



2015 City of Lawrence 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 Casey Toomay, Assistant City Manager at (785) 832-3409.

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

| How Satisfied are you with the overall | | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied | Don't Know |
|--|--|----------------|-----------|---------|--------------|-------------------|------------|
| A. | Overall quality of police, fire, and emergency medical services | 5 | 4 | 3 | 2 | 1 | 9 |
| B. | Overall Maintenance of City streets and utilities | 5 | 4 | 3 | 2 | 1 | 9 |
| C. | Overall Effectiveness of City communication with the public | 5 | 4 | 3 | 2 | 1 | 9 |
| D. | Overall Flow of motor vehicle traffic and congestion management on streets in the City | 5 | 4 | 3 | 2 | 1 | 9 |
| E. | Overall Quality of City water and wastewater utility services | 5 | 4 | 3 | 2 | 1 | 9 |
| F. | Overall Quality of City trash and yardwaste services | 5 | 4 | 3 | 2 | 1 | 9 |
| G. | Overall Quality of planning and code enforcement | 5 | 4 | 3 | 2 | 1 | 9 |
| H. | Overall Quality of the City's public transportation | 5 | 4 | 3 | 2 | 1 | 9 |
| I. | Overall Quality of the City's parks and recreation system | 5 | 4 | 3 | 2 | 1 | 9 |
| J. | Overall Quality of customer service by City staff | 5 | 4 | 3 | 2 | 1 | 9 |

2. Which **THREE** of the major city services listed above do you think should receive the most emphasis from city leaders over the next two years? [Write in the letters below using the letters from the list in Question 1 above].

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

3. **PERCEPTIONS OF DOWNTOWN.** Several items that may influence your perception of Downtown Lawrence are listed below. Please rate each item on a scale of 5 to 1 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. | The appearance and cleanliness of Downtown Lawrence | 5 | 4 | 3 | 2 | 1 | 9 |
| B. | The availability of parking | 5 | 4 | 3 | 2 | 1 | 9 |
| C. | The availability of bicycle parking | | | | | | |
| D. | The types of retail and entertainment establishments available | 5 | 4 | 3 | 2 | 1 | 9 |
| E. | How safe you feel in Downtown Lawrence during the day | 5 | 4 | 3 | 2 | 1 | 9 |
| F. | How safe you feel in Downtown Lawrence after dark | 5 | 4 | 3 | 2 | 1 | 9 |
| G. | Downtown Lawrence special events and parades | 5 | 4 | 3 | 2 | 1 | 9 |
| H. | Beautification of Downtown Lawrence (flowers, trees, art.) | 5 | 4 | 3 | 2 | 1 | 9 |

4. PERCEPTIONS OF THE CITY. Please rate each item on a scale of 5 to 1 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. | Overall value that you receive for your City tax dollars and fees | 5 | 4 | 3 | 2 | 1 | 9 |
| B. | Overall image of the City | 5 | 4 | 3 | 2 | 1 | 9 |
| C. | Livability of your neighborhood | 5 | 4 | 3 | 2 | 1 | 9 |
| D. | Upkeep of your neighborhood | 5 | 4 | 3 | 2 | 1 | 9 |
| E. | Overall quality of City services | 5 | 4 | 3 | 2 | 1 | 9 |
| F. | Overall quality of life in the City | 5 | 4 | 3 | 2 | 1 | 9 |
| G. | City efforts to promote economic development | 5 | 4 | 3 | 2 | 1 | 9 |
| H. | Overall quality of new development in Lawrence | 5 | 4 | 3 | 2 | 1 | 9 |
| I. | How well the City is planning growth | 5 | 4 | 3 | 2 | 1 | 9 |
| J. | Enforcement of City codes and ordinances | 5 | 4 | 3 | 2 | 1 | 9 |

5. POLICE SERVICES. For each of the following, please rate your satisfaction with each item on a scale of 5 to 1 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. | The frequency that police officers patrol your neighborhood | 5 | 4 | 3 | 2 | 1 | 9 |
| B. | Efforts by police to prevent crime in your neighborhood | 5 | 4 | 3 | 2 | 1 | 9 |
| C. | How quickly police respond to emergencies | 5 | 4 | 3 | 2 | 1 | 9 |
| D. | The professionalism of police officers | 5 | 4 | 3 | 2 | 1 | 9 |
| E. | How effectively the City enforces traffic offenses | 5 | 4 | 3 | 2 | 1 | 9 |
| F. | School Resource Officers | 5 | 4 | 3 | 2 | 1 | 9 |
| G. | Quality of animal control services | 5 | 4 | 3 | 2 | 1 | 9 |
| H. | Parking enforcement services | 5 | 4 | 3 | 2 | 1 | 9 |
| I. | Police related education programs | 5 | 4 | 3 | 2 | 1 | 9 |

