

# Community Life Questionnaire for Families

INTERVIEWER'S INTRODUCTION: Thank you for taking the time to answer our community survey. We are gathering information from residents to improve programs and services offered in the community. Your participation in this survey is voluntary and will remain confidential. Feel free to skip any questions you are not comfortable answering.

## Section A: Community Questions

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INTERVIEWER READ: I would like to start by asking you questions about living in this community. In the following statements, tell us if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree

### 1. People in this community get along with each other

- Strongly Agree
- Agree
- Neither
- Disagree
- Strongly Disagree

### ***Do not Read***

- Don't know
- Refused

### 2. Resident Safety

	Resident's Response				<b><i>Do not Read</i></b>	
	I <u>always</u> feel safe	I feel safe <u>most of the time</u>	I feel safe <u>sometimes</u>	I <u>never</u> feel safe	I don't know if I feel safe	Refused
How safe do you feel in your apartment building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How safe do you feel in this community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. Do you feel you know your neighbors in this apartment community?

- I know most of my neighbors
- I know some of my neighbors
- I know a few of my neighbors
- I don't know any neighbors

### ***Do not Read***

- I'm not sure if I know neighbors
- Refused

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**4. What statement best describes how often you talk with neighbors in this apartment community?**

- I regularly to talk with my neighbors
- I sometimes and talk with my neighbors
- I almost never to talk with my neighbors
- I never to talk with my neighbors

***Do not Read:***

- I am not sure if I talk with my neighbors
- Refused

**5. Do you feel you can rely on your neighbors in this apartment community?**

- I can rely on most of my neighbors
- I can rely on some of my neighbors
- I can rely on a few of my neighbors
- I can't rely on any of my neighbors

***Do not Read:***

- I don't know if I can rely on my neighbors
- Refused

**6. How often do you give or receive support other than money to your neighbors in this apartment community? Support can be babysitting or lending household items.**

- Often
- Sometimes
- Rarely
- Never

***Do not Read:***

- Don't know
- Refused

**7. Do you have one or more family members that also live in this apartment community?**

- Yes, I have family members that live in other units here

If yes, how many?

- 1-2
- 3-4
- 5 or more

- No, I do not have any other family members living in this apartment community

***Do not Read***

- Don't know
- Refused

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**8. Are you registered to vote?**

- Yes
- Registered outside of current community

No

- Not eligible to vote
- Not registered for religious reasons

GO TO QUESTION 10

GO TO QUESTION 9

GO TO QUESTION 11

***Do not Read***

- Don't know
- Refused

**9. Would you like to get registered?**

- Yes
- No

GO TO QUESTION 11

***Do not Read***

- Don't know
- Refused

**10. Did you vote in the last election?**

- Yes
- No
- No, I was not 18 at the time
- No, I was not eligible at the time

***Do not Read***

- Don't know
- Refused

**11. Do you have access to the internet in your apartment?**

- Yes
- No

***Do not Read***

- Don't know
- Refused

**12. Do you have a computer, laptop, or tablet in your household?**

- Yes
- No

***Do not Read***

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- Don't know
- Refused

## Section B: Workforce Development

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**13. Are you currently working for pay? Please do not include unpaid experiences.**

- Yes GO TO QUESTION 14
  - No GO TO QUESTION 15
  - I am unable to work (disabled)
  - I am retired
- } GO TO SECTION C

***Do not Read***

- Don't know
- Refused

**14. How many hours per week do you work?**

Number of Hours \_\_\_\_\_ GO TO QUESTION 17

***Do not Read***

- Don't know
- Refused

**15. Some people may not be able to get a job even if they want to work. Other people have personal reasons for not working for pay. What is the main reason you are not working?**

***Interviewers do not read, select the best option based on resident's response***

- Taking care of home or family
- Illness, disability, other person
- Unable to find child care
- Going to school, in training
- Unable to find work
- Pregnancy
- Temporarily laid off/temporary leave
- Criminal record makes it hard to find work
- Illness, disability, self
- Retired, too old
- Other (please specify)

