



LIVEABLE CITY INDEX SURVEY

We're **BINTULU DEVELOPMENT AUTHORITY (BDA)** is conducting a survey on Liveable City Index in Bintulu town. The results of this survey will be compiled and reported to the Balance Scorecard (BSC) as part of the town's efforts to measure the well-being of our residents. Your individual responses are confidential. Do you have 15 minutes to answer some questions on what contributes to your town?

Thank you.

INTRODUCTION

1. AGE : _____
2. GENDER : Male Female
3. PLACES / AREA OF STAY (e.g Taman or Kampong) : _____

1. PROTECTION OF THE ENVIRONMENT

1. How would you rate your community as a place for people to live as they age?

(This would be the geographical location where your home is located. A community can be located within a town.)

- ₃ Excellent
- ₂ Good
- ₁ Fair

2. How long have you lived in your town?

- ₅ 5 years or less
- ₄ 5 years but less than 15 years
- ₃ 15 years but less than 25 years
- ₂ 25 years but less than 35
- ₁ 35 years or more

3. Thinking about your retirement years when you do not work at all for pay, how likely is it that you will move to a different home *outside* of your community?

- ₃ Very likely
- ₂ Somewhat likely
- ₁ Not very likely

4. If you were to consider moving out of your community during your retirement when you do not work at all, would the following factors impact your decision to move?

	Yes	No	Not Sure
a. Looking for a different home size that meets your needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. Maintaining your current home will be too expensive	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. Fearing for your personal safety or security concerns	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. Looking for a home that will help you live independently as you age	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e. Wanting to move to an area that has better health care facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
f. Wanting to be closer to family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
g. Needing more access to public transportation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
h. Looking for an area that has a lower cost of living	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
J. Other, please specify: _____			

5. How important is it for you to remain in your community as you age?

- ₃ Very important
- ₂ Somewhat important
- ₁ Not very important

2. HOUSING CHOICES

6. Do you own or rent your primary home — or do you have some other type of living arrangement, such as living with a family member or friend?

- ₁ Own
- ₂ Rent
- ₃ Other, please specify: _____

7. What type of home is your primary home?

- ₁ Detached House
- ₂ Semi Detached House
- ₃ Terrace House
- ₄ Town house or duplex
- ₅ Apartment
- ₆ Condominium
- ₇ Kampung
- ₈ Other, please specify: _____

8. People sometimes make modifications to their house so they can stay there as they age.

Do you think you will need to make the following types of modifications or improvements to your home to enable you to stay there as you age?

	Yes	No	Not Sure
a. Easier access into or within your home such as a ramp, chairlift or elevator, or wider doorways	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. Bathroom modifications such as grab bars, handrails, a higher toilet or non-slip tiles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. Putting a bedroom, bathroom and kitchen on the first floor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. Improving lighting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e. Installing a medical emergency response system that notifies others in case of emergency	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
f. Other, please specify: _____			

9. How important do you think it is to have the following in your town?

	Very Important	Somewhat Important	Not Very Important
a. Home repair contractors who are trustworthy, do quality work and are affordable	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Well-maintained homes and properties	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. A home repair service for low-income and older adults that helps with repairs	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. Seasonal services such as lawn work for low-income and older adults	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e. Affordable housing options for adults of varying income levels such as older active adult communities, assisted living and communities with shared facilities and outdoor spaces	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
f. Homes that are equipped with features such as a no-step entry, wider doorways, first floor bedroom and bath, grab bars in bathrooms	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
g. Well-maintained and safe low-income housing	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

3. OUTDOOR SPACES

10. How important do you think it is to have the following in your community?

	Very Important	Somewhat Important	Not Very Important
a. Well-maintained and safe parks that are within walking distance of your home	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Public parks with enough benches	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. Sidewalks that are in good condition, free from obstruction and are safe for pedestrian use and accessible for wheelchairs or other assistive mobility devices	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. Well-maintained public buildings and facilities that are accessible to people of different physical abilities	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e. Separate pathways for bicyclists and pedestrians.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
f. Well-maintained public restrooms that are accessible to people of different physical abilities	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
g. Neighbourhood Rukun Tetangga programs		<input type="checkbox"/> ₃	<input type="checkbox"/> ₂ <input type="checkbox"/> ₁

11. Does the community where you live have the following?

	Yes	No	Not Sure
a. Well-maintained and safe parks that are within walking distance of your home	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Public parks with enough benches	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. Sidewalks that are in good condition, free from obstruction and are safe for pedestrian use and accessible for wheelchairs or other assistive mobility devices	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. Well-maintained public buildings and facility that are accessible to people of different physical abilities separate pathways for bicyclists and pedestrians	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e. Well-maintained public restrooms that are accessible to people of different physical abilities	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
f. Neighbourhood Rukun Tetangga programs.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

4. ACCESSIBILITY THROUGH LAND USE AND TRANSPORTATION

12. Do you get around for things like shopping, visiting the doctor, working or going to other places in the following ways?

	Yes	No
a. Drive yourself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Have others drive you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Walk	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Ride a bike	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Use public transport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Take a taxi	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Others, please specify : _____		

13. How important do you think it is to have the following in your town?

	Very Important	Somewhat Important	Not Very Important
a. Accessible and convenient public transportation	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Affordable public transportation	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. Well-maintained public transportation vehicles	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. Reliable public transportation	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e. Safe public transportation stops or areas	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
f. Special transportation services for people with disabilities and older adults	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
g. Well-maintained streets	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
h. Easy to read traffic signs	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
i. Enforced speed limits	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
j. Public parking lots, spaces and areas to park	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
k. Affordable public parking	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
l. Well-lit, safe streets and intersections for all users (pedestrians, bicyclists, drivers)	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
m. Audio/visual pedestrian crossings	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
n. Driver education/refresher courses	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

14. Does the town where you live have the following?

	Yes	No	Not Sure
a. Accessible and convenient public transportation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. Affordable public transportation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. Well-maintained public transportation vehicles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. Reliable public transportation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e. Safe public transportation stops or areas	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
f. Special transportation services for people with disabilities and older adults	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
g. Well-maintained streets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
h. Easy to read traffic signs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
i. Enforced speed limits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
j. Public parking lots, spaces and areas to park	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
k. Affordable public parking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
l. Well-lit, safe streets and intersections for all users (pedestrians, bicyclists, drivers)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
m. Audio/visual pedestrian crossings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
n. Driver education/refresher courses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀

Thank you very much for completing this survey.

Your assistance in providing this information is greatly appreciated.

If you have any questions or concerns regarding this survey, please feel free to call:

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Bintulu Development Authority (BDA) - Planning, Land & Development Division

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