

Community Survey 2

1. In your own words, identify the three most urgent needs in the neighborhood.
- a. _____
 - b. _____
 - c. _____

2. If services and activities were offered on your neighborhood would you participate? YES NO
If yes, what services and activities would you like to see offered?

3. What reasons would keep you from participating?

<input type="checkbox"/> Cost	Follow-up questions:
<input type="checkbox"/> Transportation	Why?
<input type="checkbox"/> Child care	Why?
<input type="checkbox"/> Time	What is the best day and time?
<input type="checkbox"/> Other	What?

4. What would be the best way to let people know about community services programs in the neighborhood?

<input type="checkbox"/> Flyers	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> CableTV Public Service Announcements
<input type="checkbox"/> Posters	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio/Public Service Announcements

5. When you and/or your children get sick and need medical care where do you go?
 Family Dr. Health Clinic Hospital Emergency Urgent care Other

6. Do you have children in school? YES NO

If so, what grades are they in?

- Preschool or Kindergarten*
- Elementary School*
- Middle School*
- Junior High School*
- High School*

If so, how often do you visit the school?

- Never have*
- Once in a while*
- Regularly*

If so, what do you think of the way the school is conducted?

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7. Name three problems or concerns that you feel have an impact on your family.

8. Age 15-25

circle one 26-39

40-50

51-60

61-70

71-80

81+

9. What year did you move into this community? _____

10. What are the occupations of the heads of household in your home?
