



City of Oak Ridge
Citizen Satisfaction Survey
October 2000

Instructions: Please have an adult 18 years or older who lives in your household complete this survey and return in the self-addressed, stamped envelope provided. Thank you.

A **QUALITY OF LIFE.** The City is interested in your opinion about the overall quality of life in our community. Please answer the following questions by placing an "X" in the appropriate box. Generally speaking . . .

- | | | | | |
|--|---|---|--|-------------------------------|
| 1. What is your opinion of the quality of life in Oak Ridge? | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 2. What is your opinion of the quality of life in your neighborhood? | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 3. How would you rate the overall quality of City services? | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 4. From a cost standpoint, how would you rate the value of your City services? | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 5. From a cost standpoint, how would you rate the value of your City utilities? | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 6. How would you rate the condition of houses in your neighborhood? | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 7. Some cities experience problems with the following issues. Please indicate whether you are concerned about these issues in Oak Ridge: | | | | |
| a) Amount of Crime in My Neighborhood | Very Concerned <input type="checkbox"/> | Somewhat Concerned <input type="checkbox"/> | Not Concerned <input type="checkbox"/> | |
| b) Availability of Recreation for Teens | Very Concerned <input type="checkbox"/> | Somewhat Concerned <input type="checkbox"/> | Not Concerned <input type="checkbox"/> | |
| c) Quality of the Environment | Very Concerned <input type="checkbox"/> | Somewhat Concerned <input type="checkbox"/> | Not Concerned <input type="checkbox"/> | |
| d) Availability of Affordable Housing | Very Concerned <input type="checkbox"/> | Somewhat Concerned <input type="checkbox"/> | Not Concerned <input type="checkbox"/> | |
| e) Availability of Recreation for Seniors | Very Concerned <input type="checkbox"/> | Somewhat Concerned <input type="checkbox"/> | Not Concerned <input type="checkbox"/> | |
| f) Traffic Safety Enforcement | Very Concerned <input type="checkbox"/> | Somewhat Concerned <input type="checkbox"/> | Not Concerned <input type="checkbox"/> | |
| g) Availability of Jobs | Very Concerned <input type="checkbox"/> | Somewhat Concerned <input type="checkbox"/> | Not Concerned <input type="checkbox"/> | |
| h) Availability of Public Transportation | Very Concerned <input type="checkbox"/> | Somewhat Concerned <input type="checkbox"/> | Not Concerned <input type="checkbox"/> | |
| i) Variety of Shopping | Very Concerned <input type="checkbox"/> | Somewhat Concerned <input type="checkbox"/> | Not Concerned <input type="checkbox"/> | |
| j) Availability of Recreation for Children | Very Concerned <input type="checkbox"/> | Somewhat Concerned <input type="checkbox"/> | Not Concerned <input type="checkbox"/> | |
| k) Variety of Restaurants/Entertainment | Very Concerned <input type="checkbox"/> | Somewhat Concerned <input type="checkbox"/> | Not Concerned <input type="checkbox"/> | |

B **CITY SERVICES.** Below are some of the services provided by the City of Oak Ridge.

1. Please rate how well you think the City does overall in providing each of the following services:

- | | | | | |
|------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| a) PUBLIC LIBRARY | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| b) ECONOMIC DEVELOPMENT | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| c) FIRE | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| d) ELECTRIC SERVICE | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| e) RECREATION AND PARKS | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| f) PLANNING/CODE ENFORCEMENT | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| g) PUBLIC SCHOOLS | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| h) POLICE | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| i) PUBLIC WORKS | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |

2. How safe do you feel in Oak Ridge? Very Safe Somewhat Safe Not Safe

3. If you have had contact with a uniformed officer of the Oak Ridge Police Department during the *past 12 months*, how did that contact occur?

- a) Given a citation d) Reported an incident g) Other _____
 b) Arrested e) Involved in an accident
 c) Filed a complaint f) Requested information

4. How would you rate the quality of that contact?

Excellent Good Fair Poor Not Applicable

5. If anyone in your household has had contact with the Animal Shelter during the *past 12 months* with a problem, please rate that service. (i.e., reporting a barking animal, dead animal, or lost/found animal)

Excellent Good Fair Poor Not Applicable

6. If anyone in your household had contact with the Oak Ridge Fire Department in the *past 12 months*, check all types of contact you have experienced.

