

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

90. As a citizen of Athens-Clarke County, please provide any recommendations or suggestions for improvement to the Athens-Clarke County Police Department.

1. ID: 

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## 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, Clarke County School District, Family Connection, United Way of Northeast Georgia, and the University of Georgia's School of Social Work, College of Public Health, Franklin College of Arts and Sciences, and School of Public and International Affairs

### 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. Results of the survey will be reported at the neighborhood level.

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.

2. I agree to participate in this survey.

- Yes
- No

3. What is your gender?

- Male
- Female
- Other

4. 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)
- 

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

- Yes
- No

6. What is your current legal marital status?

- Single
  - Married
  - Separated
  - Divorced
  - Widowed
- } **Please skip to question #8**

7. Are you currently in a dating relationship?

- Yes
- No

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

- Less than high school
- High school degree/GED
- Associate's degree
- Bachelor's degree
- Master's degree or higher

84. 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
The ACCPD is a good resource for information about preventing crime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>

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

- Yes
- No → **Please skip to question #89 on page 20**

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

- Yes
- No

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

- Yes
- No

88. 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"/>

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

- Yes  
 No → Please skip to question #83

82. 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"/>
Overall customer service you received from the ACC Police Officer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

83. 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 are professional and courteous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACC Police Officers are friendly and approachable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACC Police Officers can be relied on to be there when you need them.	<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"/>

9. Are you currently enrolled in college?

- Yes  
 No → Please skip to question #12

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+

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

- Yes
- No

16. 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 #18**
- No

17. 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 #20**

18. 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

19. 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

20. 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 #22 on page 5**

78. (continued) 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 ▼
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"/>
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"/>

79. 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"/>

80. 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

74. How satisfied are you with the maintenance of your home and its property?

- Completely satisfied
- Partly satisfied
- Dissatisfied
- The landlord is not responsible for maintenance

75. Do you pay separately for any of the following? Please select all that apply.

- Electricity
- Gas
- Fuel oil
- Garbage collection
- Water and sewer services
- I do not pay separately for any of the services listed above

76. 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"/>

77. In the past month, have you talked with any of your neighbors for 10 minutes or more?

- Yes
- No

78. 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"/>

21. 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), VA, or Military
  - Alaska Native, Indian Health Service, Tribal Health Services
  - Some other source (please specify)
- 

22. 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)
- Section 8/Housing assistance
- I do not currently receive any of the benefits listed above

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

- Checking account
- Savings account

24. 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

25. 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

26. Do you (or someone in your household) use the Internet at home?

- Yes  
 No → **Please skip to question #28**

27. What is the source of your internet access at home?

- Cellphone  
 Telephone provider  
 Cable TV provider  
 Satellite  
 Other (please specify)
- 

28. What is your primary mode of transportation?

- Car  
 Bus  
 Bicycle  
 Walking  
 Taxi/Uber

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

- 0  
 1  
 2  
 3 or more

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

- Yes  
 No, I do not have school-aged children  
 No, I send my child to private school or out of district

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

- Yes  
 No

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

- Registered  
 Not registered

70. 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

71. Which FIVE amenities would you most like to see built or improved in your neighborhood?

- Affordable housing  
 Bike paths and bike lanes  
 Childcare/daycare centers  
 Community centers  
 Community gardens  
 Improved sidewalks  
 Medical clinics  
 More car parking  
 Parks/playgrounds  
 Supermarkets/food stores  
 Senior centers  
 Sports facilities  
 Walking paths/trails  
 Youth centers  
 Other (please specify)
- 

72. 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

73. How much is your current monthly rental payment? (If your current home is not rented, please skip to question #76 on page 16.)

\$      .   per month

65. Do you currently use childcare services, including having a friend or family member take care of your child/children? **(If your household does not include a child or children under the age of 18, please skip to question #68.)**

- Yes
- No → Please skip to question #68

66. Which of the following sources do you rely on for childcare?

- Childcare/daycare center
- Family friend
- Grandparent
- Other relative
- Afterschool program
- Other (please specify)

67. 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"/>

68. Is your home currently...

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

69. Which of the following appliances are present in your home and currently in working order? Please select all that apply.

- Cooking stove, range, or oven
- Refrigerator
- Dishwasher
- Washing machine
- Clothes dryer

33. How often do you pay attention to what's going on in government and politics?

- Always
- Most of the time
- About half of the time
- Some of the time
- Never

34. 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"/>

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

	Yes	No
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"/>

36. 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

37. 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"/>

38. 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

39. Do you ever attend religious services, apart from occasional weddings, baptisms or funerals?

- Yes
- No → Please skip to question #41

40. Do you attend religious services...

- Every week
- Almost every week
- Once or twice a month
- A few times a year
- Never

41. Regardless of whether you now attend any religious services, do you ever think of yourself as part of a particular church or denomination?

- Yes
- No

42. 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

43. 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

61. 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. (If you do not have a child/children in the Clarke County School District, please skip to question #63.)

	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"/>

62. 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 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"/>

63. How far do you expect your child/children to go in school? (If you do not have school-aged children, please skip to question #64.)

- 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.

64. During the past 12 months, have you done any of the following? Please select all that apply.

- Read a book for fun
- Engaged in a hobby with friends
- Learned a new skill
- Attended an Osher Lifelong Learning Institute (OLLI) course
- Attended a class at church
- Attended a lecture at the University of Georgia
- Other (please specify)

58. How often do you and/or members of your household visit your neighborhood school for the following?

	Very often	Often	Occasionally	Rarely	Never
Cultural events (play, concerts, art shows, etc.)	<input type="radio"/>				
Parenting skills	<input type="radio"/>				
GED classes	<input type="radio"/>				
Literacy support	<input type="radio"/>				
Health screenings	<input type="radio"/>				
Nutritional education	<input type="radio"/>				
English as Second Language classes	<input type="radio"/>				

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
The public school buildings and grounds in my neighborhood are clean and attractive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take pride in my neighborhood school(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a strong connection to my neighborhood school(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to be more involved with my neighborhood school(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schools do a lot of good in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
The public elementary schools in my neighborhood are safe places.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The public middle schools in my neighborhood are safe places.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The public high schools in my neighborhood are safe places.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schools in my neighborhood are welcoming places.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. 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 #45.)

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

45. 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 or drug use disorder
- Chronic pain
- No one in my household (including myself) has any of the health conditions listed above

46. 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 #48

47. Were you able to find a general doctor or provider who could see you?

- Yes
- No

48. 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

49. 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

50. 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 #52

51. 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)

\_\_\_\_\_

52. 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 #54 on page 11

53. 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)

\_\_\_\_\_

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

- Yes  
 No

55. In a typical week, on how many days do you eat food from fast food restaurants?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

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

- Excellent
- Very good
- Good
- Fair
- Poor

57. Please read each of the following activities and indicate the frequency with which your partner acts in the way depicted. (If you are not currently married, separated, or dating, please skip to question #58 on page 12.)

How often does your partner...

	Never	Rarely	Sometimes	Fairly often	Frequently
Physically hurt you	<input type="radio"/>				
Insult or talk down to you	<input type="radio"/>				
Threaten you with harm	<input type="radio"/>				
Scream or curse at you	<input type="radio"/>				