

Section 8:
Survey Instrument

2005 City of Des Moines Citizen Satisfaction Survey

Thank you for taking the time to provide the City of Des Moines with feedback about our services. Your input will provide valuable information to assist City Leaders in budgetary decisions and long-range planning. If you have questions while completing this survey, please contact Tansy Hayward at 283-4218.

OVERALL

1. Please rate your overall satisfaction with the major categories of services provided by the City of Des Moines on a scale of 1 to 5 where 5 means "very satisfied" and 1 means "very dissatisfied."

<u>How satisfied are you with:</u>	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>Don't Know</u>
(A) Overall quality of police protection.....	5	4	3	2	1	9
(B) Overall quality of fire protection.....	5	4	3	2	1	9
(C) Overall condition of City streets	5	4	3	2	1	9
(D) Overall cleanliness of the City	5	4	3	2	1	9
(E) Overall quality of City parks	5	4	3	2	1	9
(F) Overall flow of traffic in the City.....	5	4	3	2	1	9
(G) Overall enforcement of city Codes and ordinances.....	5	4	3	2	1	9
(H) Overall quality of the City libraries.....	5	4	3	2	1	9
(I) The City's efforts to communicate with you.....	5	4	3	2	1	9
(J) Overall quality of customer service you receive from City employees.....	5	4	3	2	1	9

2. Which THREE of the items above do you think should receive the most emphasis from city leaders over the next TWO years? (Write in the blanks below using the letters from Q#1 above, e.g. City Parks are designated by E)

1st priority: _____ 2nd priority: _____ 3rd priority: _____

3. Have you called or visited the City with a question, problem, or complaint during the past year?
 ___(1) Yes ___(2) No (go to question 4)

3a. [IF YES TO Q#3] Which department did you contact most recently? _____

3b. [IF YES TO Q#3] How easy was it to contact the person you needed to reach?

___(1) very easy ___(3) difficult
 ___(2) somewhat easy ___(4) very difficult

3c. [IF YES TO Q#3] Several factors that may influence your perception of the quality of customer service you receive from City employees are listed below. For each item, please rate how often the employees you have contacted during the past year, have displayed the behavior described on a scale of 1 to 5, where 5 means "Always" and 1 means "Never."

	<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>Never</u>	<u>Don't Know</u>
(1) They were polite	5	4	3	2	1	9
(2) They gave accurate answers to your questions.....	5	4	3	2	1	9
(3) They did what they said they would do in a timely manner	5	4	3	2	1	9
(4) They helped you resolve an issue to your satisfaction.....	5	4	3	2	1	9

POLICE

4. Please rate your satisfaction on a scale of 1 to 5 where 5 means “Very Satisfied” and 1 means “Very Dissatisfied,” with the Services provided by the City’s Police Department.

How satisfied are you with:	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
(A) How quickly police personnel respond to emergencies.....	5	4	3	2	1	9
(B) The visibility of police in neighborhoods.....	5	4	3	2	1	9
(C) The visibility of police in retail areas.....	5	4	3	2	1	9
(D) Enforcement of local traffic laws on major City streets	5	4	3	2	1	9
(E) Enforcement of local traffic laws in your neighborhood	5	4	3	2	1	9
(F) Quality of animal control	5	4	3	2	1	9
(G) Professionalism of City police officers	5	4	3	2	1	9
(H) Responsiveness of police to traffic complaints	5	4	3	2	1	9
(I) Responsiveness of police to investigations of criminal offenses.....	5	4	3	2	1	9

5. Which TWO of the Police Services above do you think should receive the most emphasis from City leaders over the next TWO years? (Write in the blanks below using the letters from Q#4 above, e.g. Traffic Enforcement on Major Streets is designated by D)

1st priority: _____ 2nd priority: _____

6. Have you used a police service in the last year? (i.e. received a traffic citation, reported a crime, etc) ___(1) Yes ___(2) No

7. Using a scale of 1 to 5, where 5 mean “Very Safe” and 1 means “Very Unsafe,” please rate how safe you feel in the following areas:

<u>How safe do you feel:</u>	Very Safe	Safe	Neutral	Unsafe	Very Unsafe	Don't Know
(A) In your neighborhood	5	4	3	2	1	9
(B) In city parks	5	4	3	2	1	9
(C) In Downtown Des Moines.....	5	4	3	2	1	9
(D) Overall feeling of safety in Des Moines.....	5	4	3	2	1	9

FIRE

8. Please rate your satisfaction on a scale of 1 to 5 where 5 means “Very Satisfied” and 1 means “Very Dissatisfied,” with the services provided by the City’s Fire Department.