- a) Fire in home, auto, or business c) Emergency medical problem e) Other _____
 b) Auto or other accident d) Requested Information

7. How would you rate the quality of the service you received from the Oak Ridge Fire Department?

Excellent Good Fair Poor Not Applicable

8. If anyone in your household has had contact with the Oak Ridge Fire Department as part of the Fire Safety Survey, please rate the service.

Excellent Good Fair Poor Not Applicable

9. If anyone in your household consulted with the Oak Ridge Fire Department for a construction or development project during the *past 12 months*, please rate that service.

Excellent Good Fair Poor Not Applicable

10. If anyone in your household has contacted the Oak Ridge Public Works Department with a complaint, maintenance request, or other concern during the *past 12 months*, how would you rate the response?

Excellent Good Fair Poor Not Applicable

11. Please rate the following by circling your response:

| | Excellent | Good | Fair | Poor |
|---|-----------|------|------|------|
| a) Condition of City Streets | 1 | 2 | 3 | 4 |
| b) Condition of City Sidewalks | 1 | 2 | 3 | 4 |
| c) Quality of City's Fall Leaf Pick-Up Program | 1 | 2 | 3 | 4 |
| d) Quality of City's refuse and recycling collection services | 1 | 2 | 3 | 4 |
| e) Quality of City Water | 1 | 2 | 3 | 4 |
| f) Maintenance of Sanitary Sewers | 1 | 2 | 3 | 4 |
| g) Quality of City's Spring Clean-Up Program | 1 | 2 | 3 | 4 |
| h) Quality of Storm Water Management | 1 | 2 | 3 | 4 |
| i) Quality of Street Sweeping | 1 | 2 | 3 | 4 |
| j) Quality of Snow Removal | 1 | 2 | 3 | 4 |
| k) Maintenance of City Rights-of-Ways | 1 | 2 | 3 | 4 |

12. If anyone in your household had contact with the Community Development Department in the *past 12 months*, in what capacity was the contact?

- a) Property Owner c) General Contractor e) Engineer/Architect g) Electrical Contractor
 b) Plumbing Contractor d) Developer f) Builder h) Other _____

13. If anyone in your household had contact with the Community Development Department in the *past 12 months*, please respond to the following:

- a) I received courteous treatment Agree Neutral Disagree
 b) My permit application process completed in a timely manner Agree Neutral Disagree
 c) My plans were reviewed in a timely manner Agree Neutral Disagree
 d) My requested inspection was conducted in a timely manner Agree Neutral Disagree
 e) City Construction & development standards are reasonable Agree Neutral Disagree
 f) The planners kept me well informed throughout every phase of my project Agree Neutral Disagree

14. Please rate the following by circling the your response:

| | Excellent | Good | Fair | Poor |
|---|-----------|------|------|------|
| a) Quality of Electrical Power (voltage, blinks, surges, outages) | 1 | 2 | 3 | 4 |
| b) Quality of Street Lighting on Major Thoroughfares | 1 | 2 | 3 | 4 |
| c) Quality of Street Lighting in Your Neighborhood | 1 | 2 | 3 | 4 |
| d) Cost of Electrical Service | 1 | 2 | 3 | 4 |
| e) Timing of Traffic Control Signals | 1 | 2 | 3 | 4 |
| f) Speed of Response from Electrical Department during outage | 1 | 2 | 3 | 4 |
| g) Professionalism of Electric Department Employees | 1 | 2 | 3 | 4 |
| h) Quality of Tree Trimming to Maintain Reliable Electric Service | 1 | 2 | 3 | 4 |
| i) Customer Service at the Utility Business Office | 1 | 2 | 3 | 4 |
| j) Accuracy and Clarity of Utility Bills | 1 | 2 | 3 | 4 |

