


1. ID:

Athens Wellbeing Project

PLEASE FOLLOW THESE INSTRUCTIONS...

- ◆ Use a blue or black ink pen to fill out this questionnaire. (DO NOT USE A PENCIL) 
- ◆ Completely fill in the appropriate bubble like this .
- ◆ If you make a mistake, mark through the incorrect bubble like this , and fill in the correct bubble.

Community Partners: Athens Area Community Foundation, Athens-Clarke County Unified Government, ACC Housing and Community Development Department, Athens-Clarke County Police Department, Athens Housing Authority, Clarke County School District, Family Connection, Piedmont Athens Regional Medical Center, St. Mary's Health Care System, United Way of Northeast Georgia, and the University of Georgia.

Description of Project

The Athens Wellbeing Project is working to improve the quality of life in our community. We are conducting a brief survey of Athens-Clarke County residents to better understand the needs of our neighborhoods and communities. Your household was randomly selected to participate in the survey.

Compensation

All survey participants will have the opportunity to be entered into a weekly drawing to win a gift card.

Voluntary Nature of the Study

The survey will take approximately 15 to 20 minutes to complete. Your participation in the survey is voluntary and you can choose to end the survey at any time. You can also decline to answer any question for any reason.

Confidentiality

All responses to the survey will remain anonymous. No information on individual households will be reported.

The findings from this project may provide information that can be used to improve the quality of life in Athens Clarke County. There are no known risks or discomforts associated with this survey.

Contact Information

Please contact Dr. Grace Bagwell Adams (Phone: 706-713-2701; email: gbagwell@uga.edu) for questions about this survey.

Consent

By selecting yes below, you are agreeing to participate in the survey. I understand that I must be at least eighteen (18) years old and a resident of Athens-Clarke County to participate in this survey.

3. I agree to participate in this survey.

- Yes
 No

4. What is your gender?

- Male
- Female
- Other

5. What race do you consider yourself to be? Please indicate one or more races you consider yourself to be.

- American Indian or Alaska Native
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - Asian
 - White
 - Other race (please specify)
-

6. Do you consider yourself to be Hispanic or Latino?

- Yes
- No

7. What is your current legal marital status?

- Single
- Married
- Separated
- Divorced
- Widowed

8. What is the highest level of education you have completed?

- Less than high school
- High school degree/GED
- Some college but no degree
- Associate's degree: occupational, technical or vocational program
- Associate's degree: academic program
- Bachelor's degree
- Master's degree or higher

9. Are you currently enrolled in college?

- Yes
- No → **Please skip to question #12 on page 3**

99. Overall, how satisfied were you with the following?

	Very satisfied ▼	Satisfied ▼	Neither satisfied nor dissatisfied ▼	Dis- satisfied ▼	Very dissatisfied ▼
Assistance provided by the 911 operator over the telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speed with which your call to 911 was answered by the operator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall professionalism of the 911 operator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge and understanding of the 911 operator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall customer service you received when you contacted the 911 center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

100. As a citizen of Athens-Clarke County, please provide any recommendations or suggestions for the Athens-Clarke County Police Department's **911 Center** or **the Athens-Clarke County Police Department**.

94. This set of questions is about Athens-Clarke County (ACC) Police Officers. Remember, your answers will remain anonymous. Please indicate the extent to which you agree or disagree with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
ACC Police Officers would treat you with respect if you had contact with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACC Police Officers treat everyone fairly regardless of who they are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACC Police Officers are helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACC Police Officers deal positively with young people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACC Police Officers focus on the public safety issues that concern you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of ACC Police Officers that serve my neighborhood is satisfactory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

95. Please indicate the extent to which you agree or disagree with the following statements about the Athens-Clarke County Police Department (ACCPD).

