Kearny Cable Television Survey 2010

1.	Are you pre	Are you presently a subscriber to cable television?					
	Yes	No	Not Available				
	If yes, numb	If yes, number of sets connected to cable:					
	If no, have y	If no, have you ever subscribed to cable within the municipality?					
	Yes	No					
	If yes, why	did you cancel yo	ur previous subscription?				
2.	Have you ch		e service since your cable was installed (i.e. level or package				
	Yes	No					
	If yes:						
	Why?						
	What change	es did you make?					
3.	Have you ev	Have you ever subscribed to another cable system?					
	Yes	No					
	If Yes, how	does Comcast co	mpare to the other system?				
	a. Betteb. Workc. Same	se					
	Comments on the other cable system:						
4.	Why do you	subscribe to cab	le television? (choose all that apply)				
	b. Mov	ies ety of programs ts	reception without it				

5.	Are you satisfied with Comcast's service?
	Yes No
6.	Have you had any problems with your cable service in the past six months (i.e. poor reception, billing irregularities)?
	Yes No
7.	Which, if any, of these problems have you experienced in the past six months? (choose all that apply)
	 a. Complete loss of cable for several hours (outage) b. Picture quality poor on all stations c. Picture quality poor on specific stations d. Equipment problems e. Billing disputes or irregularities f. Cable internet service disruptions g. Digital cable access issues (on-demand programming problems) h. Other
8.	Would you say service outages occur: a. Frequently b. Only during bad weather c. Occasionally d. Rarely e. Never
9.	Has a Comcast field technician or service representative made a service call to your home in the past six months?
	Yes No If so, for what reason?
10.	How many days did you wait for a service appointment?
	 a. Less than one day b. 1 to 2 days c. 3 to 5 days d. 6 to 10 days e. Over 10 days If longer than three days, was it for a specific appointment (e.g., Saturday, at your

If longer than three days, was it for a specific appointment (e.g., Saturday, at your special request)?

	Yes		No						
11.	Have y	ou contact	ed Comcast w	ith complain	nts or questi	ons by te	elephone	?	
	Yes		No						
12.	Have y	ou had any	billing proble	ems with Co	mcast?				
	Yes		No						
	If yes,	please exp	lain:						
13.			ast's service ir atisfactory; P		•	licable)			
	a.	Reception			G	S	P	N/A	
		-	ervice response	e	Ğ	\ddot{s}	P	N/A	
			y service respo		G	S	P	N/A	
		_	accessibility		G	S	P	N/A	
		Billing ad	•		G	S	P	N/A	
			of employees		Ğ	S	P	N/A	
			gramming sele	ction	G	S	P	N/A	
			orogramming		G	S	P	N/A	
15.	Yes	ou ever wa	Notch public, ed				EG") acc	cess	
	prograi	nming?							
	Yes		No						
16.	Would	you be into	erested in seein	ng more mui	nicipality sp	ecific pr	ogramn	ning?	
	Yes		No						
17.			mming in ordent; 1 = Not Im		ance to you	on a scal	le of 1 to	5.	
	b. c. d. e.	Local pub	Education mee lic opinion zens programs programs					- - - -	

	Educational programs						
	. Town Council meetings						
i.	Other (specify)						
	mportant are the following to you?						
(5 = V)	(5 = Very Important; 1 = Not Important)						
a.	Expansion of channel capacity/programming						
	b. Quality of service						
	c. Cost						
	d. Local programming:						
	i. Educational						
	ii. Governmental						
	iii. Public access						
	types of additional programming service	es would you like to see?					
	a. Sports programming						
	b. Informational and educational programming						
	Cultural programming						
	Children's programming						
	First run popular movies						
	f. Music programming						
	News programming						
	Religious programming						
	On-demand programming						
j.	Other						
A DDITTON A	I COMMENTS.						
ADDITIONA	L COMMENTS:						

Dloago	roturn Voorny Coblo Tol	orrigion Currorr to:					
Please i	return Kearny Cable Tel	evision survey to:					
	Pat Carpenter, Town Cl	erk					
	Town of Kearny						
	402 Kearny Ave.						

Kearny, NJ 07032