



Gauging the Effects of Neighborhood Trends on Sickness QUESTIONNAIRE

GENTS

GAUGING THE EFFECTS OF NEIGHBORHOOD TRENDS ON SICKNESS:
EXAMINING PERCEPTIONS OF TRANSIT-INDUCED GENTRIFICATION IN PRINCE GEORGE'S COUNTY

STUDY



Thank you for participating in the GENTS Study.

Dr. Jennifer D. Roberts, along with her PHOEBE Laboratory research at the University of Maryland, is conducting the GENTS Study to examine gentrification and its impact on health and well-being among Prince George's County residents. We would greatly appreciate it if you could complete this questionnaire as soon as possible. It should take about 30 to 60 minutes to complete. Feel free to stop and take breaks as needed. Upon completion, you will receive your \$25 gift card.

Here are a few things to keep in mind while working on the questionnaire:

- All your responses are completely confidential. They will not be seen by anyone except researchers at the University of Maryland. Responses to your questions will be grouped with the responses of others.
- Please answer each question as accurately and honestly as possible.
- Once you have finished, please double check to make sure you didn't miss any questions.
- Your participation in completing this questionnaire is voluntary and you can stop at any time.

Again, thank you for completing this questionnaire and participating in the GENTS Study. If you have any questions, please feel free to contact us by phone or email.

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1. What is today's date? _____(Month) _____(Day) _____(Year)

QUESTIONS ABOUT YOU AND YOUR BACKGROUND

2. What is your gender? Male Female

3. Which of the following describes you? (*check all that apply*)

- Hispanic or Latino
 Black or African American
 White
 American Indian or Alaskan Native
 Asian or East Indian
 Native Hawaiian or other Pacific Islander
 Other (*specify*) _____

4. What is your birth date? _____(Month) _____(Day) _____(Year)

5. What is your height? _____(Feet) _____(Inches)

6. What is your weight? _____(Pounds)

7. Where you born in the United States? Yes No

8. What language do you speak most of the time at home?

- English
 Spanish
 Other (*specify language*) _____
 About the same in Spanish and English
 About the same in another language and English (*specify Language*) _____

9. What is your current relationship status?

- Married
 Separated
 Never married
 Divorced
 Widowed
 Living with partner, not married

10. Including yourself, how many people live in your household? _____

11. Are you raising children? Yes No

If YES: What is your relationship to these children?

- My own
 My grandchildren
 Other's children

How many children live with you that you are raising? _____

What are the ages of the children who live with you? _____

12. What is the highest grade of school or year of college you have completed?

- Less than high school diploma / GED
 High school diploma / GED
 Some college, no degree
 Associates or Technical degree
 Bachelor's degree
 Graduate or professional degree

13. What is the name of your neighborhood? _____

14. Are you planning to move in the next 12 months?

- Yes, within the DMV area Yes, outside the DMV area No I don't know

15. What is your current home address?

Neighborhood: _____

Address: _____

City: _____ State _____ Zip _____

16. How long have you lived at your current home address? _____ Years _____ Months

17. Where did you live before you moved to your current home address? *(provide as much information as you can remember)*

Neighborhood: _____

Address: _____

City: _____ State _____ Zip _____

(If you don't know the exact address) Nearby cross streets: _____ & _____

18. Do you own or rent the place where you live? Own Rent

19. Do you live in a:

- Manufactured / Mobile home Single Family home
 Townhouse / Duplex /Attached in-law suite Apartment complex
 Dorm room / fraternity / sorority house Other *(specify)* _____

20. What category best describes your average monthly mortgage or rent *(not including utilities)*?

- \$0 to \$500 \$501 to \$1,000 \$1,001 to \$1,500 \$1,501 to \$2,000 \$2,001 or more I don't know

21. Do other adults *(age 18 or over)* in the household work for pay? Yes No No other adults in the household

22. What category best describes your annual household income? *(pre-tax earnings from household members earned in the last 12 months)*

- Under \$20,000 \$20,000 to \$39,999 \$40,000 to \$59,999 \$60,000 to \$79,999
 \$80,000 to \$99,999 \$100,000 to 124,999 \$125,000 to \$149,999 Over \$150,000
 I don't know

QUESTIONS ABOUT YOUR NEIGHBORHOOD AND THE PURPLE LINE

As you may know, Maryland Transit Administration (MTA) is planning to open one new light rail train line (MTA Purple Line) within the DMV in 2022. This 16-mile light rail line will operate from Bethesda in Montgomery County to New Carrollton in Prince George's County. You were selected to participate in this study because you live in Prince George's County.