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have a great deal of confidence in the ACCPD and its officers and employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a great deal of respect for the ACCPD and its officers and employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ACCPD shows a great deal of interest in community issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, the ACCPD is doing a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

96. Have you called the Athens-Clarke County **911 Center** in the last 12 months?

- Yes
 No → **Please skip to question #100 on page 23**

97. Did your call go through to an operator the first time you dialed 911?

- Yes
 No

98. Did you request an officer to be dispatched to your location?

- Yes
 No

10. Are you a student at the University of Georgia?

- Yes
 No → **Please skip to question #12**

11. Are you an undergraduate or graduate student at UGA?

- Undergraduate student
 Graduate student

12. What is your total household monthly income before taxes?

- \$0- \$1000
 \$1001- \$2000
 \$2001- \$3000
 \$3001- \$4000
 \$4001- \$5000
 \$5001- \$6000
 \$6001- \$7000
 \$7001- \$8000
 \$8001- \$9000
 \$9001- \$10,000
 \$10,001+

13. What is your age?

years old

14. Please list the number of people in each age group who live in your household (including yourself).

0-5 years	<input type="text"/>	<input type="text"/>	people
6-12 years	<input type="text"/>	<input type="text"/>	people
13-17 years	<input type="text"/>	<input type="text"/>	people
18-25 years	<input type="text"/>	<input type="text"/>	people
26-64 years	<input type="text"/>	<input type="text"/>	people
65+ years	<input type="text"/>	<input type="text"/>	people
Total number of people who live in your household:			<input type="text"/>

15. Are there any school aged children or younger in your household?

- Yes
 No

16. Are you (or someone in your household) a veteran of the US Military?

- Yes
- No

17. Now, think about the past 12 months. Did you work at a job or business at any time during the past 12 months?

- Yes → **Please skip to question #19**
- No

18. If you did not work in the past 12 months, are you...

- a student
- a homemaker
- retired
- unable to work
- other (please specify)

Please skip to question #25 on page 5

19. How many hours did you work LAST WEEK at all jobs or businesses?

- Less than 10 hours
- 10-20 hours
- 21-30 hours
- 31-40 hours
- More than 40 hours

20. Which of the following best describes your usual work schedule?

- Day shift
- Afternoon
- Night shift
- Split shift
- Irregular shift/on-call
- Rotating shifts

21. Does your job offer any of the following benefits? Please select all that apply.

- Medical insurance
- Dental insurance
- Sick leave
- Paid vacation
- Family or maternity leave
- Retirement plan
- Profit sharing
- Bonuses (seasonal/quarterly)
- My job does not offer any of the benefits listed above

90. Please indicate whether you feel safe or unsafe in the following locations.

	Safe ▼	Unsafe ▼	Unsure ▼
In your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On your street	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In your neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In local parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In downtown Athens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

91. In the past 12 months, would you say crime in your neighborhood has gotten better, worse, or stayed the same?

- Better
- Worse
- Stayed the same

92. Have you had any contact with an Athens-Clarke County (ACC) Police Officer in the last 12 months?

- Yes
- No → **Please skip to question #94**

93. Overall, how satisfied were you with the following?

	Very satisfied ▼	Satisfied ▼	Neither satisfied nor dissatisfied ▼	Dis- satisfied ▼	Very dissatisfied ▼
Assistance provided by the ACC Police Officer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speed with which the ACC Police Officer provided assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall professionalism of the ACC Police Officer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge and understanding of the ACC Police Officer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

89. For each of the following issues, please indicate the extent to which you perceive it to be a problem in your neighborhood.

	Big problem ▼	Moderate problem ▼	Minor problem ▼	Not a problem ▼
Guns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gang violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug selling in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mugging/Robbery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Theft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Garbage removal/Littering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abandoned buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graffiti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panhandling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child abuse/maltreatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. How hard is it to take time off during your work to take care of personal or family matters?

