

APPENDIX B

What's Good about _____?

The _____ is seeking your feedback about the following community characteristics. Please rate each characteristic as 1 (Poor), 2 (Fair), or 3 (Good), based upon your opinion of it. Feel free to skip any characteristic that you don't want to respond about. When you are done, add up the points for each group of questions, and then add up the group totals to get an overall total. This survey is completely anonymous, and your responses will help shape the future of _____. Thanks for your participation!

	Poor	Fair	Good		Poor	Fair	Good
Local Agriculture	1	2	3	Family Living Conditions	1	2	3
Local Industry	1	2	3	Retailers' Attitude	1	2	3
Local Stores	1	2	3	Community Organizations	1	2	3
Sources of Credit	1	2	3	Parks & Playgrounds	1	2	3
Access to Job Training and Retraining	1	2	3	School Buildings	1	2	3
Access to Education	1	2	3	Churches	1	2	3
Category totals:				Category totals:			
Availability of Doctors and Dentists	1	2	3	General Appearance of Roads, Parks, Streets	1	2	3
Ambulance Service EMS	1	2	3	Recreational Opportunities for all ages	1	2	3
Nursing Homes for the Aged	1	2	3	Law Enforcement	1	2	3
Sewage Disposal	1	2	3	Public Buildings	1	2	3
Water Supply	1	2	3	Road & Street Maintenance	1	2	3
Garbage and Trash Disposal	1	2	3	Retail Business District	1	2	3
Category totals:				Category totals:			
Civic Participation	1	2	3	Planning & Zoning	1	2	3
Social & Hobby Clubs	1	2	3	Parking Downtown	1	2	3
Fire Control	1	2	3	Attitudes of Local Residents to Progressive Developments	1	2	3
Internet Access	1	2	3	Other:	1	2	3
Conditions of Houses	1	2	3				
Safety	1	2	3				
Category totals:				Category totals:			
				TOTAL:			

The thing I like and enjoy about this area is:

I like the community the way it is and would not change anything: ☐ Yes ☐ No

If I could change one thing in this area it would be:

The types of industry /business I would like to see established in this area would be:

1. _____
2. _____
3. _____

Industry/business I would not like to see established in this area:

1. _____
2. _____
3. _____

FOR CLASSIFICATION PURPOSES ONLY:

Sex: ☐ M ☐ F

Age group: ☐ 18-20 ☐ 21-25 ☐ 26-30 ☐ 31-35

☐ 36-40 ☐ 41-45 ☐ 46-50 ☐ 51-55 ☐ 56-60

☐ 61-65 ☐ 65+

Do you live in the city limits of _____?

☐ Yes ☐ No