6. PERCEPTIONS OF SAFETY. Using a scale of 5 to 1 where 5 means “very safe” and 1 means “very unsafe,” please rate how safe you feel in the following situations:

| <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 after dark | 5 | 4 | 3 | 2 | 1 | 9 |
| C. | In City parks | 5 | 4 | 3 | 2 | 1 | 9 |
| D. | Overall feeling of safety in Lawrence | 5 | 4 | 3 | 2 | 1 | 9 |
| E. | Riding a bicycle in Lawrence | 5 | 4 | 3 | 2 | 1 | 9 |

7. **FIRE AND EMERGENCY MEDICAL 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. | Overall quality of fire services | 5 | 4 | 3 | 2 | 1 | 9 |
| B. | How quickly emergency medical services personnel respond | 5 | 4 | 3 | 2 | 1 | 9 |
| C. | Professionalism of the City's fire and emergency medical services personnel | 5 | 4 | 3 | 2 | 1 | 9 |
| D. | Quality of medical care provided by the City's fire medical services personnel | 5 | 4 | 3 | 2 | 1 | 9 |
| E. | The City's fire medical education programs | 5 | 4 | 3 | 2 | 1 | 9 |
| F. | The City's fire business inspection program | 5 | 4 | 3 | 2 | 1 | 9 |

8. **PARKS AND RECREATION.** 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. | Appearance/cleanliness of City parks | 5 | 4 | 3 | 2 | 1 | 9 |
| B. | Condition of equipment | 5 | 4 | 3 | 2 | 1 | 9 |
| C. | Number of City parks | 5 | 4 | 3 | 2 | 1 | 9 |
| D. | Number of walking and biking trails | 5 | 4 | 3 | 2 | 1 | 9 |
| E. | City outdoor recreation facilities | 5 | 4 | 3 | 2 | 1 | 9 |
| F. | City indoor recreation facilities | 5 | 4 | 3 | 2 | 1 | 9 |
| G. | Availability of gym space | 5 | 4 | 3 | 2 | 1 | 9 |
| H. | The City's indoor aquatic facilities | 5 | 4 | 3 | 2 | 1 | 9 |
| I. | The City's outdoor aquatic facilities | 5 | 4 | 3 | 2 | 1 | 9 |
| J. | Availability of sports fields in Lawrence | 5 | 4 | 3 | 2 | 1 | 9 |
| L. | Availability of information about parks and recreation programs | 5 | 4 | 3 | 2 | 1 | 9 |
| M. | City's landscaping efforts | 5 | 4 | 3 | 2 | 1 | 9 |
| N. | Quality of recreation programs offered by the City | 5 | 4 | 3 | 2 | 1 | 9 |
| O. | Cost of parks and recreation programs and services offered by the City | 5 | 4 | 3 | 2 | 1 | 9 |

9. Which **THREE** of the parks and recreation items listed above do you think should receive the most emphasis from City leaders over the next two years? [Write in the letters below using the letters from the list in Question 8 above].

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

10. CITY MAINTENANCE. For each of the following, please rate your satisfaction with each item on a scale of 5 to 1 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. | Condition of major City streets | 5 | 4 | 3 | 2 | 1 | 9 |
| B. | Condition of streets in your neighborhood | 5 | 4 | 3 | 2 | 1 | 9 |
| C. | Timeliness of street maintenance repairs | 5 | 4 | 3 | 2 | 1 | 9 |
| D. | Condition of sidewalks in your neighborhood | 5 | 4 | 3 | 2 | 1 | 9 |
| E. | Maintenance of pavement markings | 5 | 4 | 3 | 2 | 1 | 9 |
| F. | Adequacy of city street lighting | 5 | 4 | 3 | 2 | 1 | 9 |
| G. | Snow removal on major City streets | 5 | 4 | 3 | 2 | 1 | 9 |
| H. | Snow removal on neighborhood streets | 5 | 4 | 3 | 2 | 1 | 9 |
| I. | Streetsweeping services provided by the City | 5 | 4 | 3 | 2 | 1 | 9 |

11. Which THREE of the City maintenance services listed above do you think should receive the most emphasis from city leaders over the next two years? [Write in the letters below using the letters from the list in Question 10 above.]