How satisfied are you with:	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
(A) How quickly fire personnel respond to emergencies.....	5	4	3	2	1	9
(B) Overall quality of ambulance and paramedic services	5	4	3	2	1	9
(C) The fire department’s fire inspection program	5	4	3	2	1	9
(D) The City’s fire safety education program.....	5	4	3	2	1	9

9. Which TWO of the Fire Services above do you think should receive the most emphasis from City leaders over the next TWO years? (Write in the blanks below using the letters from Q#8 above, e.g. Ambulance and Paramedic Services are designated by B)

1st priority: _____ 2nd priority: _____

PARKS AND RECREATION DEPARTMENT

10. Please rate your satisfaction on a scale of 1 to 5 where 5 means “Very Satisfied” and 1 means “Very Dissatisfied,” with the services provided by the City’s Parks and Recreation Department.

How satisfied are you with:	Very			Very		Don't Know
	<u>Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Dissatisfied</u>	
(A) Condition of City parks	5	4	3	2	1	9
(B) Number and location of City parks	5	4	3	2	1	9
(C) Walking and biking trails in the City of Des Moines.....	5	4	3	2	1	9
(D) Pools (Aquatic Centers, Wading Pools)	5	4	3	2	1	9
(E) Condition of City buildings (City Hall, Police Stations, etc.)						
(F) Mowing and trimming along City streets and other public areas.....	5	4	3	2	1	9
(G) Community gardening (Flower Giveaway, Neighborhood Plantings)	5	4	3	2	1	9
(H) Special events sponsored by the City (Park Concerts, Amphitheater Events)	5	4	3	2	1	9
(I) Ease of registering for recreation programs .	5	4	3	2	1	9

11. Which TWO of the Parks and Recreation Services above do you think should receive the most emphasis from City leaders over the next TWO years? (Write in the blanks below using the letters from Q#10 above, e.g. Pools are designated by D)

1st priority: _____ 2nd priority: _____

12. Have you used a parks and recreation service provided by the City of Des Moines in the last year? (i.e. used bike trails/attended concerts)
 ___(1) Yes ___(2) No

PUBLIC WORKS/ENGINEERING

13. Please rate your satisfaction on a scale of 1 to 5 where 5 means “Very Satisfied” and 1 means “Very Dissatisfied,” with the Services provided by the City’s Public Works Department.

How satisfied are you with:	Very			Very		Don't Know
	<u>Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Dissatisfied</u>	
(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) Garbage collection.....	5	4	3	2	1	9
(D) Recyclables collection.....	5	4	3	2	1	9
(E) Yard waste collection	5	4	3	2	1	9
(F) Condition of City sidewalks	5	4	3	2	1	9
(G) Snow removal on major City streets	5	4	3	2	1	9
(H) Snow removal on streets in your neighborhood.	5	4	3	2	1	9
(I) The City’s sanitary sewer system.....	5	4	3	2	1	9
(J) Control of stormwater runoff (storm sewer)	5	4	3	2	1	9
(K) Responsiveness of City staff to street, solid waste, and sewer requests.....	5	4	3	2	1	9
(L) Maintenance of traffic signals & street signs	5	4	3	2	1	9
(M) The City’s street lighting system.....	5	4	3	2	1	9

14. Which TWO of the Public Works Services above (Q11, A-J) do you think should receive the most emphasis from City leaders over the next TWO years? (Write in the blanks below using the letters in Q#13 above, e.g. Recycling Collection is designated by D)

1st priority: _____ 2nd priority: _____

COMMUNITY DEVELOPMENT

15. Have you or other members of your household applied for a permit for improvement or construction on property within the City of Des Moines?

___(1) Yes ___(2) No

16. Please rate your satisfaction on a scale of 1 to 5 where 5 means "Very Satisfied" and 1 means "Very Dissatisfied," with the Services provided by the City's Community Development Department.

