



Community Connectedness Survey

The Stettler Wellness Network is a gathering and collaboration of likeminded citizens, service providers, non-for-profit organizations and volunteers working towards a common vision which is to:

Establish an increased sense of community for residents of Stettler and Stettler County through social connection and participation in community initiatives.

The Stettler Wellness Committee would like to know more about your connectivity to the community.
Please take a few minutes to complete this survey.

Responses will be kept confidential and anonymous. A third party will process the data.

View their privacy policy at: <https://schollie.com/privacy-policy/>

A. Tell us about your community

1. What is your community? (select only your primary community)
- | | |
|--|---|
| <input type="checkbox"/> ₁ Big Valley | <input type="checkbox"/> ₇ Gadsby |
| <input type="checkbox"/> ₂ Botha | <input type="checkbox"/> ₈ Nevis |
| <input type="checkbox"/> ₃ Byemoor | <input type="checkbox"/> ₉ Red Willow |
| <input type="checkbox"/> ₄ Donalda | <input type="checkbox"/> ₁₀ Rochon Sands |
| <input type="checkbox"/> ₅ Endiang | <input type="checkbox"/> ₁₁ Town of Stettler |
| <input type="checkbox"/> ₆ Erskine | <input type="checkbox"/> ₁₂ White Sands |
| | <input type="checkbox"/> ₁₃ Other (please specify) _____ |

2. On a scale of 1 to 5, where 1 is **not at all**, and 5 is **very much**, to what extent ... (circle your response)
- | | <u>Not at all</u> | | | | <u>Very much</u> |
|---|-------------------|---|---|---|------------------|
| a. do you feel welcome in your community? | 1 | 2 | 3 | 4 | 5 |
| b. do you feel that you belong here?..... | 1 | 2 | 3 | 4 | 5 |
| c. do neighbours in your area help each other out? | 1 | 2 | 3 | 4 | 5 |
| d. is your community clean and tidy?..... | 1 | 2 | 3 | 4 | 5 |
| e. is your community friendly? | 1 | 2 | 3 | 4 | 5 |
| f. is support with daily activities available to you? | 1 | 2 | 3 | 4 | 5 |
| g. do you feel safe in your community? | 1 | 2 | 3 | 4 | 5 |
| h. are you able to access information on services you need? | 1 | 2 | 3 | 4 | 5 |

3. About how many people in your neighbourhood or apartment/condo complex...
- | | <u>None</u> | <u>1 to 2</u> | <u>3 to 5</u> | <u>More than 5</u> |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. do you know the names of? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b. do you know well enough to ask for help if you needed?..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

4. Are you interested in getting to know your neighbours better?

- ☐₁ Very Interested ☐₂ Somewhat Interested ☐₃ Not very interested ☐₄ Not at all interested ☐₅ I already know my neighbours quite well

5. Which one of the following best describes how you interact with your neighbours?

- ☐₁ Very friendly – we hang out together and help each other out
☐₂ Quite friendly – we always talk when we see each other
☐₃ Friendly – we smile and say hello when we see each other
☐₄ Not very friendly – we don't say hello when we see each other
☐₅ Not applicable – we don't really run into each other

Please use the comment box below if you would like to better describe the above:

B. Tell us about your community connectedness

6. Many obstacles keep people from becoming as involved with their community as they would like. Thinking about your own life, please identify if any of the following are obstacles to your participation in activities that could make your community a better place to live.
(select all that apply)

- ☐1 I don't have enough time
- ☐2 I don't know what opportunities or activities are available
- ☐3 A lack of financial resources
- ☐4 A lack of transportation
- ☐5 I don't feel like I have much to offer
- ☐6 I don't feel like I would fit in
- ☐7 Communication / language
- ☐8 Other (please specify) _____

7. What would make it easier to feel more connected in your community? (select all that apply)

- ☐1 Finding people with similar interests
- ☐2 Finding opportunities that interest me
- ☐3 Finding opportunities to share my gifts and skills
- ☐4 More community or common spaces to connect
- ☐5 Access to information about activities that exist in my community
- ☐6 None – I already feel connected to my community
- ☐7 Other (please specify) _____