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

12. HEALTH DEPARTMENT. For each of the following, please rate your satisfaction with each item on a scale of 5 to 1 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. | Overall quality of Health Department services | 5 | 4 | 3 | 2 | 1 | 9 |
| B. | Professionalism of Health Department personnel | 5 | 4 | 3 | 2 | 1 | 9 |
| C. | Convenience of Health Department hours | 5 | 4 | 3 | 2 | 1 | 9 |
| D. | Health Department efforts to promote/support health behaviors | 5 | 4 | 3 | 2 | 1 | 9 |
| E. | Availability of information about Health Department services and activities | 5 | 4 | 3 | 2 | 1 | 9 |

13. WATER/WASTEWATER UTILITIES. For each of the following, please rate your satisfaction with each item on a scale of 5 to 1 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. | Taste of your drinking water | 5 | 4 | 3 | 2 | 1 | 9 |
| B. | Smell of your drinking water | 5 | 4 | 3 | 2 | 1 | 9 |
| C. | Quality of your drinking water | 5 | 4 | 3 | 2 | 1 | 9 |
| D. | The reliability of your water service | 5 | 4 | 3 | 2 | 1 | 9 |
| E. | Water pressure in your home | 5 | 4 | 3 | 2 | 1 | 9 |
| F. | The accuracy of your water bill | 5 | 4 | 3 | 2 | 1 | 9 |
| G. | How well the City keeps you informed about planned disruptions to your water service | 5 | 4 | 3 | 2 | 1 | 9 |
| H. | Overall value that you receive for water and wastewater utility rates | 5 | 4 | 3 | 2 | 1 | 9 |

14. Which THREE of the water/wastewater utility issues listed above do you think should receive the most emphasis from city leaders over the next two years? [Write in the letters below using the letters from the list in Question 13 above.]

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

15. SOLID WASTE DISPOSAL SERVICES. Rate your satisfaction with each item listed below using a scale of 5 to 1 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. | Residential trash services | 5 | 4 | 3 | 2 | 1 | 9 |
| B. | Residential recycling services | 5 | 4 | 3 | 2 | 1 | 9 |
| C. | Yard waste collection services | 5 | 4 | 3 | 2 | 1 | 9 |
| D. | The City's drop-off recycling sites | 5 | 4 | 3 | 2 | 1 | 9 |
| E. | Household hazardous waste disposal service | 5 | 4 | 3 | 2 | 1 | 9 |

16. TRANSPORTATION. For each of the following, please rate your satisfaction with each item on a scale of 5 to 1 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. | Ease of north/south travel in Lawrence | 5 | 4 | 3 | 2 | 1 | 9 |
| B. | Ease of east/west travel in Lawrence | 5 | 4 | 3 | 2 | 1 | 9 |
| C. | Connectivity of bicycle lanes | 5 | 4 | 3 | 2 | 1 | 9 |
| D. | Traffic signal coordination on major city streets | 5 | 4 | 3 | 2 | 1 | 9 |
| E. | Availability of safe routes for children to or bicycle to school | 5 | 4 | 3 | 2 | 1 | 9 |
| F. | The number of destinations served by public transportation in Lawrence | 5 | 4 | 3 | 2 | 1 | 9 |
| G. | The frequency of public transportation service in Lawrence (how often buses come by each stop) | 5 | 4 | 3 | 2 | 1 | 9 |
| H. | Availability of pedestrian (walking) paths in Lawrence | 5 | 4 | 3 | 2 | 1 | 9 |
| I. | Connectivity of sidewalks and paths | 5 | 4 | 3 | 2 | 1 | 9 |

17. Which TWO of the transportation issues listed above do you think should receive the most emphasis from city leaders over the next two years? [Write in the letters below using the letters from the list in Question 16 above.]