- Not at all hard
- Not too hard
- Somewhat hard
- Very hard

23. How often do the demands of your family interfere with your work on the job?

- Often
- Sometimes
- Rarely
- Never

24. In the last 12 months, were you sexually harassed by anyone while you were on the job?

- Yes
- No

25. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

- Yes
- No → **Please skip to question #27 on page 6**

26. What is the **PRIMARY** source of **your** health care coverage?

- A plan purchased through an employer, union, or school (includes plans purchased through another person's employer)
- A plan that you or another family member buys on your own
- A plan purchased through a state Healthcare Exchange ("Obamacare")
- Medicare
- Medicaid
- Managed Medicaid (Wellcare or Amerigroup)
- TRICARE (formerly CHAMPUS), VHA, or Military
- Alaska Native, Indian Health Service, Tribal Health Services
- Some other source (please specify)

27. What is the **PRIMARY** source of your **child/children's** health care coverage? **(If your household does not include a child/children under the age of 18, please skip to question #28.)**

- A plan purchased through an employer, union, or school (includes plans purchased through another person's employer)
- A plan that you or another family member buys on your own
- A plan purchased through a state Healthcare Exchange ("Obamacare")
- PeachCare (Medicaid)
- TRICARE (formerly CHAMPUS), VA, or Military
- Alaska Native, Indian Health Service, Tribal Health Services
- Some other source (please specify)

- My child/children does not have health care coverage.
- I do not have a child/children.

28. Are you currently receiving any of the following benefits? Please select at that apply.

- TANF (Temporary Assistance for Needy Families)
- Disability Insurance/SSDI (Social Security Disability Insurance)
- Childcare assistance/CAPS (Childcare and Parent Services)
- SSI (Supplemental Security Income)
- WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
- Food stamps/SNAP (Supplemental Nutrition Assistance Program)
- I do not currently receive any of the benefits listed above.

29. Do you currently have a checking or savings account at a bank or financial institution? Please select all that apply.

- Checking account
- Savings account

30. If you get sick or have an accident, how worried are you that you will not be able to pay your medical bills?

- Very worried
- Somewhat worried
- Not at all worried

31. Would you say that your household is better off financially or worse off than it was a year ago?

- Better off
- Worse off
- The same

85. On a scale of 1 to 10, how would you rate your neighborhood as a place to live, where '1' represents the **worst place to live** and '10' represents the **best place to live**?

- 1 (worst)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (best)

86. How many times have you moved in the last two years?

- 0
- 1
- 2
- 3 or more

87. How likely is it that you will have to leave your home in the next two months because of eviction or foreclosure?

- Very likely
- Somewhat likely
- Not very likely

88. Please indicate the extent to which you agree or disagree with the following statements about your neighborhood.

	Strongly agree ▼	Agree ▼	Neither agree nor disagree ▼	Disagree ▼	Strongly disagree ▼
People in my neighborhood can be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my neighborhood generally get along with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable with children playing outside in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe enough to walk or exercise outside in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

82. Are you currently participating in any of the following housing programs? Please select all that apply.

- Section 8
- Rapid Rehousing
- Tenant-Based Rental Assistance (TBRA)
- Shelter Plus Care Programs (SP +C)
- I do not currently participate in any of the housing programs listed above.

83. Does your home have any of the following problems? Please select all that apply.

- Exposed electrical wiring
- Open crack/holes in the floors, wall, or ceilings
- Missing shingles or roofing materials
- Outside walls that lean or slant
- Broken or boarded windows
- Peeling paint
- Health hazards such as lead paint or radon
- Pests such as rats or cockroaches
- Mold
- My home does not have any of the problems listed above

84. On a scale of 1 to 10, how would you rate your home as a place to live, where '1' represents the **worst place to live** and '10' represents the **best place to live**?

- 1 (worst)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (best)

32. What mode of transportation do you rely on in a typical week? Please select all that apply.

- Personal vehicle
- Carpool
- Bus
- Taxi/Uber/Lyft
- Bicycle

33. Do you have a child/children in the Clarke County School District?

- Yes
- No, I send my child to private school or out of district → **Please skip to question #39 on page 8**
- No, I do not have school-aged children → **Please skip to question #39 on page 8**

34. Do you have a child/children in elementary school, middle school, high school, or other programming in the Clarke County School District? Please select all that apply.

- Elementary school
- Middle school
- High school
- Other school program (Early Learning Center, Athens Community Career Academy)

35. **If you have a child/children in elementary school**, which of the following elementary schools does your child/children currently attend?