23. When the new MTA Purple Line opens, do you intend to use it? Yes No

24. Will you use this new MTA Purple Line for the following purposes?

Travel to work or school

- Yes No Not Sure

- Daily or weekly shopping, such as grocery and/or pharmacy trips Yes No Not Sure
- Trips and errands, such as to the doctor or occasional shopping Yes No Not Sure
- To reach physical activities, such as a park or gym Yes No Not Sure
- To reach recreational activities, such as a movie theater or restaurant Yes No Not Sure
- To reach social activities, such as going to a friend's house Yes No Not Sure

25. How much do you disagree or agree with the following statements? (check one response for each statement)

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know or Not Sure
I feel that I belong in my community or neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a strong sense of purpose in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a voice in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am trusted and trust my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I bring something of value to my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel emotionally connected to members in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I participate in activities in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I belong when I ride the DMV METRO bus or train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. The opening of a new MTA Purple Line may bring changes to your neighborhood. Please indicate whether the following items will decrease, stay the same, or increase **as a result of the MTA Purple Line opening**. (check one response for each statement)

	Definitely will DECREASE	Probably will DECREASE	Stay the Same	Probably will INCREASE	Definitely will INCREASE	Don't Know or Not Sure
The time it takes to get around DMV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The time it takes to get to my job or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The time it takes to get to shops (e.g., grocery store, bank, pharmacy, laundromat, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pollution in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property values and taxes in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New people moving into my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New homes, shops, and office buildings built in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus service in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of community in my neighborhood	<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"/>
Pleasing appearance of my neighborhood						
Crowdedness of street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of litter in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiar local or family businesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Please indicate how strongly you disagree or agree with the following statement.

“After the new MTA Purple Line opens, I intend to switch from traveling either by car or by bus to the MTA Purple Line light rail at least some of the time”

Strongly Disagree Disagree Agree Strongly Agree Don't Know or Not Sure

28. How much of a problem are the following in your neighborhood? (*check all that apply*)

	<u>Not a Problem</u>	<u>Somewhat of a Problem</u>	<u>Big Problem</u>
Litter/trash in the streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graffiti	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vacant housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poorly maintained property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abandoned cars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selling or using drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless people / street panhandlers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Groups of teenagers hanging out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People fighting / arguing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exceeding speed limit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive noise & Odors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Please indicate how frequently you have worried about becoming the victim of the following crimes in your neighborhood in the past month?

	<u>EVERYDAY</u>	<u>1-2 Times in Past WEEK</u>	<u>1-2 Times in Past MONTH</u>	<u>Not Once in Past MONTH</u>
Being physically attacked by a stranger in the street	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being robbed or mugged in the street	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being harassed, threatened, or verbally abused in the street	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having someone break into your home while you or your family were there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having someone break into your home while you or your family were NOT there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. This question refers to features of your *current* neighborhood and their importance in selecting a *new* neighborhood if you were to move. With “1” meaning “Least” (Not True or Not Important) and “4” meaning “Most” (True or Important), please rate how well these features describe your *current* neighborhood and how important they are in selecting a *new* one if you were to move. (circle one response per statement for Current Neighborhood and one per statement for New Neighborhood). **Please answer even if you do not plan to move to a new neighborhood in the future.**

