First, we are going to ask you a few questions about your neighborhood. For this survey, “neighborhood” refers to the area that is the focus of your community effort. For some communities this might be an area surrounding a school. For others it might be a region within a town, city, or county. Please be sure to get clarification from the organizers of the survey.

1. Which of the following describes your role in the neighborhood? (Please check all that apply)
   - I live in the neighborhood
   - I am employed by the neighborhood elementary school
   - I am a practitioner who works directly with children and families
   - I am an employee of a community service or non-profit agency
   - I am a daycare or preschool provider
   - I am an employee of a government agency
   - I am a policymaker
   - I am a researcher
   - I am a volunteer
   - Other (explain)______________________________
   - I don't know or it is not applicable

If you do NOT live in the neighborhood, please skip to Question #4.

2. How long have you lived in the neighborhood?
   Number of years

   If you have not lived in the neighborhood a year, how many months have you lived in the neighborhood?
   Number of months

3. Do you plan to move to a new neighborhood in the next year?
   - Yes
   - No

4. Are you a parent or guardian of a child who is 20 years or younger?
   - Yes
   - No

If you are NOT a parent or guardian of a child who is 20 years old or younger, skip to Question #8.
5. How many children (who are 20 years old or younger) do you have? ______

6. What AGES are your children?
   
   Age of child #1 ______  Age of child #4 ______
   Age of child #2 ______  Age of child #5 ______
   Age of child #3 ______  Age of child #6 ______

7. What type(s) of babysitting or childcare arrangements do you have for your children? (Please check all that apply)
   
   o Goes to a day care center
   o Goes to childcare in a private home
   o We have a babysitter or nanny who comes to our home
   o Before-school care
   o After-school care
   o Goes to summer programs
   o You or your spouse/partner takes care of your children during the day
   o Other family, friends, or neighbors take care of children during the day
   o None
   o Other ____________________________

8. Where can you get online (for example, onto the Internet or Web) on a computer? (Please check all that apply)
   
   o My home
   o My workplace
   o Local library
   o Nearby school, college, university
   o Community center or community organization ____________________________
   o Other ____________________________

9. How satisfied are you with the following ADULT EDUCATION and JOB services in the neighborhood?

<table>
<thead>
<tr>
<th>Service</th>
<th>Very D Dissatisfied</th>
<th>Dissatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>Don’t know</th>
<th>Does not exist in neighborhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job education, training, and placement services</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Available jobs</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Transportation to work</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Opportunities to start small businesses</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Financial education</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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10. Are there any BARRIERS that prevent you from using existing ADULT EDUCATION and JOB services in the neighborhood?

- Yes
- No
- Don’t know
- I do not need these services

10a. If there are barriers, what are some of those BARRIERS? *(Please check all that apply)*

- Services/programs are not helpful
- Too hard to get to
- Not open or available at convenient times
- Too expensive
- Takes too long to get the service or program
- No translation services available
- No childcare available
- Staff are not friendly
- I am uncomfortable or embarrassed to use
- Other __________________________

11. How satisfied are you with the following HEALTH and FAMILY SUPPORT services in the neighborhood?

<table>
<thead>
<tr>
<th>Service</th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>Don’t know</th>
<th>Does not exist in neighborhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical services</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Dental care</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Mental health services</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Drug/alcohol abuse counseling or treatment</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Family support and counseling (for example DHS)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Churches and faith groups</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Neighborhood groups or clubs</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Neighborhood-wide events</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Directory, website, or call-in center with information about programs in your neighborhood</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
12. Are there any BARRIERS that prevent you from using existing HEALTH and FAMILY SUPPORT services in the neighborhood?