- Alps Road Elementary School
- Barnett Shoals Elementary School
- Barrow Elementary School
- Chase Street Elementary School
- Cleveland Road Elementary School
- Fowler Drive Elementary School
- Gaines Elementary School
- H.B. Stroud Elementary School
- J.J. Harris Elementary School
- Oglethorpe Ave Elementary School
- Timothy Road Elementary School
- Whit Davis Elementary School
- Whitehead Road Elementary School
- Winterville Elementary School
- I do not have a child/children in elementary school.

36. If you have a child/children in middle school, which of the following middle schools does your child/children currently attend?

- Burney-Harris-Lyons Middle School
- Clarke Middle School
- Hilsman Middle School
- W.R. Coile Middle School
- I do not have a child/children in middle school.

37. If you have a child/children in high school, which of the following high schools does your child/children currently attend?

- Cedar Shoals High School
- Clarke Central High School
- Classic City High School
- I do not have a child/children in high school.

38. If you have a child/children in another school program, which of the following does your child/children currently attend?

- Early Learning Center (Special Program)
- Athens Community Career Academy (Special Program)
- I do not have a child/children in another school program.

39. Do you happen to know where people who live in your neighborhood go to vote?

- Yes
- No

40. Are you registered to vote, or not currently registered?

- Registered
- Not currently registered

41. During the past 12 months, did you do any of the following?

	Yes ▼	No ▼
Vote in an election	<input type="radio"/>	<input type="radio"/>
Sign a petition about a political or social issue	<input type="radio"/>	<input type="radio"/>
Telephone, write a letter to, or visit a government official to express your views on a public issue	<input type="radio"/>	<input type="radio"/>
Devote any time to volunteer work	<input type="radio"/>	<input type="radio"/>
Attend a meeting about an issue facing your community or schools	<input type="radio"/>	<input type="radio"/>
Contribute any money to church or charity	<input type="radio"/>	<input type="radio"/>

77. How much are your current **monthly** childcare costs?

\$. per month

78. Do you use childcare services, including having a friend or family member take care of your child/children during the **summer or school holidays**?

- Yes
- No → **Please skip to question #80**

79. Which of the following sources do you rely on for childcare during the summer or school holidays? Please select all that apply.

- Childcare/daycare center
- Family friend
- Grandparent
- Older sibling
- Other relative
- Babysitter or nanny
- Summer school
- Athens-Clarke County summer camps
- Community organizations (e.g., YMCA, Boys & Girls Club)
- Other (please specify)

80. Is your home currently...

- Owned or being bought by someone in your household
- Rented
- Other (please specify)

81. How much is your current monthly mortgage or rental payment?

\$. per month

73. Do you currently use childcare services, including having a friend or family member take care of your child/children?
(If you do not have a school-aged or younger child/children, please skip to question #80 on page 17.)

- Yes
 No → **Please skip to question #80 on page 17**

74. Which of the following sources do you rely on for childcare? Please select all that apply.

- Childcare/daycare center
- Family friend
- Grandparent
- Older sibling
- Other relative
- Babysitter or nanny
- Afterschool program
- Other (please specify)

75. The next set of questions is about the affordability, flexibility, and safety of your childcare. To what extent do you agree or disagree with the following statements about your childcare?

	Strongly agree ▼	Agree ▼	Neither agree nor disagree ▼	Disagree ▼	Strongly disagree ▼
My childcare is affordable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My childcare is flexible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My childcare is safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My childcare provides quality care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

76. If you are dissatisfied at all with any part of this childcare arrangement, what keeps you from changing it? Please select all that apply.

- More satisfactory childcare would be too expensive
- You work/study at hours when more satisfactory childcare is not available
- More satisfactory childcare arrangements are not available in my community
- You only need childcare on a part-time or part-year basis
- You are too busy right now to find the time to change arrangements
- Other (Please describe):
- I am not dissatisfied with any part of this childcare arrangement

42. How often do you meet socially with friends, relatives or work colleagues?

- Daily
- A few times a week
- Weekly
- A few times a month
- Monthly
- Rarely or never

43. Please indicate the extent to which you agree or disagree with the following statements.

	Strongly agree ▼	Agree ▼	Neither agree nor disagree ▼	Disagree ▼	Strongly disagree ▼
I can influence decisions affecting Athens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I put a lot of effort into being part of the Athens community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. What level of guidance would you say your religion provides in your day-to-day life?