How satisfied are you with:	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
(A) Overall quality of new development in the City of Des Moines	5	4	3	2	1	9
(B) How well the City is planning growth.....	5	4	3	2	1	9
(D) Overall quality of redevelopment in the City	5	4	3	2	1	9
(D) The City's Permit and Development Center	5	4	3	2	1	9
(E) Enforcement of City zoning regulations	5	4	3	2	1	9
(F) Enforcement of codes designed to protect public safety	5	4	3	2	1	9
(G) Enforcement of sign regulations.....	5	4	3	2	1	9
(H) Enforcement of the maintenance and upkeep of rental homes and apartments.....	5	4	3	2	1	9
(I) Enforcement of the clean up of litter and debris on private property	5	4	3	2	1	9
(J) Enforcement and clean up of junk cars	5	4	3	2	1	9

17. Which TWO of the Community Development Services above do you think should receive the most emphasis from City leaders over the next TWO years? (Write in the blanks below using the letters from Q#16 above, e.g. Enforcement of Sign Regulations is designated by G)

1st priority: _____ 2nd priority: _____

18. If you indicated that you were dissatisfied with any of the items in Question 16a-f, please identify the reasons for your dissatisfaction below. (Check all that apply).

- ___(1) Enforcement takes too long
- ___(2) Violators are not given enough time to comply
- ___(3) Clean-up fees are too high
- ___(4) Clean-up fees are too low
- ___(5) The City does not clean-up enough private property
- ___(6) The City cleans up too many properties
- ___(7) Other: _____

CITY OF DES MOINES COMMUNICATION

19. Where do you currently get news and information about City programs, services, and events? (check all that apply)

- ___ (1) The Des Moines Register
- ___ (2) The Business Record
- ___ (3) City View
- ___ (4) Television News
- ___ (5) City of Des Moines Website
- ___ (6) City Cable Channel 7
- ___ (7) Waterworks bill inserts
- ___ (8) Other: _____

20. Which of the following would be your preferred way to have the City of Des Moines communicate with you? (check all that apply)

- ___ (1) Channel 7
- ___ (2) City Website
- ___ (3) E-mail
- ___ (4) Newsletters included in the community section of the newspaper
- ___ (5) Newsletters included in your water bill
- ___ (6) Newsletters mailed to your home

21. Please rate your satisfaction on a scale of 1 to 5 where 5 means “Very Satisfied” and 1 means “Very Dissatisfied,” with the City of Des Moines’ communication with you as a resident of Des Moines.

How satisfied are you with:	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don’t Know
(A) Overall effectiveness of city communication with the public	5	4	3	2	1	9
(B) The level of public involvement in local decision-making	5	4	3	2	1	9
(C) The availability of information about City programs and services	5	4	3	2	1	9
(D) City efforts to keep you informed about local issues.....	5	4	3	2	1	9
(E) The quality of programming on the City’s cable television channel	5	4	3	2	1	9
(F) The quality of the City’s web page	5	4	3	2	1	9

22. Which TWO of the elements of City Communication above do you think should receive the most emphasis from city leaders over the next TWO years? (Write in the blanks below using the letters from Q#21 above, e.g. the City’s website is designated by F)

1st priority: _____ 2nd priority: _____

23. Have you or other adult members of your household used the City of Des Moines Website in the last year?

___(1) Yes ___(2) No

24. Have you called or visited the City’s action center with a city-related question or request?

___(1) Yes ___(2) No

25. Have you or other adult members of your household watched the City Cable Channel 7 in the past year?

___(1) Yes ___(2) No

CITY FINANCES

26. Please indicate whether or not you agree with the following statements about paying for City services? Designate YES if you agree; NO if you disagree, or DON’T KNOW.

- (A) I think that Sales Tax is a good way of paying for City services..... YES.....NO..... Don’t Know
- (B) I think that Property Tax is a good way of paying for City Services. YES.....NO..... Don’t Know
- (C) I think that Fees are a good way of paying for city services YES.....NO..... Don’t Know
- (D) I would rather pay higher fees than pay higher property taxes YES.....NO..... Don’t Know
- (E) I would rather pay more Local Sales Tax than pay higher property taxes YES.....NO..... Don’t Know

27. Please rate your satisfaction on a scale of 1 to 5 where 5 means “Very Satisfied” and 1 means “Very Dissatisfied,” with the City of Des Moines’ Financial Management.

