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網上答卷密碼:



Office of the Mayor
City Hall
New York, NY 10007

June 2008

Dear New Yorker:

We want to hear from you! Your household was randomly selected to participate in the *NYC Feedback Citywide Customer Survey*. By completing the survey you have the chance to tell us what you think of City government's service delivery and how you view the quality of life in New York. The survey is important, because we will use the information you provide to help us improve the performance of City government in your neighborhood and throughout the five boroughs.

To select the person to take this survey, choose the adult (anyone 18 years or older) who lives in your household who most recently had a birthday. That person's year of birth does not matter, as long as he or she is at least 18 years old.

You also can complete the survey online. Just go to www.nyc.gov/nycfeedback and enter your unique password. Your password can be found in the upper lefthand corner of this page, above your address.

If you choose to complete the written survey, return the completed survey in the enclosed postage-paid envelope to the below address:

National Research Center, Inc.
7 Times Square, Suite 4303
New York, NY 10036

Your responses will be **completely confidential and no private information will be made available to the public or to the City**. Responses will be reported in summary form only.

If you have any questions about this survey, please contact 3-1-1 or go to www.nyc.gov. We will use these survey results to review and improve the performance of City government, and we thank you for your valuable time.

Sincerely,

Handwritten signature of Michael R. Bloomberg.

Michael R. Bloomberg
Mayor

Handwritten signature of Betsy Gotbaum.

Betsy Gotbaum
Public Advocate

Office of the Public Advocate
1 Centre Street,
15th Floor
New York, NY 10007

¡Deseamos conocer su opinión! La Ciudad de Nueva York le brinda una importante oportunidad para que nos cuente lo que piensa sobre la prestación de los servicios del gobierno de la Ciudad y cuál es su visión sobre la calidad de vida en Nueva York. Su hogar ha sido seleccionado al azar para participar en esta encuesta y su opinión es importante para nosotros.

Si no pudiera completar la encuesta adjunta en inglés, quizá algún amigo o familiar pueda ayudarlo a completarla y luego enviarla en el sobre adjunto con franqueo pago. Si desea recibir una copia de la encuesta en español, llame al (1-800-815-7412). Allí tendrá que dejar un mensaje con su dirección y le enviaremos una versión en español de la encuesta. También puede realizar la encuesta en español por Internet. Visite www.nyc.gov/nycfeedback/spanish e ingrese su Contraseña única. La contraseña se encuentra en la parte superior de la página anterior.

Todas sus respuestas serán totalmente confidenciales y no se pondrá información privada alguna a la disposición del público ni de la Ciudad. Las respuestas serán informadas únicamente en forma grupal.

Gracias.

Мы хотим знать Ваше мнение! Администрация города Нью-Йорк предоставляет Вам возможность рассказать нам, что Вы думаете о работе служб городской администрации и уровне жизни в Нью-Йорке. Ваша семья была произвольно выбрана для участия в этом опросе, и мы дорожим Вашим мнением.

Если Вы не можете заполнить данную анкету на английском языке, Вы можете попросить друга или члена семьи помочь Вам, а потом вернуть анкету в приложенном конверте (пересылка оплачена).

Если Вы хотите получить копию анкеты на русском языке, позвоните 1-800-815-7579. Оставьте сообщение и Ваш адрес, и Вам будет выслана анкета на русском языке по почте. Вы также можете заполнить анкету на русском языке в электронном формате на Интернете: наберите адрес www.nyc.gov/nycfeedback/russian и введите Ваш пароль (password). Ваш пароль (password) находится на верху предыдущей страницы.

Все ответы абсолютно конфиденциальны и Ваша частная информация не будет предоставлена общественности или городской администрации. Результаты будут представлены только в обобщенной форме. Спасибо!

我們希望聽到你的聲音！

紐約市政府為你提供這一重要機會，告訴我們你對市府的服務執行情況評價如何，對紐約市的生活質量有何觀點。你戶被隨機抽樣選中參與這次調查，你的意見對我們十分重要。

如果你無法用英語填寫內附的問卷，你可以請朋友或家人幫助填寫，填寫完畢後使用內附郵資已付信封寄回。如果你希望收到一份繁體字中文問卷，請撥打(1-888-452-3842)，聽到提示後留下你的地址，我們將會郵寄給你一份中文繁體字問卷。你也可以上網填寫中文繁體字問卷，網址是

www.nyc.gov/nycfeedback/chinese，在鍵入你專用的密碼後填寫。你的密碼在前一頁的頂端。

所有問卷答复均為完全保密，任何私人資訊都不會提供給公眾或市政府。我們只以歸納總結的形式報告調查結果。

謝謝你。

我们希望听到你的声音！

纽约市政府为你提供这一重要机会，告诉我们你对市府的服务执行情况评价如何，对纽约市的生活质量有何观点。你户被随机抽样选中参与这次调查，你的意见对我们十分重要。

如果你无法用英语填写内附的问卷，你可以请朋友或家人帮助填写，填写完毕后使用内附邮资已付信封寄回。如果你希望收到一份简体字中文问卷，请拨打(1-888-452-3842)，听到提示后留下你的地址，我们将会邮寄给你一份中文简体字问卷。你也可以上网填写中文简体字问卷，网址是

www.nyc.gov/nycfeedback/chinese，在键入你专用的密码后填写。你的密码在前一页的顶端。

所有问卷答复均为完全保密，任何私人资讯都不会提供给公众或市政府。我们只以归纳总结的形式报告调查结果。

谢谢你。



NYC Feedback

Citywide Customer Survey

Thank you for participating in this survey! As a reminder, this survey should be completed by the adult (18 years or older) in your household who most recently had a birthday.