- No guidance in your day-to-day life
- Some guidance
- Quite a bit of guidance
- A great deal of guidance

45. All things considered, how satisfied are you with your life as a whole these days? Are you very satisfied, satisfied, not very satisfied, or not at all satisfied?

- Very satisfied
- Satisfied
- Not very satisfied
- Not at all satisfied

46. All things considered, how satisfied are you with your life at home these days? Are you very satisfied, satisfied, not very satisfied, or not at all satisfied?

- Very satisfied
- Satisfied
- Not very satisfied
- Not at all satisfied

47. All things considered, how satisfied are you with your job these days? Are you very satisfied, satisfied, not very satisfied, or not at all satisfied? **(If you did not work at a job or business at any time during the past 12 months, please skip to question #48.)**

- Very satisfied
- Satisfied
- Not very satisfied
- Not at all satisfied

48. Has anyone in your household (including yourself) ever been told by a doctor, nurse or other health professional that they had any of the following health conditions? Please select all that apply.

- Cancer
- Diabetes
- Hypertension or high blood pressure
- Arthritis or rheumatism
- High cholesterol
- Asthma
- Heart disease
- Obesity
- Depression
- Anxiety
- Other mental health disorder (e.g., bipolar, schizophrenia)
- Alcohol use disorder
- Opioid use disorder
- Other drug use disorder (e.g., cocaine, methamphetamine)
- Chronic pain
- No one in my household (including myself) has any of the health conditions listed above

49. During the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes emergency room visits that resulted in a hospital admission.

- None → **Please skip to question #52 on page 11**
- 1
- 2-3
- 4-5
- 6-7
- 8-9
- 10-12
- 13-15
- 16 or more

70. Please indicate the extent to which you agree or disagree with the following statements. **(If you do not have a school-aged child/children, please skip to question #73 on page 16.)**

	Strongly agree ▼	Agree ▼	Neither agree nor disagree ▼	Disagree ▼	Strongly disagree ▼
I understand what my child is expected to learn in all subject areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident about my ability to help my child at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The education my child is receiving is preparing him/her for future success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

71. How far do you expect your child/children to go in school?

- I expect my child/children to graduate from high school.
- I expect my child/children to graduate from a vocational certificate program.
- I expect my child/children to graduate from a two-year school or technical school.
- I expect my child/children to graduate from a four-year college.
- I expect my child/children to complete post-graduate studies after graduating from a four-year college.

72. Now, we'd like to know about gangs at your child/children's school. You may know these as street gangs, fighting gangs, crews, or something else. Gangs may use common names, signs, symbols, or colors. For this survey we are interested in all gangs.

	Yes ▼	No ▼	Don't know ▼
Are there gangs in your child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have gangs been involved in fights or other violence at your child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have gangs been involved in the sale of drugs at your child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

64. Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it including: using it without a prescription of your own; using it in greater amounts, more often, or longer than you were told to take it; using it in any other way a doctor did not direct you to use it?

- Yes
- No

65. Does anyone in your household (including yourself) currently smoke cigarettes?

- Yes
- No

66. "We couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months?

- Often
- Sometimes
- Never true

67. How many servings of fruits do you eat each day? (one serving=1 piece fruit, ¾ cup 100% fruit juice)

- 0
- 1
- 2
- 3
- 4 or more

68. How many servings of vegetables do you eat each day? (one serving = ½ cup cooked vegetables, 1 cup salad)

- 0
- 1
- 2
- 3
- 4 or more

69. Would you say that in general your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

50. Thinking about your most recent emergency room visit, did you go to the emergency room either at night or on the weekend?

- Yes
- No

51. Which of these apply to your last emergency room visit?

	Yes ▼	No ▼
You didn't have another place to go	<input type="radio"/>	<input type="radio"/>
Your doctor's office or clinic was not open	<input type="radio"/>	<input type="radio"/>
Your health provider advised you to go	<input type="radio"/>	<input type="radio"/>
The problem was too serious for the doctor's office or clinic	<input type="radio"/>	<input type="radio"/>
Only a hospital could help you	<input type="radio"/>	<input type="radio"/>
The emergency room is your closest provider	<input type="radio"/>	<input type="radio"/>
You get most of your care at the emergency room	<input type="radio"/>	<input type="radio"/>
You arrived by ambulance or other emergency vehicle	<input type="radio"/>	<input type="radio"/>

52. During the past 12 months, did your child/children receive a well-child check-up, that is a general check-up, when they were not sick or injured?