How satisfied are you with:	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don’t Know
(A) City efforts to diversity the local tax base	5	4	3	2	1	9
(B) City efforts to involve the public in major financial decisions	5	4	3	2	1	9

LIBRARY

28. Have you or other members of your household used a City of Des Moines Library during the past year?

___(1) Yes (answer 28a-f) ___(2) No (go to Q30)

IF YES to #28: Please rate your satisfaction on a scale of 1 to 5 where 5 means “Very Satisfied” and 1 means “Very Dissatisfied,” with the Services provided by the City’s Public Libraries.

How satisfied are you with:	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
(A) Availability of the materials you need	5	4	3	2	1	9
(B) Adequacy of on-line (Internet) information and services	5	4	3	2	1	9
(C) Number of public access computers in the libraries.....	5	4	3	2	1	9
(D) Quality of children’s programs.....	5	4	3	2	1	9
(E) Helpfulness of library staff.....	5	4	3	2	1	9
(F) Hours libraries are open	5	4	3	2	1	9
(G) Location of library branches.....	5	4	3	2	1	9

29. Which TWO of the Library Services above do you think should receive the most emphasis from city leaders over the next TWO years? (Write in the blanks below using the letters from Q#28 above, e.g. Library Hours would be F)

1st priority: _____ 2nd priority: _____

LIFE IN DES MOINES

30. Please rate your satisfaction on a scale of 1 to 5 where 5 means “Very Satisfied” and 1 means “Very Dissatisfied,” with life in the City of Des Moines.

How satisfied are you with	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
(A) Overall quality of life in the City	5	4	3	2	1	9
(B) Overall image of the City	5	4	3	2	1	9
(C) Maintenance and preservation of downtown Des Moines.....	5	4	3	2	1	9
(D) Overall beauty of the City	5	4	3	2	1	9
(E) Overall value that you receive for your City tax dollars and fees.....	5	4	3	2	1	9
(F) Overall quality of City services.....	5	4	3	2	1	9

31. Do you currently live within the boundaries of a neighborhood association?

___(1) Yes ___(2) No ___(9) Don't Know

32. Are you aware of your neighborhood association’s activities and meetings?

___(1) Yes ___(2) No ___(9) Don't Know

33. Have you attended a neighborhood meeting or event in the past year?

___(1) Yes ___(2) No ___(9) Don't Know

33. Are you satisfied with the appearance of private property in your neighborhood?

___(1) Yes ___(2) No ___(9) Don't Know

34. Has your neighborhood improved over the past 5 years?

___(1) Yes ___(2) No ___(9) Don't Know

35. Would you be in favor of the addition of a one-call, one-stop center that could be used to handle all of your non-emergency City requests and questions?

___(1) Yes ___(2) No ___(9) Don't Know

36. Assume you have been given \$100 dollars to spend on City of Des Moines services. In the blanks below, please indicate how you would spend \$100 on each of the following service areas.

- (A) Ambulance services \$ _____
- (B) Code Enforcement Services \$ _____
- (C) Economic Development..... \$ _____
- (D) Control of stormwater runoff (storm sewers) \$ _____
- (E) Fire protection and prevention..... \$ _____
- (F) Garbage collection \$ _____
- (G) Maintenance of streets, curbs, recycling collection and sidewalks \$ _____
- (H) Parks..... \$ _____
- (I) Planning Services..... \$ _____
- (J) Police services..... \$ _____
- (K) Public Library Service \$ _____
- (L) Recreation programs \$ _____
- (M) Sanitary sewer..... \$ _____
- (N) Other: _____ .. \$ _____

Please be sure that your total adds to \$100 TOTAL \$ 100

37. How many people at your residence (counting yourself), are?

- | | | | |
|-------------|-------|------------|-------|
| Under Age 5 | _____ | Ages 25-34 | _____ |
| Ages 5-13 | _____ | Ages 35-64 | _____ |
| Ages 14-18 | _____ | Ages 65+ | _____ |
| Ages 19-24 | _____ | | |

38. Which of the following best describes your current employment status?

- ____(1) employed - **What is the ZIP CODE where you work?** _____
- ____(2) student
- ____(3) retired
- ____(4) not currently employed

39. Approximately how many years have you lived in the City of Des Moines?

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

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

41. Would you say your total household income is:

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

42. What is your home street address: _____

43. What is your home zip code: _____

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

**This concludes the survey; please return your survey in the postage-paid envelope provided addressed to:
ETC Institute, 725 W. Frontier Circle, Olathe, KS 66061. Thanks for your time.**