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- Don't know
- Refused

**16. During the past 12 months, did you work for pay?**

- Yes
- No

***Do not Read***

- Don't know
- Refused

**17. Whether or not you are working right now, are you looking for a job right now?**

- Yes
- No
- Not applicable—I am unable to work or retired

***Do not Read***

- Don't know
- Refused

# Community Life Questionnaire for Families

## Section C: Youth Education and Development

If there are no members enrolled in grades kindergarten through 12<sup>th</sup> grade

GO TO SECTION D

INTERVIEWER READ: Now I would like to ask you some questions about any members of your household that are youth and young adults.

**18. For household members enrolled in grades kindergarten through 12<sup>th</sup> grade, please complete the following information about their school and afterschool program**

Name	Enrolled in Grades K-12?		Grade	School Name	Currently enrolled in afterschool programs through agencies or organizations		If yes, where do they go for afterschool?	If no, would you like them to be enrolled?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No

If there are no youth enrolled in grades 9-12

GO TO SECTION D

**19. Would you like information for anyone in your household about how to apply for financial aid for college or training programs by completing a FAFSA (Free Application for Federal Student Aid) form?**

- Yes  
 No

***Do not Read***

- Don't know  
 Refused

# Community Life Questionnaire for Families

## Section D: Early Education

If there are no household members ages 0-6 in the household



GO TO SECTION E

INTERVIEWER READ: The following questions are about children ages 0-6 in your household

**20. Of the household members ages 0-6 are they enrolled in a program such as preschool, Head Start, kindergarten or first grade?**

Name	Age	Program Child is Enrolled in	Does not Participate in any Program	If yes, where do they go?	Do you receive a voucher or subsidy to participate in the early education program your child attends?	
		<input type="checkbox"/> Head Start <input type="checkbox"/> Licensed Center-based Daycare <input type="checkbox"/> Licensed Home-based Daycare <input type="checkbox"/> Preschool Program <input type="checkbox"/> Kindergarten <input type="checkbox"/> First Grade <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Head Start <input type="checkbox"/> Licensed Center-based Daycare <input type="checkbox"/> Licensed Home-based Daycare <input type="checkbox"/> Preschool Program <input type="checkbox"/> Kindergarten <input type="checkbox"/> First Grade <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Head Start <input type="checkbox"/> Licensed Center-based Daycare <input type="checkbox"/> Licensed Home-based Daycare <input type="checkbox"/> Preschool Program <input type="checkbox"/> Kindergarten <input type="checkbox"/> First Grade <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Name	Age	Program Child is Enrolled in	Does not Participate in any Program	If yes, where do they go?	Do you receive a voucher or subsidy to participate in the early education program your child attends?	
		<input type="checkbox"/> Head Start <input type="checkbox"/> Licensed Center-based Daycare <input type="checkbox"/> Licensed Home-based Daycare <input type="checkbox"/> Preschool Program <input type="checkbox"/> Kindergarten <input type="checkbox"/> First Grade <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

If any household members age 0-6 is *not enrolled* in a program → GO TO QUESTION 21

If all household members age 0-6 are enrolled in a program → GO TO SECTION E

**21. If a child is not enrolled in an early education program, can you tell me why they are not enrolled?**

***Interviewers do not read, select the best option based on resident's response***

- Currently on wait list to get into a program
- Programs are inconvenient (I can't get to them, or the times don't work for me)
- Programs are not affordable (I can't pay for it)
- Was denied childcare subsidy or voucher
- I prefer to keep my children at home or with a relative
- I don't know of any programs
- Other (please specify)

- Don't know
- Refused

**22. Would you like assistance getting a child into a preschool or daycare program?**

- Yes
- No



# Community Life Questionnaire for Families

## ***Do not Read***

- Don't know
- Refused

## Section E: Health

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INTERVIEWER READ: Now I would like to ask you general health questions and about access to healthcare for you and your family