For each question, please circle the response that most closely matches your opinion, or check the box that indicates your answer.

Return the completed survey in the enclosed postage-paid envelope or submit your responses online. Your responses are completely confidential and will be reported in summary form only.

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Don't know</u>
1. How would you rate the quality of life in New York City overall?	1	2	3	4	5
2. How would you rate your neighborhood as a place to live?	1	2	3	4	5
3. Please rate how safe you feel in each of the following locations or situations:					
	<u>Very safe</u>	<u>Somewhat safe</u>	<u>Somewhat unsafe</u>	<u>Very unsafe</u>	<u>Don't know</u>
Walking alone on a street in your neighborhood at night.....	1	2	3	4	5
In a park or playground during the day	1	2	3	4	5
Riding a subway during the day.....	1	2	3	4	5
Riding a subway at night.....	1	2	3	4	5

Please think about **your own neighborhood** as you rate the items in the next question.

4. Please rate each of the following in your neighborhood.

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Don't know</u>
Cleanliness of your neighborhood	1	2	3	4	5
Control of street noise.....	1	2	3	4	5
Household garbage pick-up.....	1	2	3	4	5
Recycling services	1	2	3	4	5
Rat control	1	2	3	4	5
Graffiti control	1	2	3	4	5
Pedestrian safety (crossing intersections)	1	2	3	4	5
Maintenance of streets and roads	1	2	3	4	5
Maintenance of sidewalks.....	1	2	3	4	5
Removal of snow from city streets.....	1	2	3	4	5
Parking enforcement.....	1	2	3	4	5
Condition of street trees.....	1	2	3	4	5
Storm water drainage and sewer maintenance	1	2	3	4	5
Availability of health care services.....	1	2	3	4	5
Availability of cultural activities (such as concerts, plays, museums)	1	2	3	4	5
Neighborhood parks	1	2	3	4	5
Neighborhood playgrounds.....	1	2	3	4	5



For the next question, please think about **your neighborhood** first AND THEN your experiences in **New York City overall**.

5. Please rate each of the following

	<u>in your neighborhood</u>					<u>in the City overall</u>				
	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Don't know</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Don't know</u>
Fire protection services.....	1	2	3	4	5	1	2	3	4	5
Emergency medical services (e.g., ambulance, etc.)	1	2	3	4	5	1	2	3	4	5
Police-Community relations	1	2	3	4	5	1	2	3	4	5
Crime control	1	2	3	4	5	1	2	3	4	5
Bus services	1	2	3	4	5	1	2	3	4	5
Subway services.....	1	2	3	4	5	1	2	3	4	5
Public libraries, including bookmobiles, telephone reference services, or online services	1	2	3	4	5	1	2	3	4	5

For the next question, please think about **New York City overall** (as opposed to just your neighborhood).

6. Please rate each of the following **in New York City**:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Don't know</u>
NYC.gov, the City website that provides information about the City and its services.....	1	2	3	4	5
3-1-1, New York City's information telephone number for government information and non-emergency services.....	1	2	3	4	5
Public education (kindergarten – 12th grade)	1	2	3	4	5
Public after-school programs	1	2	3	4	5
Air quality	1	2	3	4	5
Restaurant cleanliness	1	2	3	4	5
Overall ease of travel within the city	1	2	3	4	5
Public housing	1	2	3	4	5
Public assistance (such as Medicaid, food stamps, welfare, etc.)	1	2	3	4	5
Services addressing homelessness	1	2	3	4	5
Availability of youth employment programs	1	2	3	4	5
Services protecting children at risk of abuse and neglect.....	1	2	3	4	5

7. Please rate how well you think New York City government does the following:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Don't know</u>
Promotes the economic growth of New York City	1	2	3	4	5
Prepares the city for an emergency.....	1	2	3	4	5
Spends tax dollars wisely	1	2	3	4	5

Now, please consider all your experiences with City services over the last 12 months.

8. How would you rate the overall quality of
New York City government services?

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Don't know</u>
.....	1	2	3	4	5



9. In the last 12 months, about how many times, if ever, have you or any member of your household done any of the following?

