

## CABLE ADVISORY COMMITTEE COMMUNITY SURVEY

*As the Town of North Reading prepares for contract negotiations with each cable television provider, Comcast and Verizon, the Cable Advisory Committee seeks community input regarding their services and other aspects of cable television service such as the local community access television station, NORCAM. We ask that citizens in town download and complete these surveys so we may be better informed as to the needs of the cable subscribers in town. This form can be completed by hand or on your computer, and the completed form can be sent via postage (Town Hall c/o The Cable Advisory Committee, 235 North Street, North Reading, MA 01864,) or email (norcamrob@gmail.com.) Thank you for your participation and support.*

### **CABLE SERVICES**

***Which cable company do you subscribe to:***

|         |         |
|---------|---------|
| Comcast | Verizon |
|---------|---------|

***How would you rate the following aspects of your service, from 1 to 5 with 5 being the highest:***

|  |   |
|--|---|
|  | Quality of programming content                                |
|  | Diversity of programming content                              |
|  | Quality of the channels offered                               |
|  | Diversity of the channels offered                             |
|  | Amount of High Definition channels in the programming line up |
|  | Accuracy of the program guide                                 |
|  | Picture quality   |
|  | Sound/Audio quality   |
|  | On-air signal quality   |
|  | Customer service  |
|  | Cost  |

***In the spaces provided below, please answer the following questions:***

|  |  |
|--|--|
|  | Yes or No, Has your cable provider removed a channel or channels that you watch? |
|--|--|

***Please list any channels that apply:*** \_\_\_\_\_  
 \_\_\_\_\_

|  |  |
|--|--|
|  | Yes or No, Have you ever contacted the customer support department of your cable provider?   |
|  | Yes or No, Were you satisfied with the customer support you received?                        |
|  | Yes or No, Were you satisfied with the length of time it took for your issue to be resolved? |
|  | Yes or No, Was your issue ever resolved?   |
|  | Yes or No, Did you have to contact customer support more than once regarding this issue?     |

***Briefly, can you describe any issues you have had in the past:*** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**NORCAM – PUBLIC ACCESS TELEVISION SERVICES**

|  |   |
|--|---|
|  | Yes or No, Are you aware that there is the local access television station, NORCAM, in North Reading? |
|  | Yes or No, Have you ever watched the NORCAM public access channels?                                   |
|  | Yes or No, Are you aware of the other services offered by NORCAM to the community?                    |
|  | Yes or No, Are you a member or volunteer of NORCAM?   |

***How would you rate the following aspects of the NORCAM Access Channels, from 1 to 5 with 5 being the highest:***

|  |                                  |
|--|----------------------------------|
|  | Quality of programming content   |
|  | Diversity of programming content |
|  | Picture quality                  |
|  | Sound/Audio quality              |
|  | On-air signal quality            |
|  | Customer service                 |

***Briefly, can you describe any issues you have had in the past:*** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|  |   |
|--|---|
|  | Yes or No, Do you watch public programming provided by NORCAM?                            |
|  | Yes or No, Do you watch school related and educational programming provided by NORCAM?    |
|  | Yes or No, Do you watch municipal and government programming provided by NORCAM?          |
|  | Yes or No, Do you watch local government board and committee meetings provided by NORCAM? |
|  | Yes or No, Do you watch any NORCAM programming online via our website or YouTube?         |

***What improvements would you like to see from NORCAM:*** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***What concerns do you have with programming cablecast on NORCAM:*** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***What additional programming would you like to see on NORCAM:*** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NORCAM – PUBLIC ACCESS TELEVISION SERVICES (continued...)**

**If you do not watch any of the NORCAM channels or programming, please explain why:** \_\_\_\_\_

---

---

---

|  |  |
|--|--|
|  | Yes or No, Within the past 2 years, have you used any other services provided by NORCAM? |
|  | Yes or No, Have you ever visited or toured the NORCAM Studio facility?                   |
|  | Yes or No, Have you ever taken a video production class at NORCAM?                       |
|  | Yes or No, Have you ever borrowed equipment from NORCAM?                                 |
|  | Yes or No, Have you ever edited a video at NORCAM?                                       |
|  | Yes or No, Have you used or been a guest in the studio at NORCAM?                        |
|  | Yes or No, Have you posted a message on the NORCAM Community Bulletin Board?             |
|  | Yes or No, if applicable, are you satisfied with the value of your NORCAM membership?    |

**Please indicate approximately how often you visit and/or use the NORCAM Facility:**

| <i>Daily</i> | <i>Weekly</i> | <i>Monthly</i> | <i>1-3 months</i> | <i>3-6 months</i> | <i>Yearly</i> | <i>Never</i> |
|--------------|---------------|----------------|-------------------|-------------------|---------------|--------------|
|              |               |                |                   |                   |               |              |

**What improvements in the services offered by NORCAM would you like to see:** \_\_\_\_\_

---

---

---

**What concerns do you have with the services offered by NORCAM:** \_\_\_\_\_

---

---

---

**What additional services would you like to see offered by NORCAM:** \_\_\_\_\_

---

---

---

**Please provide any further feedback for NORCAM:** \_\_\_\_\_

---

---

**VIEWER INFORMATION:**

Please provide the following information, so long as you feel comfortable doing so -

*What best describes your household:*

|               |                |                                |                                   |
|---------------|----------------|--------------------------------|-----------------------------------|
| <i>Single</i> | <i>Married</i> | <i>Household with Children</i> | <i>Children no longer at home</i> |
|               |                |                                |                                   |

|  |
|--|
| Yes or No, Does your household have school age children?                     |
| Approximately how many hours of television do you watch weekly?              |
| Approximately how many hours of local access television do you watch weekly? |

|   |
|---|
| Do you rent or own your property?   |
| If applicable, does your lease include cable television bundled with any or all of the utilities? |

**Indicate the ways you watch television and movies, and if possible, rank those methods with 1 being the primary method:**

|                |              |                  |                 |                          |              |
|----------------|--------------|------------------|-----------------|--------------------------|--------------|
| <i>Antenna</i> | <i>Cable</i> | <i>Satellite</i> | <i>Internet</i> | <i>Streaming Service</i> | <i>Other</i> |
|                |              |                  |                 |                          |              |

*If you indicated "Other", please describe this other method you watch your entertainment:* \_\_\_\_\_

**Do you subscribe to any of the following:**

|             |                |                     |                    |                 |                 |              |
|-------------|----------------|---------------------|--------------------|-----------------|-----------------|--------------|
| <i>Hulu</i> | <i>Netflix</i> | <i>Amazon Prime</i> | <i>Google Play</i> | <i>Apple TV</i> | <i>Sling TV</i> | <i>Other</i> |
|             |                |                     |                    |                 |                 |              |

*If you indicated "Other", please describe the service you subscribe to watch your entertainment:* \_\_\_\_\_

**How do you obtain news and/or information about your community and the Town of North Reading:** \_\_\_\_\_

**What is your age bracket:**

|                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                 |
|----------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------|
| <i>0-9 yrs</i> | <i>10-19 yrs</i> | <i>20-29 yrs</i> | <i>30-39 yrs</i> | <i>40-49 yrs</i> | <i>50-59 yrs</i> | <i>60-69 yrs</i> | <i>70-79 yrs</i> | <i>80-89 yrs</i> | <i>90-99 yrs</i> | <i>100+ yrs</i> |
|                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                 |

**Would you like to provide any further comments:** \_\_\_\_\_

**Optional Information:**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_