### **23. Would you say in general your health is--?**

- Excellent
- Very good
- Good
- Fair
- Poor

## ***Do not Read***

- Don't know
- Refused

### **24. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities such as self-care, work, or recreation?**

Number of Days \_\_\_\_\_

## ***Do not Read***

- None
- Don't know/not sure
- Refused

### **25. As of today, what type of health insurance do you have?**

- Public
- Private
- Other-please specify
- I don't have health insurance

## ***Do not Read***

- Don't know
- Refused

### **26. What is the name of the insurance company?**

# Community Life Questionnaire for Families

If there are no other members in the household



GO TO QUESTION 27

**25a. What about the other members if your household? As of today, what type of health insurance do they have?**

Name	Resident's Response				<b><i>Do not Read</i></b>	
	Public	Private	Other <i>Please specify</i>	Does not have health insurance	Don't know or Unsure	Refused
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**27. Where do you go for health care? (check all that apply)**

Doctor or healthcare professional in a local hospital

*Please specify which hospital* \_\_\_\_\_

Other doctor, in a private office

Health center

*Please specify which health center* \_\_\_\_\_

VA

Emergency room

Walk-in clinic

Visiting nurse association/on-site services

Other (please specify)

***Do not Read***

Don't know

Refused

## Section F: Demographics

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INTERVIEWER'S READ: Lastly, I would like to ask some questions about you

**28. In general, how do your family finances usually work out at the end of the month? Is there:**

- Some money left over
- Just enough to make ends meet
- Not enough money to make ends meet

***Do not Read***

- Don't know
- Refused

**29. For the following statements, please answer "often true", "sometimes true", or "never true"**

**Within the last 12 months we were worried whether our food would run out before we got money to buy more**

- Often true
- Sometimes true
- Never true

***Do not Read***

- Don't know
- Refused

**Within the past 12 months the food we bought just didn't last and we didn't have money to get more**

- Often true
- Sometimes true
- Never true

***Do not Read***

- Don't know
- Refused

**30. Would you like assistance finding out if you are eligible for any of the following?**

- Food stamps (SNAP)
- WIC
- Fuel Assistance/Utility Assistance
- Childcare subsidy
- Free cell phone with minutes
- None of the above

***Do not Read***

- Don't know

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Refused

**31. What is the *highest* level of schooling you have completed?**

*Check one*



- Grade school
- Some high school but did not graduate and do not have GED
- Currently have GED
- Currently enrolled in high school
- Completed/graduated from high school
- Some college or university
- Vocational or trade school after high school
- Completed Associate’s degree
- Completed bachelor’s degree
- Post graduate degree from college or university (Master’s or Doctorate)

***Do not Read***

- Don’t know
- Refused

INTERVIEWER NOTE: If resident did not finish high school and does not have a GED ask question 32

**32. Are you currently enrolled in a GED program?**

- Yes 
- No 

GO TO QUESTION 35

GO TO QUESTION 33

***Do not Read***

- Don’t know
- Refused

**33. Would you like to enroll in a GED program?**

- Yes
- No

***Do not Read***

- Don’t know
- Refused

**34. Are you currently enrolled in college?**

- Yes
- No

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***Do not Read***

- Don't know
- Refused

**35. Would you like help applying for college?**

- Yes
- No

***Do not Read***

- Don't know
- Refused

**36. Are you currently serving in the armed forces?**

- Yes
- No

***Do not Read***

- Don't know
- Refused

**37. Are you a veteran?**

- Yes
- No

***Do not Read***

- Refused

**38. What language do you usually speak at home?**

- English
- Spanish
- Portuguese
- Vietnamese
- Russian
- Haitian Creole or French Creole
- Mandarin/Cantonese
- Arabic
- Other (*please specify*)

***Do not Read***

- Refused

**39. Is there anything else you would like to share with us?**

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# Community Life Questionnaire for Families

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