

2010  
**Lakeside Neighborhood Questionnaire**

Date on which you completed this survey: \_\_\_\_\_

1. What are the **three things that you like best** about living in your neighborhood?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

2. What are the **three things that you like least** about living in your neighborhood?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

3. What **results** would you like to see from neighborhood planning?

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

4. Do you feel like you are an integral part of your neighborhood?

Yes, I feel like I belong

No, I feel like an outsider

5. How do you and other members of your family travel to work, school, and other places throughout Chelan? (Circle all that apply)

Car

Foot

Motorcycle

Bike

Bus

Ride with friend

Other (please specify): \_\_\_\_\_

*Spacious*

*Crowded*

*Friendly*

*Clean*

*Open*

*Dark*

*Scenic*

*Dilapidated*

*Playground*

*Junky*

*Quiet*

*Shade*

*Kids*

*Health*

*Trees*

*Walking*

*Rundown*

*Light*

*Warm*

*Arts*

*Noise*

*Safe*

*Windy*

*Entertainment*

*Traffic*

*Dogs*

*Flowers*

*Tourism*

*Parking*

*Shopping*

*Dirty*

*Busy*

*Peaceful*

*Gardens*

*Fire hydrants*

*Work*

*Continued on reverse*

6. Can you easily get where you want to go **from** your neighborhood? Yes No

7. Can you easily get where you want to go **within** your neighborhood? Yes No

8. How would you describe the condition of the streets and sidewalks in your neighborhood?

Excellent Good Fair Poor Very poor

9. Do you feel comfortable walking and biking in your neighborhood? Yes No

10. Would any of the following increase your desire to walk/cycle in your neighborhood? (Circle all that apply)

Improved lighting along sidewalks

Improved sidewalks

More or better bike lanes

Pedestrian crosswalks

Sidewalk ramps for people with disabilities

Other (please specify)

11. Is there a need to slow traffic on streets in your neighborhood for pedestrian safety? Yes No

12. What recreation facilities in or near your neighborhood do you use? (Examples: Lakeside Park, green dock)

13. How would you rate the overall condition of housing in your neighborhood? (Choose one)

Excellent Good Fair Poor Very poor

14. Which of the following types of land uses would you like to see on vacant residential lots in your neighborhood? (Circle all that apply)

Single-family houses

Multi-family housing for year-round residents

Multi-family housing for visitors

Other (please specify)

15. Do you think your neighborhood needs more grass, trees, or flowers? Yes No

16. Do you feel safe in your neighborhood?      Yes      No

17. If not, what feels unsafe to you?

18. What might improve your feeling of safety? (Circle all that apply)

Street lights

Block Watch program

Knowing more people

Self-defense training

Sidewalks

Other (please specify)

19. What kinds of recreation and open space would you like to see in your neighborhood? (Circle all that apply)

Playground/tot lot

Walking trails or footpaths

Bike lanes

Undeveloped open space

Community basketball hoop

Easy access to recreation facilities outside the neighborhood

Pocket parks with benches

Community center facility

Places where teens can gather (What might those places include? Please give us your ideas!)

Other (please specify)

20. Is there anything else you would like us to know about you or your neighborhood? (Use the back of the sheet if you like!)