- Yes
- No
- I do not have school aged children. → **Please skip to question #56 on page 12**

53. During the past 12 months, how many times has your **child/children** gone to a hospital emergency room about his/her own health? This includes emergency room visits that resulted in a hospital admission.

- None → **Please skip to question #56 on page 12**
- 1
- 2-3
- 4-5
- 6-7
- 8-9
- 10-12
- 13-15
- 16 or more

54. Thinking about your **child's** most recent emergency room visit, did he/she go to the emergency room either at night or on the weekend?

- Yes
 No

55. Which of these apply to your child/children's last emergency room visit?

Yes No
▼ ▼

- | | | |
|---|-----------------------|-----------------------|
| Your child/children didn't have another place to go | <input type="radio"/> | <input type="radio"/> |
| Your child/children's doctor's office or clinic was not open | <input type="radio"/> | <input type="radio"/> |
| Your health provider advised your child/children to go | <input type="radio"/> | <input type="radio"/> |
| The problem was too serious for the doctor's office or clinic | <input type="radio"/> | <input type="radio"/> |
| Only a hospital could help your child | <input type="radio"/> | <input type="radio"/> |
| The emergency room is your child's closest provider | <input type="radio"/> | <input type="radio"/> |
| Your child gets most of his/her care at the emergency room | <input type="radio"/> | <input type="radio"/> |
| Your child arrived by ambulance or other emergency vehicle | <input type="radio"/> | <input type="radio"/> |

56. During the past 12 months, did you (or someone in your household) have trouble finding a general doctor or provider who would see you?

- Yes
 No → **Please skip to question #58**

57. Were you (or someone in your household) able to find a general doctor or provider who could see you?

- Yes
 No

58. During the past 12 months, were you (or someone in your household) told by a doctor's office or clinic that they did not accept your health care coverage?

- Yes
 No

59. During the past 12 months, was there any time when you (or someone in your household) needed dental care but didn't get it?

- Yes
 No

60. During the past 12 months, was there any time when you (or someone in your household) needed mental health treatment or counseling but didn't get it?

- Yes
 No → **Please skip to question #62**

61. Which of these statements explains why you (or someone in your household) did not get the mental health treatment or counseling needed? Please select all that apply.

- You couldn't afford the cost.
 - You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you.
 - You were concerned that getting mental health treatment or counseling might have a negative effect on your job.
 - Your health insurance does not cover any mental health treatment or counseling.
 - Your health insurance does not pay enough for mental health treatment or counseling.
 - You did not know where to go to get services.
 - You were concerned that the information you gave the counselor might not be kept confidential.
 - You were concerned that you might be committed to a psychiatric hospital or might have to take medicine.
 - Some other reason(s). (please specify)
-

62. During the past 12 months, was there any time when you (or anyone in your household) needed treatment or counseling for your/their use of **alcohol or drugs** but didn't get it?

- Yes
 No → **Please skip to question #64 on page 14**

63. Which of these statements explain why you (or someone in your household) did not get the treatment or counseling needed for the use of **alcohol or drugs**? Please select all that apply.

- You had no health care coverage, and you couldn't afford the cost.
 - You did have health care coverage, but it didn't cover treatment for alcohol/drugs or didn't cover the full cost.
 - You had no transportation to a program, or the programs were too far away, or the hours were not convenient.
 - You didn't find a program that offered the type of treatment or counseling you wanted.
 - You were not ready to stop using alcohol/drugs.
 - There were no openings in the programs.
 - You did not know where to go for treatment.
 - You were concerned that getting treatment or counseling might cause your neighbors or community to have a negative opinion of you.
 - You were concerned that getting treatment or counseling might have a negative effect on your job.
 - Some other reason(s). (please specify)
-