



NYC Resident Survey

How do you think NYC is doing?



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.

Your responses are completely anonymous and confidential and will be reported in summary form only. Please, return the completed survey in the enclosed postage-paid envelope.

	<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
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3. Please rate how safe or unsafe 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

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
Snow removal.....	1	2	3	4	5
Rat control.....	1	2	3	4	5
Bike safety.....	1	2	3	4	5
Pedestrian safety.....	1	2	3	4	5
Maintenance of streets and roads.....	1	2	3	4	5
Parking enforcement	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 (concerts, plays, museums, etc.)..	1	2	3	4	5
Neighborhood parks and playgrounds	1	2	3	4	5
Fire protection services.....	1	2	3	4	5
Emergency medical services	1	2	3	4	5
Public safety	1	2	3	4	5
Bus services.....	1	2	3	4	5
Subway services.....	1	2	3	4	5
Public libraries	1	2	3	4	5

5. 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's official website	1	2	3	4	5
311, telephone number for City government information.....	1	2	3	4	5
Public education (kindergarten – 12th grade)	1	2	3	4	5
Pre-kindergarten programs	1	2	3	4	5
Public after-school programs	1	2	3	4	5
Summer youth programs	1	2	3	4	5
Air quality	1	2	3	4	5
Traffic	1	2	3	4	5
Overall ease of travel within the city.....	1	2	3	4	5
Public housing	1	2	3	4	5
Services for homeless people.....	1	2	3	4	5
Services protecting children at risk of abuse and neglect.....	1	2	3	4	5
Health services.....	1	2	3	4	5
Mental health and substance use services	1	2	3	4	5
Public assistance programs, such as TANF, SNAP, or Medicaid...1	2	3	4	5	

6. 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
Spends tax dollars wisely	1	2	3	4	5
Prepares for an emergency (pandemic, natural disaster, etc.).....	1	2	3	4	5
Protects the city from a terrorist attack.....	1	2	3	4	5
Addresses New Yorkers' housing needs	1	2	3	4	5

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

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Don't know</u>
7. How would you rate the overall quality of New York City government services?	1	2	3	4	5

8. Please rate the quality of New York City services accessed by *you or any member of your household* in the last 12 months. If you have not used these services, please mark "Don't know."

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Don't know</u>
911 call.....	1	2	3	4	5
Voting in an election	1	2	3	4	5
New York City Public Schools (pre-K to 12th grade).....	1	2	3	4	5
Safety at NYC Public Schools (pre-K to 12th grade).....	1	2	3	4	5
New York City Public Schools after-school programs	1	2	3	4	5
Employment training program.....	1	2	3	4	5
Public housing services	1	2	3	4	5
Public hospital services	1	2	3	4	5
Public health clinic services	1	2	3	4	5
Public mental health or substance use services	1	2	3	4	5
Public senior center	1	2	3	4	5
Paid a fine or ticket to the City	1	2	3	4	5
Contacted the City with a tax question.....	1	2	3	4	5
Obtained licenses or permits	1	2	3	4	5
Social services, such as TANF, SNAP, or Medicaid	1	2	3	4	5
Services in your primary language.....	1	2	3	4	5

9. Have you made a complaint to 311 or to a city agency in the last 12 months?

- No
- Yes → a. Was your complaint or issue resolved? Yes No Don't know

10. 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 #11

a. For what types of services did you contact a City office or agency in the last 12 months? (Please check all that apply.)

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Parks | <input type="checkbox"/> Sanitation |
| <input type="checkbox"/> Public safety | <input type="checkbox"/> Education | <input type="checkbox"/> Other |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Health and Social Services | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Business licenses/permits | <input type="checkbox"/> Cultural and Community services | |

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

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Don't know</u>
Timeliness of response	1	2	3	4	5
Employee's courtesy	1	2	3	4	5
Employee's willingness to help or understand	1	2	3	4	5
Overall satisfaction with response	1	2	3	4	5

11. What do you think are the most important issues requiring more attention from New York City government? Please name up to three issues.

- 1) _____
- 2) _____
- 3) _____

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

(Write 0 if less than 12 months) _____ years

13. During COVID, did you leave New York City?

- Yes, for less than 6 months
- Yes, for 6 months or more
- No, chose to stay in NYC
- No, was not able to leave
- No, moved to NYC during or after the pandemic

14. 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 outside the city, but in New York State
- Move out of state
- Don't know

15. If you could work remotely or on a hybrid schedule, how likely would you be to move outside of New York City?

- Very likely
- Somewhat likely
- Not likely
- Don't know

16. Please rate how important the following factors may be in any decision you make to permanently move out of New York City:

	<u>Very important</u>	<u>Somewhat important</u>	<u>Not important</u>	<u>Don't know</u>
Affordability.....	1	2	3	4
Crime and safety	1	2	3	4
Job opportunities	1	2	3	4
Remote/hybrid work opportunities	1	2	3	4
Schools	1	2	3	4
Childcare	1	2	3	4
To be closer to family	1	2	3	4
Taxes	1	2	3	4
Living space	1	2	3	4
Availability of amenities (parks, theaters, museums, etc.)	1	2	3	4
Retirement.....	1	2	3	4
Climate/weather.....	1	2	3	4
Experience during COVID	1	2	3	4

Our last questions are about you and your household. All of your responses to this survey are completely anonymous and confidential. No identifying information will be shared.

17. How do you connect to the Internet at home, if you do? Please check all that apply.

- No internet access at home
- High-speed internet
- Smartphone

18. Are you employed?

- Yes, full-time
- Yes, part-time
- Yes, self-employed
- No, unemployed
- No, retired, or other

19. 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, pandemic, hurricane, terrorist attack or blizzard?

- Very prepared
- Somewhat prepared
- Unprepared

20. Please check the one box that most closely describes your housing.

- Rent an apartment in a 1-10 unit building
- Rent an apartment in an 11+ unit building
- Own a coop or condo in a 2-10 unit building
- Own a coop or condo in an 11+ unit building
- Own a one-, two-, or three family home
- Other

21. 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 or FHEPs
- No, not living in public housing or receiving a rent subsidy

22. About how much was the total 2022 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

23. Do any of the following live in your household?

	<u>Yes</u>	<u>No</u>
Children age 12 and under	<input type="checkbox"/>	<input type="checkbox"/>
Teenagers ages 13 to 19.....	<input type="checkbox"/>	<input type="checkbox"/>
Adults aged 65 or older (including yourself) ..	<input type="checkbox"/>	<input type="checkbox"/>

24. 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

25. 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

26. Are you Hispanic or Latino/Latina?

- Yes
- No

27. 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

28. What is your preferred first language?

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

29. What is your gender?

- Male
- Female
- Non-Binary
- Other _____

Thank You!
 Please return the completed questionnaire in the postage paid envelope to:
 National Research Center, Inc.
 PO Box 549
 Belle Mead, NJ 08502