8. On a scale of 1 to 5, where 1 is **No Connection** and 5 is **Currently have a Strong Connection**, to what extent do you feel a connection with the following types of groups and organizations in your community:

| | No connection, but I want to make a connection | No connection | | | | | Currently have strong connection | |
|--|--|---------------|---|---|---|---|----------------------------------|-----|
| a. Faith community | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> | N/A |
| b. Ethnic community | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> | N/A |
| c. Children's school and/or Playschool..... | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> | N/A |
| d. Youth activities (minor sports, dance, youth recreation clubs) | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> | N/A |
| e. An Art or Cultural Group | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> | N/A |
| f. A Sporting Club or Recreational Group..... | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> | N/A |
| g. A Service Club (e.g. Legion, Kinettes, Rotary Club) | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> | N/A |
| h. A Senior Citizen Club or Group | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> | N/A |
| i. A Community Association (e.g. Ag Society) | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> | N/A |
| j. A Volunteer Group (e.g. Fire Department, Food Bank, Victim Services) | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> | N/A |
| k. An Elected Representative (e.g. Municipal Government, School Board) | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> | N/A |
| l. A support group (e.g. parent support, weight loss support group, mental health) | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> | N/A |
| m. Other (please specify) _____ | <input type="checkbox"/> | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> | N/A |

9. How could you improve your connection with your community? (select all that apply)

- ☐1 Sharing my skills and talents
- ☐2 Attending events
- ☐3 Participating in block parties
- ☐4 Volunteering on a regular basis for a group or organization
- ☐5 Volunteering for an event
- ☐6 Offering to help neighbours
- ☐7 I'm as connected as I want to be
- ☐8 Other (please specify) _____

10. Where do get your information about opportunities for involvement? (select all that apply)

- ☐_1 Word of mouth
- ☐_2 Stettler Connects (stettlerconnects.com)
- ☐_3 Radio
- ☐_4 Newspaper
- ☐_5 Church / Faith community
- ☐_6 Library
- ☐_7 Local not-for-profit organizations
- ☐_8 Social Media
- ☐_9 Children’s activities
- ☐_10 School
- ☐_11 Posters
- ☐_12 Other (please specify) _____

C. Tell us about yourself

11. What is your gender? ☐_1 Male ☐_2 Female ☐_3 Or please specify _____

12. What is your age category?
☐_1 18-24 ☐_2 25-34 ☐_3 35-44 ☐_4 45-54 ☐_5 55-64 ☐_6 65-74 ☐_7 75+

13. Your current living arrangements are best described as living with: (select all that apply)
☐_1 Alone ☐_2 Spouse / partner ☐_3 Children ☐_4 Parents ☐_5 Roommate(s) ☐_6 Other(s)

14. What type of a residence do you live in?
☐_1 Single Family Dwelling ☐_2 Multi-family Unit (Duplex, Fourplex, Townhouse)
☐_3 Apartment / Condo ☐_4 Suite in a house
☐_5 Group accommodation ☐_6 Other (please specify) _____

15. Do you own or rent your dwelling? ☐_1 Own ☐_2 Rent ☐_3 Other

16. How long have you lived in the Town or County of Stettler?
☐_1 Less than 1 year ☐_2 1- 5 years ☐_3 6-10 years ☐_4 10-20 years ☐_5 More than 20 years

17. What is your current status?
☐_1 Employed / Self Employed ☐_2 Not Employed ☐_3 Student ☐_4 Retired ☐_5 Other (please specify) _____

18. What is the annual income of the household?
☐_1 Under \$25,000 ☐_2 \$25,000-\$49,999 ☐_3 \$50,000-\$99,999 ☐_4 \$100,000 or higher

19. Preferred language spoken at home: ☐_1 English ☐_2 French ☐_3 Cree
☐_4 Afrikaans ☐_5 Cantonese ☐_6 Creole
☐_7 Dutch ☐_8 German ☐_9 Hungarian
☐_10 Korean ☐_11 Malayalam ☐_12 Punjabi
☐_13 Spanish ☐_14 Tagalog / Filipino
☐_15 Ukrainian ☐_16 Urdu
☐_17 Other (please specify) _____

Thank-you for completing this survey.
Please return your completed survey by June 21st, 2021 to the
Town of Stettler Parks & Leisure Services
Box 280, 5031 - 50 Street Stettler, AB T0C 2L0

The Stettler Wellness Network will share the overall findings at a future
Community Engagement Event.