	<u>Never</u>	<u>1 to 3 times</u>	<u>More than 3 times</u>
Used the public libraries (not including school or university libraries) including bookmobiles, telephone reference services, or online services	1	2	3
Visited a website called NYC.gov, which provides information about various City of New York government agencies	1	2	3
Used one of the City of New York's public parks or recreation facilities, including playgrounds and public swimming pools	1	2	3
Used City services for the mobility impaired	1	2	3
Used a City child daycare program.....	1	2	3
Used a City youth program	1	2	3

10. Please indicate whether or not you or any member of your household have done any of the following in the last 12 months. If you have, please rate the quality of the services you received most recently.

	<u>Done by you or any household member?</u>		<u>Rate the services received</u>				
	<u>Yes</u>	<u>No</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Don't know</u>
Called 3-1-1	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Called 9-1-1	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Attended a New York City Public School (kindergarten – 12th grade)	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
If you marked “yes” above, How would you rate student safety at public schools?			1	2	3	4	5
Attended a New York City Public School after-school program.....	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Received consumer assistance (e.g., complained about fraud or unfair business practices, or received consumer protection services)	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Visited a public community center	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Participated in an employment training program	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Used public hospital services	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Used public health clinic services	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Used public mental health services	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Used public substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Used a public senior center	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Used other public senior services (e.g., respite care, transportation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Received Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Paid a fine or ticket to the City	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5
Contacted the City with a tax question	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5



11. Have you made a complaint to 3-1-1 or to a city agency in the last 12 months?

- No
Yes -> Was your complaint or issue resolved?
Yes No Don't know

12. Have you had phone or in-person contact with any City of New York government office or agency in the last 12 months?

- Yes No -> go to question #15

13. About what type of service did you most recently make contact with a City office or agency?

- Housing Parks Sanitation
Public safety Education Other
Transportation Health and Social Services Don't know
Business licenses/permits Cultural and Community services

14. How would you rate the response of the office or agency with which you most recently had contact?

Table with 5 columns: Excellent, Good, Fair, Poor, Not applicable/don't know. Rows include Timeliness of response, Employee's courtesy, Employee's willingness to help or understand, Overall customer service, Overall satisfaction with response.

15. What do you think are the most important issues facing New York City? Please name up to three issues.

- 1)
2)
3)

Our last questions are about you and your household. This information is completely confidential, will be used to classify responses, and will be reported in group form only.

16. About how many years have you lived in New York City? (Staten Island, Brooklyn, Queens, Bronx, Manhattan)

(Record 0 if less than 12 months) _____ years

17. In the next 5 years, do you plan to stay in New York City or do you plan to move somewhere else?

- Stay in New York City
Move somewhere else
Don't know

18. Does your household have any working computers with Internet access?

- No, no computers
Yes, computers but no internet access
Yes, with high-speed Internet access
Yes, with dial-up Internet access

19. Are you employed?

- Yes
No



20. Thinking of you and your household, how prepared, if at all, do you feel you would be if there were an emergency such as a flood, hurricane or blizzard?

- Very prepared
Somewhat prepared
Unprepared

21. Please check the one box that most closely describes the type of house you live in.

- An apartment in an apartment building
A one family detached house
A one family attached house
Other

22. Is your residence rented or owned?

- Rented
Owned

23. Are you living in New York City public housing, or are you receiving a rent subsidy, like Section 8, from the government?

- Yes, living in New York City public housing
Yes, receiving a rent subsidy, like Section 8
No, not living in public housing or receiving a rent subsidy

24. About how much was the total 2007 income before taxes for your household as a whole?

- Less than \$10,000
\$10,000 - \$34,999
\$35,000 - \$49,999
\$50,000 - \$99,999
\$100,000 - \$199,999
\$200,000 or more

25. Including yourself, how many adults (age 18 or older) are there in your household?

- One (1)
Two (2)
Three (3)
Four or more (4+)

26. How many children (under age 18) are there in your household?

- None (0)
One (1)
Two (2)
Three or more (3+)

27. Is any member of your household age 65 or older?

- Yes
No

28. What is your age?

- 18-24 years old
25-34 years old
35-44 years old
45-54 years old
55-64 years old
65-74 years old
75 or older

29. What is the highest level of education you have completed?

- 0-11 years, no diploma
High school graduate
Some college, no degree
Associate Degree
Bachelor's Degree
Graduate Degree (e.g., PhD, MS, MA, etc.)

30. Are you Hispanic or Latino/Latina?

- Yes
No

31. Which best describes your race? (Please check all that apply)

- American Indian, Eskimo or Aleut
Asian or Pacific Islander
Black or African American
White
Other

32. What is your preferred first language?

- Arabic
Cantonese
Mandarin
English
French
German
Greek
Hebrew
Hindi
Italian
Korean
Polish
Russian
Spanish
Tagalog
Yiddish
Other

33. How would you rate the way the City of New York provides services in your language?

- Excellent
Good
Fair
Poor
Don't know

34. What is your gender?

- Male
Female

Thank You!
Please return the completed questionnaire in the postage paid envelope to:
NYC Feedback Citywide Customer Survey
c/o National Research Center, Inc.
7 Times Square, Suite 4303
New York, NY 10036