	<u>CURRENT NEIGHBORHOOD</u>				<u>NEW NEIGHBORHOOD</u>			
Easy access to regional shopping mall	1	2	3	4	1	2	3	4
Easy access to downtown	1	2	3	4	1	2	3	4
Places such as a pool or a community center nearby	1	2	3	4	1	2	3	4
Shopping areas within walking distance	1	2	3	4	1	2	3	4
Easy access to the freeway	1	2	3	4	1	2	3	4
Connected bicycle routes beyond the neighborhood	1	2	3	4	1	2	3	4
Sidewalks throughout the neighborhood	1	2	3	4	1	2	3	4
Parks and open spaces nearby	1	2	3	4	1	2	3	4
Good public transit service	1	2	3	4	1	2	3	4
Quiet neighborhood	1	2	3	4	1	2	3	4
Low crime rate within neighborhood	1	2	3	4	1	2	3	4
Low level of car traffic on streets	1	2	3	4	1	2	3	4
Neighborhood is safe from traffic for walking	1	2	3	4	1	2	3	4
Neighborhood is safe from crime for walking	1	2	3	4	1	2	3	4
Neighborhood is safe from traffic for kids to play outside	1	2	3	4	1	2	3	4
Good street lighting	1	2	3	4	1	2	3	4
Diverse neighbors in terms of ethnicity, race and age	1	2	3	4	1	2	3	4
Lots of people out and about within the neighborhood	1	2	3	4	1	2	3	4
Lots of interaction among neighbors	1	2	3	4	1	2	3	4
Neighbors of similar economic level	1	2	3	4	1	2	3	4
Attractive appearance of neighborhood	1	2	3	4	1	2	3	4
High level of upkeep in neighborhood	1	2	3	4	1	2	3	4
Variety in housing design and styles	1	2	3	4	1	2	3	4
Big trees on the street	1	2	3	4	1	2	3	4
Large back yards	1	2	3	4	1	2	3	4
Large front yards	1	2	3	4	1	2	3	4
Lots of off-street parking with garages or driveways	1	2	3	4	1	2	3	4

31. How much do you disagree or agree with the following statements? (check one response for each statement)

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know or Not Sure
In my neighborhood, it is easy to buy fresh fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my neighborhood, it is easy to buy tobacco products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My neighborhood has the best food stores in town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to shop for food at the local convenience store or corner store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my neighborhood, it is easy to buy alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The food stores in my neighborhood sell outdated or rotten products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The local convenience store or corner store is expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my neighborhood, it is easy to buy healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Please indicate how you feel to the following statements? (check one response for each statement)

	Not at All	Somewhat	Mostly	Completely
I get important needs of mine met because I am part of this community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community members and I value the same things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This community has been successful in getting the needs of its members met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a member of this community makes me feel good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I have a problem, I can talk about it with members of this community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in this community have similar needs, priorities, and goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can recognize most of the members of this community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most community members know me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This community has symbols and expressions of membership such as clothes, signs, art, architecture, logos, landmarks, and flags that people can recognize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I put a lot of time and effort into being part of this community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a member of this community is a part of my identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fitting into this community is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This community can influence other communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I care about what other community members think of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have influence over what this community is like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there is a problem in this community, members can get it solved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This community has good leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is very important to me to be a part of this community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am with other community members a lot and enjoy being with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I expect to be a part of this community for a long time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Members of this community have shared important events together, such as holidays, celebrations, or disasters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel hopeful about the future of this community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Members of this community care about each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. How much do you disagree or agree with the following statements? (check one response for each statement)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I have experienced improved access to neighborhood amenities and city services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have seen an influx of affluent or non-minority residents moving into the neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have feared being “pushed out” of my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime has decreased in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have seen a disruption of local community ties and social networks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have experienced or heard of others being harassed by their landlords to vacate an apartment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt increasingly “out of place” in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I worry about feeling “unwelcome” in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have observed changes to the sense of “community” in the neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have observed a lot of renovation activity in the neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS ABOUT YOUR STRESS AND ANXIETY

34. These questions concern how you have been feeling over the past 30 days. Tick a box below each question that best represents how you have been.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
During the last 30 days, about how often did you feel tired out for no good reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, about how often did you feel nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, about how often did you feel so nervous that nothing could calm you down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, about how often did you feel hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, about how often did you feel restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, about how often did you feel restless you not sit still?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, about how often did you feel depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, about how often did you feel that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, about how often did you feel so sad that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, about how often did you feel worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. These questions in this scale ask you about your feelings and thoughts over the past 30 days. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
During the last 30 days, how often have you been upset because of something that happened unexpectedly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, how often have you felt that you were unable to control the important things in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, how often have you felt nervous and "stressed"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, how often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, about how often have you felt that things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, how often have you found that you could not cope with all the things that you had to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, how often have you been able to control irritations in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, how often have you felt that you were on top of things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, how often have you been angered because of things that were outside of your control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the last 30 days, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. A number of statements which people have used to describe themselves are given below. Read each statement and then circle the number at the end of the statement that indicates how you feel **right now**, that is, at this moment. There are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to describe your present feelings best.

