidewalks	5	4	3	2	1	9
D.	Adding biking lanes and trails	5	4	3	2	1	9
E.	Maintaining City streets and infrastructure	5	4	3	2	1	9
F.	Managing stormwater runoff to prevent floods and minimize water pollution	5	4	3	2	1	9
G.	Promoting economic development/job creation	5	4	3	2	1	9
H.	Preserving greenspace to ensure some areas of the city are not developed	5	4	3	2	1	9
I.	Protecting residents & businesses from crime	5	4	3	2	1	9
J.	Increasing the level of participation by residents in local government	5	4	3	2	1	9
K.	Preserving/protecting the environment	5	4	3	2	1	9
L.	Expanding public transportation (bus) services	5	4	3	2	1	9
M.	Improving the visual attractiveness of the city	5	4	3	2	1	9
N.	Improving cooperation between the City and County	5	4	3	2	1	9
O.	Maintaining a balanced City Budget	5	4	3	2	1	9

- 26. Which THREE of the issues listed above do you think are the most important issues for the City of Columbia?** [Write in the letters below using the letters from the list in Question 25 above.]

1st. _____ 2nd. _____ 3rd. _____

27. **COLUMBIA REGIONAL AIRPORT.** When flying how often you choose Columbia Regional Airport over other airports, such as St. Louis or Kansas City

____(1) Every time I fly ____ (3) About half the time ____ (3) Never, but I fly
 ____ (2) Most of the time ____ (4) Some of the time ____ (6) Never because I don't fly

28. Do you think the Columbia Regional Airport needs a new terminal?

____ (1) Yes ____ (2) No ____ (9) Don't know

29. Would you support raising the City's motel/hotel tax rate from 4% to 7% to help fund the construction of a new terminal at Columbia Regional Airport? This tax would only be paid by people who spend the night at hotels and motels in the City.

____ (1) Yes ____ (2) No ____ (9) Don't know

30. **SOCIAL SERVICES.** Please rank the following social services funding areas using a scale of 1 to 5, where 5 is the area of the greatest need and 1 is the area with the least need.

How willing are you to have City taxes used to support the following services:		Greatest Need	Great Need	Somewhat of a Need	Not much of a need	No Need	Don't Know
A.	Services to meet basic needs & emergencies (e.g. homeless shelter, food pantry)	5	4	3	2	1	9
B.	Services for children, youth, and families (e.g. parenting, after school programming, mentoring)	5	4	3	2	1	9
C.	Services to support economic opportunity (e.g. life skills, job preparation)	5	4	3	2	1	9
D.	Services to support independent living (e.g. home delivered meals, adult day care)	5	4	3	2	1	9
E.	Mental health services (e.g. counseling)	5	4	3	2	1	9

31. Approximately how many years have you lived in Columbia? _____ years

32. Are you a student in a college or university? ____ (1) Yes ____ (2) No

33. Do you own or rent your current residence? ____ (1) Own ____ (2) Rent

34. In what year was your home built? _____ (write the approximate year if you do not know)

35. How many persons in your household (counting yourself) are in each of the following age groups?

Under 10 ____ Ages 10-19 ____ Ages 20-44 ____ Ages 45-64 ____ Ages 65+ ____

36. What is your age? _____ years

37. Do you subscribe to any of the following television services: (check all that apply)

____ (1) Charter Cable ____ (2) Mediacom ____ (3) Century Link ____ (4) Satellite TV

38. Would you say your total annual household income is:

____ (1) Under \$15,000 ____ (3) \$30,000 to \$59,999 ____ (5) more than \$100,000
 ____ (2) \$15,000 to \$29,999 ____ (4) \$60,000 to \$99,999

39. Which of the following best describes your race/ethnicity?

____ (1) Hispanic ____ (4) Asian/Pacific Islander ____ (7) Other _____
 ____ (2) White/Caucasian ____ (5) Native American/Eskimo
 ____ (3) African American/Black ____ (6) Mixed Race

40. What is your gender? ____ (1) Male ____ (2) Female

OPTIONAL: If you would be willing to participate in City-sponsored focus groups in the future to provide more input to improve the quality of City services, please provide your contact information below:

Your Name: _____ Phone: _____ E-Mail: _____

If you have any additional comments, please write them on a separate piece of paper and return them with your completed survey. You may also provide comments on-line at www.Columbia2013Survey.org

This concludes the survey. Thank you for your time!

Please Return Your Completed Survey to: ETC Institute, 725 W. Frontier Circle, Olathe, KS 66061

Individual responses to the survey will remain confidential. The information printed on the sticker to the right will ONLY be used by the City to understand differences in the experience based on geography. If your address is not correct, please provide the correct information

