

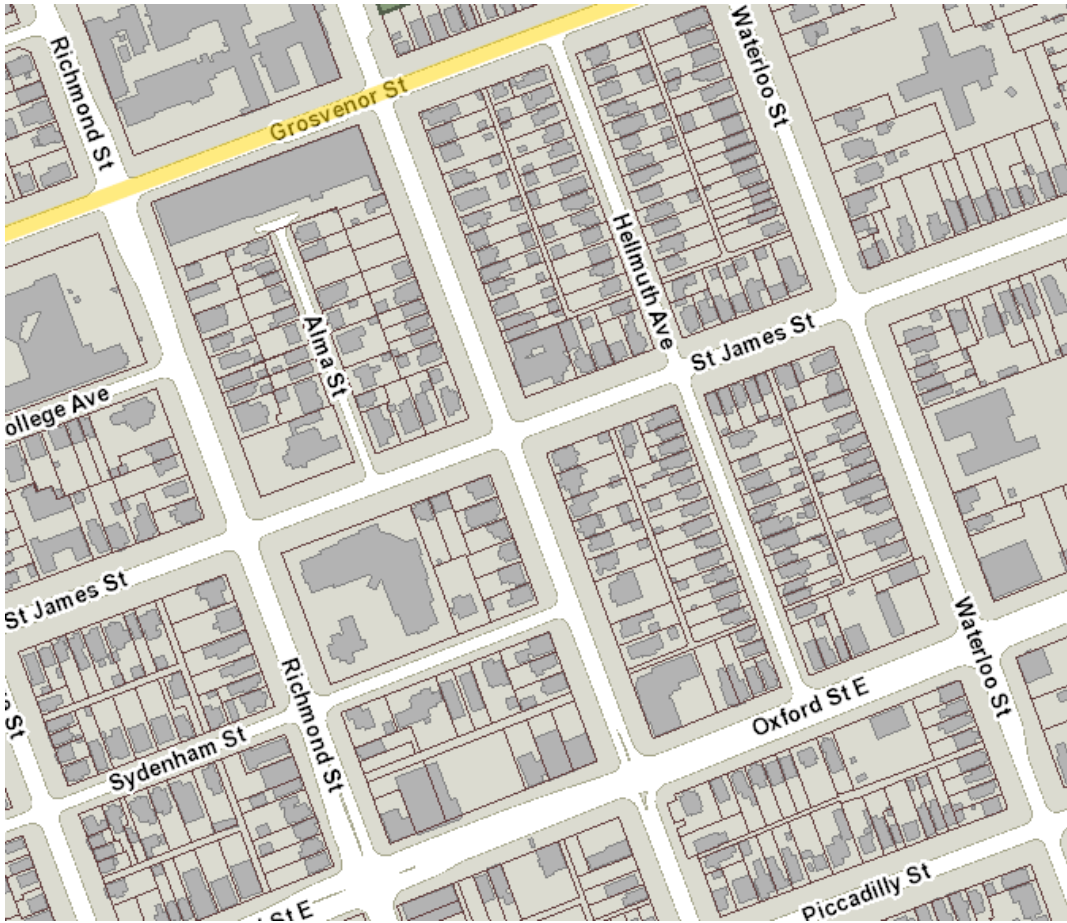
# Neighbourhood Safety Audit Participant Survey

This survey is designed to guide you in a 20-30 minute walkabout through a section of your neighbourhood looking for safety concerns and opportunities. Please take a moment before setting out to review all the questions in the survey. Your personal information will not be shared with the public. Please use the map on the following page to indicate site specific issues where possible.

**“A safe neighbourhood is a place where anyone may live, work, play or visit without fear or risk of harm or injury.”**

# Neighbourhood Safety Audit Route

Bishop Hellmuth Neighbourhood



## About YOU:

Age: [ ] Under 18 [ ] 19-30 [ ] 31- 55 [ ] Over 55

Gender: \_\_\_\_\_

### Are you:

[ ] a resident in this area

[ ] a resident in the surrounding area

[ ] a safety stakeholder (Please indicate affiliation): \_\_\_\_\_

[ ] other; please specify: \_\_\_\_\_

## About the AUDIT:

Date: \_\_\_\_\_

Time of Audit: \_\_\_\_\_

Neighbourhood: \_\_\_\_\_

Group doing Audit: \_\_\_\_\_

Start Location of Audit: \_\_\_\_\_

1 = Disagree, 2 = Somewhat Disagree, 3 = Indifferent, 4 = Somewhat Agree, 5 = Agree

