



# Neighborhood Vitality Index

## NVI Resident Experience Survey 2023

Thank you for taking the time to complete the Neighborhood Vitality Index survey! The results of the survey are designed to help community development organizations, funders and city government track progress in Detroit's neighborhoods over time. The survey is confidential, and your responses will go directly to JFM Consulting Group, a Detroit-based research firm, and at no point will JFM or its partners link your responses to your name or address.

The survey should take about 15 minutes to complete. ***Eligible households that complete the survey will receive a gift card as a thank you for your time.*** At the end of the survey, you will be directed to a separate page to register for the gift card.

**PLEASE SUBMIT ONLY ONE SURVEY PER HOUSEHOLD! If your household has previously submitted a survey, you will not qualify for a second gift card.**

If you have any questions concerning the survey, please contact the evaluation team at [jfmcg@jfmconsulting.net](mailto:jfmcg@jfmconsulting.net).

**Please select the boxes below and continue:\***

\*Response Required

- By completing this survey, I am consenting to participate in the survey.
- I understand that my participation in this survey is voluntary and that I may stop taking the survey at any time.
- I confirm that I am at least 18 years old

## Community Capacity

Please indicate how often you participate in the following activities or organizations:

	Often	Sometimes	Rarely	Never
I currently participate in a <b>block/ neighborhood/ community group in my neighborhood</b> (Ex. Block club, neighborhood or community development association, PTA, sports volunteer, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I currently participate in a <b>community group outside of my neighborhood</b> (Ex. City-wide or regional association or social justice organization, such as Black Lives Matter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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In the last 12 months, I have participated in a community engagement process with the following (Select all that apply):

<input type="checkbox"/> Community development organization(s)	<input type="checkbox"/> I have not participated in a community engagement process
<input type="checkbox"/> City government	<input type="checkbox"/> Other (please describe)*: _____
	_____

In the last 12 months, I have... (Select all that apply)

<input type="checkbox"/> Purchased a lot or lots near my home	<input type="checkbox"/> Cleaned up or improved alleyways
<input type="checkbox"/> Cleaned up or improved lot(s) <u>that I own</u>	<input type="checkbox"/> Cleaned up or improved park/open spaces
<input type="checkbox"/> Cleaned up or improved lot(s) <u>that I do not own</u>	<input type="checkbox"/> I have not participated in any of these activities
<input type="checkbox"/> Secured or improved vacant housing	

For each of the following items, please indicate how much you agree with the statement:

During the past 6 months, I have sufficient access to the following resources and supports that I need in my neighborhood.

	Strongly Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Strongly Disagree	N/A
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human services (such as food and clothing, aging services, medicine, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**During the past 6 months, I have sufficient access to the following resources and supports that I need in the city of Detroit.**

	Strongly Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Strongly Disagree	N/A
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human services (such as food and clothing, aging services, medicine, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Resident Opportunity

**Do you currently work or hold a job...(Please select the best response)**

- In the city of Detroit?
  Both  
 Outside of Detroit?
  I am not currently employed

**Do you own a business located in Detroit?**

- Yes, I own a **home-based** business  
 Yes, I own a business **outside of my home**  
 No, I do not currently own a business in Detroit  
 No, I do not currently own a business in Detroit, but **I would like/plan to**  
 I own a business outside of Detroit

**Thinking about how much you rely on your business for living expenses, about how much of your annual household income comes from your business?**

- 10% or less
  26-50%
  More than 75%  
 11-25%
  51-75%

**Do you currently have a savings account at a bank or credit union?**

- Yes  No

How frequently do you have access to safe, reliable transportation?

Always  Often  Sometimes  Rarely  Never

## Neighborhood Conditions

About how long have you lived...

	Less than 1 year	1-3 Years	4-5 Years	6-10 Years	More than 10 Years
In the city of <b>Detroit</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In your current <b>neighborhood</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you moved or do you plan to move as a result of COVID?