	Not at All	Somewhat	Moderately So	Very Much So
I feel calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel strained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel at ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am presently worrying over possible misfortunes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel frightened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel self-confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am jittery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel indecisive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel steady	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel pleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. A number of statements which people have used to describe themselves are given below. Read each statement and then circle the number at the end of the statement that indicates how you feel **generally**. There are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to describe how you generally feel.

	Not at All	Somewhat	Moderately So	Very Much So
I feel pleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel nervous and restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel satisfied with myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wish I could be as happy as others seem to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel rested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am calm, cool and collected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that difficulties are piling up so that I cannot overcome them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry too much over something that really doesn't matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have disturbing thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I lack self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make decisions easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel inadequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some unimportant thoughts run through my mind and bothers me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take disappointments so keenly that I can't put them out of my mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a steady person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get in a state of tension or turmoil as I think over my recent concerns and interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS ABOUT YOUR HEART HEALTH

Hypertension (High Blood Pressure) is a repeatedly increased blood pressure with the first number 140 or higher and the second number 90 or higher.

38. Have you **ever** been told by a doctor or other health professional that you had hypertension, also called high blood pressure (Please do not include a time you were pregnant)?

- Yes No Don't Know

39. Were you told on 2 or more **different** visits that you had hypertension?

- Yes No Don't Know

40. How old were you when you were **first** told that you had hypertension or high blood pressure?

- YES.....1
NO.....2 (BPQ.080)
REFUSED.....7 (BPQ.080)
DON'T KNOW.....9 (BPQ.080)

41. Because of your high blood pressure/hypertension, have you **ever** been told to take prescribed medicine?

- Yes No Don't Know

Prescribed Medicine: Prescribed medicines are those ordered by a doctor or other health provider through a written or verbal prescription for a pharmacist to fill. Prescription medicines can also be given by a medical provider directly to a patient to take home, such as free samples.

42. Are you **now** taking a prescribed medicine to lower your high blood pressure?

- Yes No Don't Know

43. Have you ever been told by a doctor or other health professional that your blood cholesterol level was high?

- Yes No Don't Know

Cholesterol is a type of fat in the bloodstream and is measured with a blood test, usually done in the morning before you've eaten. High levels of cholesterol are a major risk factor for heart disease, which leads to heart attack.

44. Have you **ever** had your blood cholesterol checked?

- Yes No Don't Know

45. About how long has it been since you **last** had your blood cholesterol checked? Has it been...

- Less than 1 year ago
 1 year but less than 2 years ago
 2 years but less than 5 years ago, or
 5 years or more
 Don't know

46. To lower your blood cholesterol, have you **ever** been told by a doctor or other health professional **to take prescribed medicine**?

- Yes No Don't Know

47. Are you **now** taking a prescribed medicine to lower your blood cholesterol?

- Yes No Don't Know

48. Have you smoked cigarettes regularly since your last physical exam?

- Yes No Don't Know

49. If yes to question #46, how many cigarettes do/did you smoke **a day**?

- 10 cigarettes or less 21-30 cigarettes
 11 -20 cigarettes 31 or more cigarettes

50. Do you drink any of the follow beverages at least once a month?

- Beer Wine Liquor/spirits Don't consume alcohol

51. What is your average number of alcohol servings in a typical week or month since your last physical exam? Please answer your alcohol intake either weekly or monthly.

Beverage	Per Week	Per Month
Beer (12oz bottle, glass, can)	_____	_____
Wine (red or white, 40z glass)	_____	_____
Liquor/spirits (1oz cocktail/highball)	_____	_____
<input type="checkbox"/> Check here if you do not consume alcohol		

52. Do you usually have a cough? (Exclude clearing of the throat)

- Yes No Don't Know

53. Do you usually have a cough at all on getting u or first thing in the morning?

- Yes No Don't Know

If **YES** to either question #50 or 51 above, please answer the following:

54. Do you cough like this on most days for three consecutive months or more during the past year?

- Yes No Don't Know

55. How many years have you had this cough? _____ number of years

56. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

- Yes No Don't Know

57. Do you have to walk slower than people of your age on level ground because of shortness of breath?

- Yes No Don't Know

58. Do you have to stop for breath when walking at your own pace on level ground?

- Yes No Don't Know

59. Do you have to stop for breath after walking 100 yards (or after a few minutes) on level ground?

Yes No Don't Know

60. Have you been told by your doctor you had heart failure or congestive heart failure?

Yes No Don't Know

QUESTIONS ABOUT YOUR NEIGHBORHOOD WALKABILITY

We would like to find out more information about the way that you perceive or think about your neighborhood. Please answer the following questions about your neighborhood and yourself. Please answer as honestly and completely as possible and provide only one answer for each item. There are no right or wrong answers and your information is kept confidential.