## 1. GENERAL IMPRESSIONS

<i>Circle the number that best describes your response</i>		Disagree					Agree	
1	I feel safe in this area.	1	2	3	4	5		
2	I feel safe in my neighbourhood during the <b>day</b> .	1	2	3	4	5		
3	I feel safe in my neighbourhood at <b>night</b> .	1	2	3	4	5		
4	My neighbourhood appears clean and cared for.	1	2	3	4	5		
5	I avoid doing things in my neighbourhood because I feel unsafe.						YES	NO
5.1	<i>If you choose YES to question 5, please identify area on the map with an "S" and describe below:</i>							

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6	I feel safe in all areas of my neighbourhood	1	2	3	4	5		
6.1	<i>If you choose Disagree to question 6, please identify area on map with an "I" and describe below:</i>							

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1 = Disagree, 2 = Somewhat Disagree, 3 = Indifferent, 4 = Somewhat Agree, 5 = Disagree

## 2. LIGHTING

<i>Circle the number or answer that best describes your response</i>		Disagree					Agree	
1	At night, I can see other people on the street/sidewalk clearly.	1	2	3	4	5		
2	All areas of my neighbourhood are well lit.	1	2	3	4	5		
2.1	<i>If you Disagree to question 2, please identify area on map with "L" and describe below:</i>							

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3 Lights in my neighbourhood are **NOT** blocked by trees/bushes. **1 2 3 4 5**

3.1 *If you Disagree to question 3, please identify area on the map with a "B" and describe below:*

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4 Do you know who to contact if a street light is out or broken? **YES NO**

**Note: If you answered NO to question 4, see the Resource Package for details on what to do if a street light is out or broken in your neighbourhood.**

	Poor	Fair	Good
<b>OVERALL GENERAL IMPRESSION OF LIGHTING</b>	<b>1</b>	<b>2</b>	<b>3</b>
(Please Circle your answer)	<b>4</b>	<b>5</b>	
<b>1 = Disagree, 2 = Somewhat Disagree, 3 = Indifferent, 4 = Somewhat Agree, 5 = Agree</b>			

**3. SIGNS**

		Disagree		Agree	
<i>Circle the number or answer that best describes your response</i>					
1 There are enough signs in the area (street names, building names, unit #'s).	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
2 Signs and maps are easy to see and find.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
3 Signs and maps are easy to read and understand.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
4 There are enough Neighbourhood Watch signs in the area.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
5 All signs are in good condition.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

5.1 *If you Disagree to question 5, please identify location on the map with an "S" and describe below:*

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6 I would feel safer with more signs in our neighbourhood. **YES No**  
 (Neighbourhood Watch, Traffic calming, Children at Play, Directional, etc.)

6.1 If you answered YES to question 6, please describe below:

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	Poor	Fair	Good
<b>OVERALL GENERAL IMPRESSION OF SIGNS</b>	<b>1</b>	<b>2</b>	<b>3</b>
(Please Circle Answer)	<b>4</b>	<b>5</b>	
<b>1 = Disagree, 2 = Somewhat Disagree, 3 = Indifferent, 4 = Somewhat Agree, 5 = Agree</b>			

#### 4. TRAFFIC

		Disagree		Agree
1 Traffic in the area is slow and safe.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1.1 If you <b>DISAGREE</b> to question 1, indicate where on the map with at "T" and describe below:				
<hr/>				
<hr/>				
2 I feel safe crossing the road in all areas of my neighbourhood.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
2.1 If you <b>DISAGREE</b> to question 2, indicate where on the map with an "X" and describe below:				
<hr/>				
<hr/>				
3 Streets are safe for all users in this neighbourhood (cars, bikes, pedestrians, individuals with restricted mobility).	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
4 There are enough sidewalks and pedestrian crossings in this area.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
5 The sidewalk network is continuous in this area (no gaps).	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
5.1 If you <b>DISAGREE</b> to question 5, please indicate where on the map with a "W" and describe below:				
<hr/>				
<hr/>				
6 There are enough bike lanes / paths in this area.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
7 I feel safe riding a bicycle in all parts of this area.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
7.1 If you <b>DISAGREE</b> to question 7, please indicate where on the map with a "B" and describe below:				
<hr/>				
<hr/>				