1st. _____ 2nd. _____

18. COMMUNICATION. For each of the following, please rate your satisfaction with each item on a scale of 5 to 1 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. | Availability of and timeliness of information about City services and activities | 5 | 4 | 3 | 2 | 1 | 9 |
| B. | City's efforts to keep you involved about local issues | 5 | 4 | 3 | 2 | 1 | 9 |
| C. | The quality of the City's video programming including cable television, web streaming, and social media | 5 | 4 | 3 | 2 | 1 | 9 |
| D. | The quality of the City's Web site | 5 | 4 | 3 | 2 | 1 | 9 |
| E. | The quality of the City's newsletter, The Flame | 5 | 4 | 3 | 2 | 1 | 9 |

19. Which method would you prefer the City to communicate with you?

- | | |
|--|---|
| ____(1) The City newsletter, The Flame | ____(5) Direct mail |
| ____(2) Facebook/Twitter or other social media | ____(6) Email blasts |
| ____(3) City website, www.lawrenceks.org | ____(7) Parks and Recreation Guide |
| ____(4) Local media outlets (newspaper/television) | ____(8) Neighborhood Association Affiliated Tools |

20. Several services provided by the City of Lawrence are listed below. For each one, please indicate if you used the service during the past 12 months.

| During the past 12 months have you: | | YES | NO | Don't Remember |
|--|---|------------|-----------|-----------------------|
| A. | Used public transportation services operated by the City | 1 | 2 | 9 |
| B. | Enrolled in recreation programs offered by the City | 1 | 2 | 9 |
| C. | Visited City recreation facilities | 1 | 2 | 9 |
| D. | Visited the City Library | 1 | 2 | 9 |
| E. | Received assistance from the City's Fire Medical Department | 1 | 2 | 9 |
| F. | Received assistance from the Police Department | 1 | 2 | 9 |
| G. | Used a walking/biking trail or path | 1 | 2 | 9 |
| H. | Used a bicycle lane | 1 | 2 | 9 |
| I. | Put out recycling for curbside collection | 1 | 2 | 9 |

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

____(1) Yes [answer Question 21a-b] ____ (2) No [go to Question 22]

21a. [Only if YES to Q#21] Which department did you contact most recently?

- | | |
|--|---|
| ____(01) City Manager's Office (includes Human Resources, City Clerk, and Risk Management) | ____(05) Parks and Recreation |
| ____(02) Fire Medical | ____(06) Police |
| ____(03) Municipal Court | ____(07) Public Works (trash, streets, traffic signals/signs) |
| ____(04) Planning and Development Services (planning, building inspections, code enforcement, community development) | ____(08) Transit |
| | ____(09) Utility Billing |
| | ____(10) Water/Wastewater Utility |
| | ____(11) Health Department |
| | ____(12) Other: _____ |

21b. [Only if "YES" to Q#21] Please indicate your level of agreement with the following statements about the quality of service you received from city employees in the department you listed above by circling the corresponding number below.

| Behavior of Employees | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Don't Know |
|------------------------------|--|-----------------------|--------------|----------------|-----------------|--------------------------|-------------------|
| A. | City employees were courteous and polite | 5 | 4 | 3 | 2 | 1 | 9 |
| B. | City employees were professional | 5 | 4 | 3 | 2 | 1 | 9 |
| C. | City employees were responsive to my concerns | 5 | 4 | 3 | 2 | 1 | 9 |
| D.. | I was satisfied with the overall quality of service provided | 5 | 4 | 3 | 2 | 1 | 9 |

DEMOGRAPHICS

23. Approximately how many years have you lived in Lawrence? _____ years
24. Which of the following best describes your current employment status?
____(1) Employed outside the home ____ (3) Retired
____(2) Employed inside the home/
have a home based business ____ (4) Not currently employed outside of the home
____(5) Student
25. Do you own or rent your current residence?
____(1) Own ____ (2) Rent
26. How many persons in your household (counting yourself), are in each of the following age groups?
Under age 10 _____ Ages 20-34 _____ Ages 55-64 _____
Ages 10-19 _____ Ages 35-54 _____ Ages 65+ _____
27. Which of the following best describes your race/ethnicity?
____(1) White/Caucasian ____ (4) Native American/Eskimo
____(2) African American/Black ____ (5) Mixed Race
____(3) Asian/Pacific Islander ____ (6) Other _____
28. Are you or other members of your household of Spanish, Hispanic, or Latino heritage?
____(1) Yes ____ (2) No
29. What is your gender?
____(1) Male ____ (2) Female
30. What is your zip code?
____(1) 66044 ____ (4) 66047
____(2) 66045 ____ (5) 66049
____(3) 66046
31. Do you have any other comments you would like to share with City leaders? [If so, please write your comments in the space below.]

This concludes the survey. Thank you for your time!

Please Return Your Completed Survey in the Enclosed Postage Paid Envelope Addressed to:
ETC Institute, 725 W. Frontier Circle, Olathe, KS 66061

Individual responses to the survey will remain confidential. The information printed on 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.