

## City of Pitt Meadows: Accessibility Plan Survey **Draft 20241119**

The City of Pitt Meadows is developing an Accessibility Plan that identifies focus areas and recommendations to help make our community a place where all people can participate in work, play and other activities.

This survey will help us better understand what is working well today and what could be working better. It will take about 10 to 15 minutes to complete.

**If you are helping someone else complete this survey, please answer the questions on their behalf (i.e. as if you were that person).**

[Insert FOI statement]

### A. About Me

1. I heard about this survey via (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> City website                       | <input type="checkbox"/> Email sent to me                 |
| <input type="checkbox"/> Community service provider         | <input type="checkbox"/> Word of mouth                    |
| <input type="checkbox"/> Health provider                    | <input type="checkbox"/> Social media (Facebook, Twitter) |
| <input type="checkbox"/> Newspaper advertisement or article | <input type="checkbox"/> Other, specify:                  |

2. My age range is:

- |   |  |
|---|--|
| <input type="checkbox"/> Under 25 years | <input type="checkbox"/> 65 - 74 years     |
| <input type="checkbox"/> 25 - 44 years  | <input type="checkbox"/> 75 - 84 years     |
| <input type="checkbox"/> 45 - 54 years  | <input type="checkbox"/> 85 - 94 years     |
| <input type="checkbox"/> 55 - 64 years  | <input type="checkbox"/> 95 years or older |

3. My gender is:

4. I have lived in Pitt Meadows:

- |   |  |
|---|--|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 10 years or longer            |
| <input type="checkbox"/> 1 to 4 years     | <input type="checkbox"/> I do not live in Pitt Meadows |
| <input type="checkbox"/> 5 to 9 years     |  |

5. I live in:

- ☐ Agricultural or Rural Area  
☐ Urban Area  
☐ I do not live in Pitt Meadows

[Include map of these areas]

6. I live with one or more disabilities (check all that apply):

- ☐ Physical / mobility  
☐ Mental-health related  
☐ Intellectual / developmental  
☐ Cognitive  
☐ Learning  
☐ Communication  
☐ Sensory  
☐ Functional limitation

☐ Other or unknown

## B. Places and Activities

1. I like to visit these places (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Parks, trails or cycling paths | <input type="checkbox"/> Shopping areas or malls     |
| <input type="checkbox"/> Community gardens              | <input type="checkbox"/> Coffee shops or restaurants |
| <input type="checkbox"/> Libraries                      | <input type="checkbox"/> Places of worship           |
| <input type="checkbox"/> Recreation centres or pools    | <input type="checkbox"/> Workplace                   |
| <input type="checkbox"/> Seniors centres                | <input type="checkbox"/> Other, please specify:      |
| <input type="checkbox"/> Schools                        |  |

2. Accessibility barriers in Pitt Meadows impact the places I can go and the activities I can do:

- ☐ To a great extent  
☐ Somewhat  
☐ Very little  
☐ Not at all

Please explain:

*[Question would only be displayed if answered "to a great extent" or "somewhat"]*

3. Living with one or more disabilities impacts the... (check all that apply):

- ☐ Places I go  
☐ Businesses I frequent  
☐ Activities I do  
☐ Events I attend  
☐ Amount of time I spend outside of my home  
☐ Number of activities I do each day or week  
☐ Neighbourhood I live in  
☐ Transportation I use to get around  
☐ Services I use in Pitt Meadows  
☐ Other, specify:

If you checked any of these items, please provide more details about how living with a disability impacts you:

2. Are there any other factors that are barriers to the places you go, activities you do, or where you live? (check all that apply)

- ☐ My gender  
☐ My financial situation or income  
☐ My Indigenous identity  
☐ My race or ethnicity  
☐ My knowledge of English  
☐ My level of education  
☐ My sexual orientation  
☐ My health status  
☐ My lack of time  
☐ Other, specify:

If you checked any of these items, please explain:

### C. City Services

1. I use the following City services (check all that apply):
- ☐ Online registration for recreation and culture programs
  - ☐ Telephone or in-person registration for recreation and culture programs
  - ☐ Online payment services (property taxes, licences, permits)
  - ☐ In-person payment services (property taxes, licences, permits)
  - ☐ City website for information and resources
  - ☐ Other, specify:

### D. Share your thoughts

1. In your opinion, what does the Pitt Meadows community provide in buildings or outdoor spaces that supports accessibility? (check all that apply)

- ☐ Accessible parking spaces
- ☐ Accessible washrooms in recreation centres and libraries
- ☐ Accessible washrooms in parks or outdoor spaces
- ☐ Accessible washrooms in businesses
- ☐ Automatic doors
- ☐ Elevators in recreation centres and libraries
- ☐ Elevators in businesses
- ☐ Ramps in recreation centres and libraries
- ☐ Ramps in businesses
- ☐ Accessible transit stops
- ☐ Accessible or adaptable housing options
- ☐ Signage for people with different disabilities
- ☐ Ramps in recreation centres and libraries
- ☐ Other, please specify:

2. A person living in Pitt Meadows with one or more disabilities, ...:

- a. Feels welcomed and respected in... [attitudinal barriers]

- ☐ Recreation facilities and public buildings
- ☐ Outdoor spaces
- ☐ Programs, activities and events
- ☐ Businesses
- ☐ Community service providers
- ☐ Other, please specify:

- b. Can physically access... [physical/built environment barriers]

- ☐ Recreation facilities and public buildings
- ☐ Outdoor spaces
- ☐ Programs, activities and events
- ☐ Businesses
- ☐ Community service providers
- ☐ Other, please specify:

- c. Has access to information and/or communications in...

- ☐ Recreation facilities and public buildings

- ☐ Outdoor spaces
- ☐ Programs, activities and events
- ☐ Businesses
- ☐ Community service providers
- ☐ Other, please specify:

d. Can use technology in...

- ☐ Recreation facilities and public buildings
- ☐ Outdoor spaces
- ☐ Programs, activities and events
- ☐ Businesses
- ☐ Community service providers
- ☐ Other, please specify:

3. What could be done to make the community more accessible?

**E. I would also like to share the following comments:**

Thank you for your time and feedback.

For more information about this project, please contact: [email/tel/website]

For project updates, please go to [insert city webpage with info] or email [City contact email].