- 8 Do you know who to contact to assess the need for traffic calming in your neighbourhood? **YES NO**

**Note: If you answered NO to question 8, see the Resource Package for details on what to do if you would like to request a traffic calming study in your neighbourhood.**

	Poor	Fair	Good		
<b>OVERALL GENERAL IMPRESSION OF TRAFFIC</b> (Please Circle Answer)	1	2	3	4	5

1 = Disagree, 2 = Somewhat Disagree, 3 = Indifferent, 4 = Somewhat Agree, 5 = Agree

## 5. LONDON TRANSIT COMMISSION (LTC)

How often do you use public transit (LTC) in the area? **Often Rarely Never**  
*Note: If you choose **Never**, you may skip this section*

- Circle the number that best describes your response*
- |   | Disagree |   |   |   | Agree |
|---|----------|---|---|---|-------|
| 1 I generally feel safe on public transit.  | 1        | 2 | 3 | 4 | 5     |
| 1.1 <i>If you <b>DISAGREE</b> with question 1, please explain why below:</i>  | <hr/>    |   |   |   |       |
| 2 I generally feel safe waiting for the bus at night.   | 1        | 2 | 3 | 4 | 5     |
| 2.1 <i>If you <b>DISAGREE</b> with question 2, please explain why below:</i>  | <hr/>    |   |   |   |       |
| 3 There is enough lighting at bus stops in this area.   | 1        | 2 | 3 | 4 | 5     |
| 3.1 <i>If you <b>DISAGREE</b> with question 3, please indicate where on the map with a "BL" and describe below:</i> | <hr/>    |   |   |   |       |
| 4 I am satisfied with the frequency of bus stops in this area.  | 1        | 2 | 3 | 4 | 5     |

	Poor	Fair	Good		
<b>OVERALL GENERAL IMPRESSION OF LTC</b> (Please Circle Answer)	1	2	3	4	5

## 6. VISIBILITY – Elements: *Sharp corners, blind-spots, walls, fences, trees, bushes, vehicles*

- 1 Considering the elements identified above, please list any visibility issues in your neighbourhood below and indicate where they exist on the map with a “V”:

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	Poor		Fair		Good
<b>OVERALL GENERAL IMPRESSION OF VISIBILITY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
(Please Circle Answer)					

**1 = Disagree, 2 = Somewhat Disagree, 3 = Indifferent, 4 = Somewhat Agree, 5 = Agree**

## 7. MAINTENANCE

	<i>Circle the number or answer that best describes your response</i>				
	Disagree			Agree	
1 The area is clean and maintained.	1	2	3	4	5
2 There is <b>NO</b> litter / garbage in the area.	1	2	3	4	5
3 There is <b>NO</b> graffiti in the area that does not get removed.	1	2	3	4	5
4 Streets, sidewalks and foot paths are kept clean from spring to autumn.	1	2	3	4	5
5 Street and sidewalks in the area are kept clear and safe in the winter.	1	2	3	4	5
6 Parks and green space in the area are well maintained.	1	2	3	4	5
7 Please indicate any problem areas on the map with an “M” and describe below:					

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- |   |     |    |
|---|-----|----|
| 8 Do you know who to contact with maintenance-related issues? | YES | NO |
|---|-----|----|

**Note: If you answered NO to question 8, see the Resource Package for details on who to contact to help with maintenance related issues.**

	Poor		Fair		Good
<b>OVERALL GENERAL IMPRESSION OF MAINTENANCE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Please Circle Answer					

## 8. ACCESSIBILITY

<i>Circle the number or answer that best describes your response</i>		Disagree			Agree	
1	It is easy to for individuals with restricted mobility in the area.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
3	Public parking lots have spaces for people with disabilities.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
4	There are ramps & other accessible entries to public buildings in the neighbourhood.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
5	Doorways to public buildings are wide enough for people using wheelchairs or strollers.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
6	There are benches or other places to sit and rest in public places.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
		Poor		Fair		Good

<b>OVERALL GENERAL IMPRESSION OF ACCESSIBILITY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Please Circle Answer					