Yes  No  Maybe/Not sure

About how many people, if any, have you noticed moving out of the neighborhood since the pandemic began?

A lot  Some  Few  None

Please indicate how satisfied you are with each of the following aspects of your neighborhood:

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
The <b>physical condition</b> of your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <b>quality of housing</b> in your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <b>condition of vacant residential buildings</b> in your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <b>condition of vacant commercial buildings</b> in your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <b>condition of vacant lots</b> in your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <b>infrastructure</b> in your neighborhood (roads, sidewalks, lighting, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thinking about your neighborhood, how safe do you feel you are...**

	Very Safe	Somewhat Safe	Not Very Safe	Not Safe At All	Don't Know
...in your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...in public spaces, such as parks or recreational facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Quality of Life

**How satisfied are you currently with...**

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
Your physical health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your mental and emotional health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How satisfied are you currently with the social and emotional support you get from friends and family?**

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How satisfied are you with the overall quality of your life?**

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please indicate how satisfied you are with access to the following resources and amenities in your neighborhood:**

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
Access to <b>quality K-12 public/charter schools</b> in your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to <b>quality parks, playgrounds and public spaces</b> in your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to <b>quality childcare</b> in your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to <b>amenities such as retail and services</b> in your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please indicate how satisfied you are with access to the following aspects of health-related amenities or healthy opportunities in your neighborhood:**

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
Access to quality <b>medical care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to <b>quality mental health services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to <b>places to be active</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to <b>fresh healthy food</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please select the best response to the following questions:**

	Yes	No
Since March 2020, have you delayed or not sought medical care due to the pandemic?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or a family member ever turned away from receiving healthcare during COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have young people under the age of 18 in your household?	<input type="checkbox"/>	<input type="checkbox"/>

**About how many youth (under 18) lived in your household during the last 12 months?**

\_\_\_\_\_

If no one under age 18 lived in your household during the last 12 months, please skip to the top of page 8.

**Thinking about the youth (under 18) in your household. In the last 12 months...**

	Yes	No
Youth (under 18) in my household have enrolled in Detroit-based out of school programming, such as recreational programs, tutoring, sports teams, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Youth (under 18) in my household have participated in community-building, social justice, and/or leadership activities.	<input type="checkbox"/>	<input type="checkbox"/>

**About how many youth in your household have been enrolled in out-of-school or recreational programs in Detroit during the last 12 months?**

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**About how many youth in your household have been enrolled in more than one out-of-school or recreational program in Detroit during the last 12 months?**

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**How satisfied are you with your access to quality childcare during work hours?**

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How satisfied are you with your access to quality childcare outside of work hours?**

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thinking about the young people under the age of 18 in your household, how safe do you feel they are...**

	Very Safe	Somewhat Safe	Not Very Safe	Not Safe At All	Don't Know
...in your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...in public spaces, such as parks or recreational facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thinking about amenities, including retail and services, such as stores, boutiques, dry cleaners, restaurants, and more...**

	Often	Sometimes	Rarely	Never
How often do you use <b>neighborhood</b> amenities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you <b>leave the city</b> for amenities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How welcome do you feel visiting businesses and services in your neighborhood?**

Very Welcome	Somewhat Welcome	Not Very Welcome	Not at all Welcome	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please indicate how much you agree to the following statements:**

	Strongly Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Strongly Disagree	N/A
I plan to stay in my neighborhood for the next 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can meet my/my family's basic needs (food, shelter, clothing, water)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I have support from fellow residents in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel supported in my community/neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The children in my home have access to quality recreational programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Equity Impact

Please indicate the best answer for the following questions.

	Yes	No	Don't Know
Do you have a family member who is or has been incarcerated in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you, or a family member, been a victim of crime in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel comfortable reporting crime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your health, or the health of someone in your family been impacted by COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your housing been impacted as a result of COVID-19? (moved, family moved in with you, or you moved in with family, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you at risk of losing your home/living situation as a result of COVID-19 (loss of income, family dynamics, illness, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you or a family member been negatively impacted or harmed by any of the following?