61. Types of residences in your neighborhood: Among the residences in your neighborhood...

	None	A Few	Some	Most	All
How common are detached single-family residences in your immediate neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How common are townhouses or row houses of 1-3 stories in your immediate neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How common are apartments or condos 1-3 stories in your immediate neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How common are apartments or condos 4-6 stories in your immediate neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How common are apartments or condos 7-17 stories in your immediate neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How common are apartments or condos more than 13 stories in your immediate neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. Stores, Facilities, and other things in your neighborhood: About how long would it take to get from your home to the nearest businesses or facilities listed below if you walked to them? *Please put only one check mark for each business or facility.*

	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	Don't know
Example: gas station	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience/small grocery store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardware store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit/vegetable market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry/ dry cleaners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Book store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fast food restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank/credit union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-fast food restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy/drug store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salon/barber shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your job or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[check here _____ if do not have work away from home or do not attend school]						
Bus or trolley stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gym or fitness facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63. Access to Services: Places for walking and cycling: Please check the box that best applies to you and your neighborhood. Both local and within walking distance mean within a 10-15 minute walk from your home.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
I can do most of my shopping at local stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stores are within easy walking distance of my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking is difficult in local shopping areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are many places to go within easy walking distance of my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to walk to a transit stop (bus, train) from my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The streets in my neighborhood are hilly, making my neighborhood difficult to walk in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are many canyons/hillsides in my neighborhood that limit the number of route for getting from place to place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64. Streets in my neighborhood. Please check the answer that best applies to you and your neighborhood on neighborhood surroundings.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
The streets in my neighborhood <u>do not</u> have, or any, cul-de-sacs (dead-end streets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are walkways in my neighborhood that connect cul-de-sacs to streets, trails, or other cul-de-sacs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The distance between intersections in my neighborhood is usually short (100 yards or less; the length of a football field or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are four-way intersections in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There are many alternative routes for getting from place to place in my neighborhood. (I don't have to go the same way every time).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The streets in my neighborhood are hilly, making my neighborhood difficult to walk in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are many canyons/hillsides in my neighborhood that limit the number of route for getting from place to place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65. Places for walking and cycling: please check the box that best applies to you and your neighborhood.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
There are sidewalks on most of the streets in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The sidewalks in my neighborhood are well maintained (paved, even, and not a lot of cracks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are bicycle or pedestrian trails in or near my neighborhood that are easy to get to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalks are separated from the road traffic in my neighborhood by parked cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a grass/dirt strip that separates the streets from the sidewalks in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

66. Neighborhood surroundings: Please check the box that best applies to you and your neighborhood

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
There are trees along the streets in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trees gives shade for the sidewalks in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are many interesting things to look at while walking in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My neighborhood is generally free from litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are many attractive natural sights in my neighborhood (such as landscaping, views)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are attractive buildings/homes in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. Safety from traffic: Please check the box that best applies to you and our neighborhood

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There is so much traffic along the street I live on that it makes it difficult or unpleasant to walk in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is so much traffic along <u>nearby</u> streets that it makes it difficult or unpleasant to walk in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The speed of traffic on the street I live on is usually slow (30 mph or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The speed of traffic on most <u>nearby</u> streets is usually slow (30 mph or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most drivers exceed the posted speed limits while driving in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are crosswalks and pedestrian signals to help walkers cross busy streets in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The crosswalks in my neighborhood help walkers feel safe crossing busy streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When walking in my neighborhood, there are a lot of exhaust fumes (such as from cars, buses).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68. Neighborhood satisfaction Below are things about your neighborhood with which you may or may not be satisfied.

Using the scale below, indicate your satisfaction with each item by placing the appropriate check in the box. Please be open and honest in your responding.