## 9. PARKS & GREEN SPACE

<i>Circle the number or answer that best describes your response</i>		Disagree			Agree	
1	I regularly use parks in this neighbourhood.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
2	I feel safe in the parks in this area.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
3	The parks in this area are clean and well maintained.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
4	I feel safe in all sections of all parks in my area.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
4.1	If you <b>DISAGREE</b> to question 4, please indicate the location on the map with a "P" and describe below:	<hr/> <hr/>				
5	I <b>DO NOT</b> see evidence of illicit behavior in parks in my neighbourhood.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
6	I <b>DO NOT</b> see illicit behavior in parks in my neighbourhood.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
7	Play equipment in the parks in my area are safe and well constructed.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
8	I am willing to help care for parks in my neighbourhood.	<b>YES</b>		<b>NO</b>		

**Note: If you agree to question 8, see the Resource Package for details on how you and your neighbours can Adopt-A-Park in your neighbourhood.**



	Poor	Fair	Good		
<b>OVERALL GENERAL PARKS &amp; GREEN SPACE</b>	1	2	3	4	5
Please Circle Answer					

1 = Disagree, 2 = Somewhat Disagree, 3 = Indifferent, 4 = Somewhat Agree, 5 = Agree

## 10. POLICE

<i>Circle the number or answer that best describes your response</i>	Disagree					Agree				
1 During the last three years, crime has decreased in my neighbourhood.	1	2	3	4	5					
2 I regularly see police patrols in my area.	1	2	3	4	5					
3 I would like to see more police patrols in my area.	1	2	3	4	5					
4 I am satisfied with the quality of police services in my neighbourhood.	1	2	3	4	5					
5 What is the most important crime / police related problem facing your neighbourhood?										
<hr/>										
<hr/>										
<hr/>										

	Poor	Fair	Good		
<b>OVERALL GENERAL IMPRESSION OF POLICE</b>	1	2	3	4	5
Please Circle Answer					

## 11. FIRE

<i>Circle the number or answer that best describes your response</i>	Disagree			Agree		
1 I have a household exit plan in case of fire.	YES	NO	UNSURE			
2 I have a fire extinguisher in the kitchen.	YES	NO	UNSURE			
3 I have smoke alarms on every level of the house and next to bedrooms	YES	NO	UNSURE			
4 If you have any FIRE related safety concerns in your neighbourhood, please describe them below:						
<hr/>						
<hr/>						
<hr/>						

	Poor	Fair	Good		
<b>OVERALL GENERAL IMPRESSION OF FIRE</b>	1	2	3	4	5
Please Circle Answer					

## WHAT ARE YOUR TOP 4 SAFETY CONCERNS AND IDEAS FOR IMPROVEMENT?

Discuss as a group following the audit and record

Top 4 Priority Concerns	Closest street address or intersection	Ideas for improvement, action and change
1.		
2.		
3.		
4.		

## OTHER COMMENTS

Please share any other safety concerns that you may have below:

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**SAFETY AUDIT FEEDBACK FORM**

1 What did you think about the Safe Neighbourhoods Participant Survey? (check all that apply)

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Easy to understand  | <input type="checkbox"/> Fun to do   | <input type="checkbox"/> Thought-provoking |
| <input type="checkbox"/> Difficult to follow | <input type="checkbox"/> Too long    | <input type="checkbox"/> Hard language     |
| <input type="checkbox"/> Interesting         | <input type="checkbox"/> Good detail | <input type="checkbox"/> Good for groups   |
| <input type="checkbox"/> Other:              |                                      |  |

Do you think the survey questions respond to the safety issues in your neighbourhood?

2  YES  NO

Please Explain:

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3 How was your experience being a part of the Neighbourhood Safety Audit?

- |                                 |   |   |
|---------------------------------|---|---|
| <input type="checkbox"/> Fun    | <input type="checkbox"/> Something I'd do again | <input type="checkbox"/> A good learning experience |
| <input type="checkbox"/> Hard   | <input type="checkbox"/> Worthwhile             | <input type="checkbox"/> I wasn't sure what to do   |
| <input type="checkbox"/> Other: |   |   |

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4 Do you have any suggestions on how to improve the Safety audit?

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**Interested in being involved in the next steps?**

- Development of the Resident Action Plan
- Implementation of the Resident Action Plan

If yes, please share your contact info.

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_