15. Please write in the NUMBER OF TIMES someone in your household has used any of the following facilities in the *past 12 months*:

| | # of Times | Age of User(s) | Did Not Use |
|----------------------------------|------------|----------------|-------------|
| a) Civic Center Recreation Area | _____ | _____ | _____ |
| b) Indoor Pool | _____ | _____ | _____ |
| c) Outdoor Pool | _____ | _____ | _____ |
| d) Tennis Court | _____ | _____ | _____ |
| e) Public Library | _____ | _____ | _____ |
| f) Scarboro Community Center | _____ | _____ | _____ |
| g) Senior Center | _____ | _____ | _____ |
| h) Any Oak Ridge Park | _____ | _____ | _____ |
| i) Any Greenway or Walking Trail | _____ | _____ | _____ |

16. If anyone in your household visited a City park in the *past 12 months*, how would they rate the quality of:

- a) Ground Maintenance Excellent Good Fair Poor
 b) Landscaping and Plantings Excellent Good Fair Poor
 c) Facilities Maintenance Excellent Good Fair Poor

17. In general, how satisfied are members of your household with the City's recreation programs?

- a) Accessibility Very Satisfied Somewhat Satisfied Not satisfied
 b) Affordability Very Satisfied Somewhat Satisfied Not satisfied
 c) Hours of operation Very Satisfied Somewhat Satisfied Not satisfied
 d) Variety Very Satisfied Somewhat Satisfied Not satisfied
 e) Number of classes, teams, etc. Very Satisfied Somewhat Satisfied Not satisfied
 f) Personal safety assurance Very Satisfied Somewhat Satisfied Not satisfied
 g) Involvement and cooperation of staff Very Satisfied Somewhat Satisfied Not satisfied

18. If anyone in your household has used any services from the City of Oak Ridge Library in the *past 12 months*, check as many as apply.

- a) Books d) Videos g) CD's j) Reference
b) CD ROM Databases e) Inter Library Loan h) IRS Tax Forms k) Newspapers/Magazines
c) Children's Programs f) Books on Cassette i) Internet l) Oak Ridge Room

19. If anyone in your household has used any services from the City of Oak Ridge Library in the *past 12 months*, how satisfied is that individual with the following:

- | | | | |
|---|---|---|--|
| a) Easy access | Very Satisfied <input type="checkbox"/> | Somewhat Satisfied <input type="checkbox"/> | Not satisfied <input type="checkbox"/> |
| b) Hours of operation | Very Satisfied <input type="checkbox"/> | Somewhat Satisfied <input type="checkbox"/> | Not satisfied <input type="checkbox"/> |
| c) Involvement and cooperation of staff | Very Satisfied <input type="checkbox"/> | Somewhat Satisfied <input type="checkbox"/> | Not satisfied <input type="checkbox"/> |
| d) Availability of books and materials | Very Satisfied <input type="checkbox"/> | Somewhat Satisfied <input type="checkbox"/> | Not satisfied <input type="checkbox"/> |
| e) Children's programs | Very Satisfied <input type="checkbox"/> | Somewhat Satisfied <input type="checkbox"/> | Not satisfied <input type="checkbox"/> |

C BACKGROUND INFORMATION

1. What is your age? Under 20 20-29 30-44 45-59 60-74 Over 74
2. Do you own or rent your place of residence? Own Rent
3. In what type of housing do you reside?
Single Family Home 2, 3, or 4 Family Home Apartment/Condominium
4. How long have you lived in Oak Ridge? _____ years
5. How many people reside in your household? _____ people
6. Which of the following best describes your educational background? Did not finish high school
High School Graduate Some College College Degree Graduate or Professional Degree
7. What is your race? White African American Hispanic Asian or Pacific Islander Other _____
8. Which of the following best describes your total family income for last year?
\$0 -\$14,999 \$15,000-\$24,999 \$25,000-49,999 \$50,000-\$99,999 \$100,000 and over
9. Where is the primary breadwinner in your home employed?
In Oak Ridge Outside Oak Ridge Retired Not Employed
10. Where do you get most of your news about the community?
Television Radio Neighbors Magazines Newspapers Co-workers Internet
Other _____

The City of Oak Ridge would like to thank you for taking the time to participate in this survey. Please return your questionnaire in the enclosed envelope. If you wish to make any additional comments, enclose a separate sheet of paper. Be assured that all your responses are totally confidential.