	Strongly Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Strongly Satisfied
The highway access from your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The access to public transportation in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your commuting time to work/school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The access to shopping in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many friends you have in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The number of people you know in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How easy and pleasant it is to walk in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How easy and pleasant it is to bicycle in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of schools in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your access to entertainment in your neighborhood (restaurants, movies, clubs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The safety from threat of crime in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount and speed of traffic in your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The noise from traffic in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The number and quality of food stores in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The number and quality of restaurants in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your neighborhood as a good place to raise children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your neighborhood as a good place to live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS ABOUT YOUR NEIGHBORHOOD CRIME

We'd like to ask you some questions about your local neighborhood. (Your 'local neighborhood' is the area within 15 minutes walk of your home).

69. Safety from Crime: Please check the box that best applies to you and your neighborhood on safety from crime.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
My neighborhood streets are well lit at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walkers and bikers on the streets in my neighborhood can be easily seen by people in their homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I see and speak to other people when I am walking in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a high crime rate in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The crime rate in my neighborhood makes it unsafe to go on walks <u>during the day</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The crime rate in my neighborhood makes it unsafe to go on walks <u>at night</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

70. Do you think there is a crime problem in your local neighborhood?

Yes No Don't Know

71. Please think about the amount of crime in your local neighborhood and whether or not this has changed over the past 12 months. Please select one only for each statement.

	Increased a lot	Increased a little	Stayed about the same	Reduced a little	Reduced a lot	Don't know	Haven't lived here for last 12 months
The amount of burglary in your local neighborhood has...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of violent crime (e.g. physical assaults) in your local neighborhoods has...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of crime committed by young people (e.g. aged under 17) in your local neighborhood has...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The total amount of crime in your local neighborhood has...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many friends you have in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you say the level of police protection in your community has ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

72. In your view, what are the major causes of crime in your neighborhood today? Please select all that apply.

EVERYDAY

- Poverty
- Poor education/poor schooling
- Poor parentings
- Drugs
- Alcohol
- Unemployment
- Breakdown of family

73. Thinking about people currently serving prison sentences in your neighborhood...do you think that **most prisoners** are there for... (please select only one)

- Violent and sex crimes (e.g. physical assaults, rapes)
- Property crimes (e.g. burglary, theft)
- Drug-related crimes
- Don't Know

74. Do you feel there need to be more police patrols, about the same number of police patrols, or less patrols in your community?

- More police patrols
- About the same number of police patrols
- less police patrols

75. Does your community have a neighborhood crime watch program?

- Yes
- No
- Don't Know

76. Do you belong to a neighborhood crime watch?

- Yes
- No
- We do not have a neighborhood crime watch

77. In the past three years, have you been a victim of crime in **your** neighborhood?

- Yes
- No

78. Have you purchased a gun for protection from crime in your neighborhood?

- Yes
- No

79. Do you own a dog from protection from crime in your neighborhood?

- Yes
- No

80. How safe do you feel going out at night in your neighborhood?

- Very Unsafe
- Unsafe
- Safe
- Very Safe

81. Do you feel more crimes in your community are committed by juveniles, adults, or are they about the same?

- Juveniles
- Adults

About the same

82. What type of crime do you feel is more of a problem in your community: property crimes such as vandalism and theft, violent crimes such as assault and armed robbery, or are they about the same?

- Property Crimes
 Violent Crimes
 About the same

83. Please rank the following crime-reducing measures based on how effective you feel each would be for your neighborhood with 1 being least effective and 5 being most effective at reducing crime.

	1	2	3	4	5
Increasing police patrols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legalizing drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stronger prosecution and sentencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised activities for juveniles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enforced curfew for juveniles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR THOUGHTS ABOUT THE QUESTIONNAIRE

About how long did it take you to complete this questionnaire? _____ minutes

As you know, we will be contacting you next year to conduct a follow up questionnaire. If the questionnaire is about the same length as it is now, would you still be willing to complete it? Yes No

In case we are unable to reach you by phone, email or mail next year (for example, if you move from your current home), please provide the contact information for a close friend or relative who will know how to help us get in touch with you.

Name: _____

Street Address: _____

City, State and Zip code: _____

Phone: _____

Email Address: _____

Also, please provide any suggested names and email of individuals that you think may be interested in participating in the GENTS Study.

Name:	Email:
1.	
2.	
3.	

Now that you have completed this questionnaire, you will receive your \$25 gift card.

Thank you! You are now done with the GENTS Study questionnaire!