○ Yes
○ No
○ Don’t know
○ I do not need these services

12a. If there are barriers, what are some of those BARRIERS? (Please check all that apply)

○ Services/programs are not helpful
○ Too hard to get to
○ Not open or available at convenient times
○ Too expensive
○ Takes too long to get the service or program
○ No translation services available
○ No childcare available
○ Staff are not friendly
○ I am uncomfortable or embarrassed to use
○ Other __________________________

13. How satisfied are you with these items that help provide SAFE and HEALTHY LIFESTYLES?

<table>
<thead>
<tr>
<th>Item</th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>Don’t know</th>
<th>Does not exist in neighborhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-cost housing</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Police support, law enforcement, and crime prevention programs</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Playgrounds and parks</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Public transportation</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sidewalks and/or paths</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Neighborhood grocery stores, food banks, or community gardens</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Stores with low-cost clothing or household items</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

14. Are there any BARRIERS that prevent you from using the above items that provide SAFE and HEALTHY LIFESTYLES?

○ Yes
○ No
○ Don’t know
○ I do not need these services
14a. If there are barriers, what are some of those BARRIERS? (Please check all that apply)

- Services/programs are not helpful
- Too hard to get to
- Not open or available at convenient times
- Too expensive
- Takes too long to get the service or program
- No translation services available
- No childcare available
- Staff are not friendly
- I am uncomfortable or embarrassed to use
- Other ______________________

15. How satisfied are you with the following PARENTING EDUCATION and SUPPORT services in the neighborhood?

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>Don’t know</th>
<th>Does not exist in neighborhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting education and support for parents-to-be</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenting education and support for parents of children 0 to 2 years old</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenting education and support for parents of children 3 to 5 years old</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenting education and support for parents of children 6 to 12 years old</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenting education and support for parents of youth 13 to 18 years old</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

16. Are there any BARRIERS that prevent you from using existing PARENTING EDUCATION and SUPPORT services in your neighborhood?

- Yes
- No
- Don’t know
- I do not need these services

16a. If there are barriers, what are some of those BARRIERS? (Please check all that apply)

- Services/programs are not helpful
- Too hard to get to
- Not open or available at convenient times
- Too expensive
- Takes too long to get the service or program
- No translation services available
- No childcare available
- Staff are not friendly
- I am uncomfortable or embarrassed to use
- Other ______________________

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17. How satisfied are you with the following CHILDCARE and SUPERVISED ACTIVITIES for children and youth?

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Very Satisfied</th>
<th>Dissatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>Don't know</th>
<th>Does not exist in neighborhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day care for infants and toddlers, 0 to 2 years old</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day care or preschool for 3 to 5 year olds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day care or preschool for 0 to 5 year olds with special needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervised after school activities or sports for elementary students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervised after school activities or sports for middle school students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervised after school activities or sports for high school students</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

18. Are there any BARRIERS that prevent you and your child from using existing CHILDCARE and SUPERVISED ACTIVITIES for children and youth in the neighborhood?

- Yes
- No
- Don't know
- I do not need these services

18a. If there are barriers, what are some of those BARRIERS? (*Please check all that apply*)

- Services/programs are not helpful
- Too hard to get to
- Not open or available at convenient times
- Too expensive
- Takes too long to get the service or program
- No translation services available
- Staff are not friendly
- I am uncomfortable or embarrassed to use
- Other ____________________________
19. How satisfied are you with the following YOUTH EDUCATION, PREVENTION, and SUPPORT in your neighborhood?

(Note: Youth prevention are those programs that help youth develop in positive ways and prevent problem behavior such as bullying, violence, drug and alcohol abuse, and suicide. Mentoring programs are those that match students with a mentor, “big brother/sister”, or an older advisor/guide).

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>Don't know</th>
<th>Does not exist in neighborhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary Schools Prevention and support for children</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>in elementary school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mentor programs for children in elementary school</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Middle Schools/Jr. High Schools. Prevention and support</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>for youth in middle school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mentor programs for youth in middle school</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>High Schools Prevention and support programs for youth in</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>high school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mentor programs for youth in high school</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>College preparation for youth</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>College support (scholarships, financing, mentoring)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Youth job opportunities</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Church youth groups</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
20. Are there any BARRIERS that prevent you from using existing YOUTH EDUCATION, PREVENTION, and SUPPORT services in the neighborhood?

- Yes
- No
- Don’t know
- I do not need these services

20a. If there are barriers, what are some of those BARRIERS? (Please check all that apply)

- Services/programs are not helpful
- Too hard to get to
- Not open or available at convenient times
- Too expensive
- Takes too long to get the service or program
- No translation services available
- No childcare available
- Staff are not friendly
- I am uncomfortable or embarrassed to use
- Other ________________________________

21. Please indicate the TWO of BEST resources or services in the neighborhood?

- Job education, training, and placement
- Available jobs
- Transportation to work
- Opportunities to start small businesses
- Financial education
- Medical services
- Dental services
- Drug/alcohol counseling or treatment
- Family support and counseling
- Churches and faith groups
- Neighborhood groups or clubs
- Neighborhood-wide events
- Resource directory, website, or call-in center
- Low-cost housing
- Police and crime prevention
- Playgrounds and parks
- Public transportation
- Sidewalks and/or paths
- Grocery store, food banks, community gardens
- Store with affordable clothing and household items
- Parenting education and support
- Day care
- Schools (specify) ____________________________
- After school activities and sports
- Prevention and support programs for youth
- Mentoring programs for youth
- Youth jobs
- Church youth groups
- Other ____________________________
- Other ____________________________
22. Please check TWO resources or services that you would like IMPROVED or DEVELOPED in the neighborhood?

- Job education, training, and placement
- Available jobs
- Transportation to work
- Opportunities to start small businesses
- Financial education
- Medical services
- Dental services
- Drug/alcohol counseling or treatment
- Family support and counseling
- Churches and faith groups
- Neighborhood groups or clubs
- Neighborhood-wide events
- Resource directory, website, or call-in center
- Low-cost housing
- Police and crime prevention
- Playgrounds and parks
- Public transportation
- Sidewalks and/or paths
- Grocery store, food banks, community gardens
- Store with affordable clothing and household items
- Parenting education and support
- Day care
- Schools (specify) _________________________
- After school activities and sports
- Prevention and support programs for youth
- Mentoring programs for youth
- Youth jobs
- Church youth groups
- Other _________________________
- Other _________________________

23. Please feel free to write any additional comments you may have in the box below

You are almost finished!
Lastly, we would like to ask you questions about yourself.

24. How old are you? ____________________________

25. What is your gender?
   - Female
   - Male
   - Other ____________________________

26. What is your marital status?
   - Currently married/have a partner
   - Widowed
   - Divorced
   - Separated
   - Never married or had a partner

27. What is your ethnicity or race (Please check all that are true for you)?
   - White
   - Black or African American
   - American Indian or Alaska Native
   - Hispanic, Latino, or Spanish origin (specify origin) ____________________________
   - Asian (specify) ____________________________
   - Pacific Islander (specify) ____________________________
   - Other (specify) ____________________________

28. What is the highest degree or level of school that ANYONE (including you) in your household has completed?
   - No schooling completed
   - Grade 1-11 (Specify) ____________________________
   - Grade 12; no diploma
   - Regular high school diploma
   - GED or alternative credential
   - Some college credit but less than one year of college credit
   - 1 or more years of college credit, NO DEGREE
   - Associate’s degree (for example: AA, AS)
   - Bachelor’s degree (for example: BA, BS)
   - Master’s degree (for example: MA, MS, MBA)
   - Professional degree (for example: MD, DDS, DVM)
   - Doctorate degree (for example: PhD, EdD)
29. How many people aged 16 and older in your home have a full-time job (for example, one job that is 40 or more hours per week)?
- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

30. How many people aged 16 and older in your home have a part-time job?
- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

31. How many people contribute to your household’s total income?
- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

32. What is your household’s total income for the past MONTH?
- Less than $500
- $500 - $999
- $1,000 - $1,499
- $1,500 - $1,999
- $2,000 - $2,499
- $2,500 - $2,999
- $3,000 - $3,499
- $3,500 - $3,999
- $4,000 - $4,499
- $4,500 - $4,999
- $5,000 - $5,499
- $5,500 - $5,999
- $6,000 - $6,999
- $7,000 and above

33. Which of the following income supports does this household receive? (Please check all that apply)
- None
- Temporary Assistance to Needy Families (TANF)
- Food Stamps
- Employment Related Day Care (ERDC)
- Unemployment
- Disability
- Earned Income Tax Credit (EITC)
- Child support
- Other (please specify)

Thank you for taking the Current Supports Survey