	Yes	No	Don't Know
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bail System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigration System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For each of the environmental health issues listed below, please indicate how you would describe the extent that this issue has been a problem for you and/or your neighborhood during the past 12 months**

	Severe	Major	Moderate	Minor	Insignificant/ Not a Problem
Illegal dumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stray dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Outages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brownfields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Select the statements about technology challenges that apply to you (Select all that apply):**

- I don't have a computer/smartphone because it's too expensive
- I don't have a computer/smartphone because I don't need to use the internet
- I don't understand/feel confident using the internet
- I don't have internet access at home because it's too expensive
- I'm worried about my privacy/security
- None of these challenges apply to me

**Has your employment been impacted by COVID-19? (Select all that apply):**

- My place of employment closed, and does not plan to reopen
- My place of employment closed for a time
- My hours were reduced
- My wages were reduced
- I no longer have reliable childcare
- No, my employment was not impacted by COVID-19
- Other - please describe \_\_\_\_\_

**To what extent do you agree that opportunities for Black, Latino and other people of color to get ahead are improving in Detroit?**

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall, how satisfied are you with opportunities for Blacks, Latinos and other people of color to advance or get ahead?**

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How satisfied are you that the opportunities for Blacks, Latinos and other people of color to get ahead are provided fairly or equitably?**

Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**In the past 30 days have you lost employment or had hours reduced?**

<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know/Not Sure
<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer

**During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?**

<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know/Not Sure
<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer

**During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?**

<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know/Not Sure
<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer

**During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?**

<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know/Not Sure
<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer

**During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?**

- Yes                       Don't know/Not sure  
 No                               Prefer not to answer

**How often do you get the social and emotional support that you need? Is it...**

- |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Always                   | Usually                  | Sometimes                | Rarely                   | Never                    | Don't Know/<br>Not Sure  | Prefer not<br>to answer  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**How often do you feel isolated from others? Is it...**

- |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Always                   | Usually                  | Sometimes                | Rarely                   | Never                    | Don't Know/<br>Not Sure  | Prefer not<br>to answer  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**How often do you feel you lack companionship? Is it...**

- |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Always                   | Usually                  | Sometimes                | Rarely                   | Never                    | Don't Know/<br>Not Sure  | Prefer not<br>to answer  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**How often do you feel left out? Is it...**

- |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Always                   | Usually                  | Sometimes                | Rarely                   | Never                    | Don't Know/<br>Not Sure  | Prefer not<br>to answer  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress?**

- |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Always                   | Usually                  | Sometimes                | Rarely                   | Never                    | Don't Know/<br>Not Sure  | Prefer not<br>to answer  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**During the past 12 months, the food that you bought just didn't last, and you didn't have money to get more. Was that...**

- |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Always                   | Usually                  | Sometimes                | Rarely                   | Never                    | Don't Know/<br>Not Sure  | Prefer not<br>to answer  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**During the past 12 months you couldn't afford to eat balanced meals. Was that...**

- |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Always                   | Usually                  | Sometimes                | Rarely                   | Never                    | Don't Know/<br>Not Sure  | Prefer not<br>to answer  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## About You

The next questions will ask about how other people identify you and treat you.

**How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?**

- White
- Black or African American
- Hispanic or Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Some other group (please specify) \_\_\_\_\_
- Don't know / Not sure
- Prefer not to answer

**How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?**

- Never
- Once an hour
- Once a year
- Constantly
- Once a month
- Don't know / Not sure
- Once a week
- Prefer not to answer
- Once a day

**Within the past 12 months *at work*, do you feel that you were treated...**

- Worse than other races
- Better than other races
- The same as other races
- Worse than some races but better than others
- Prefer not to answer

**Within the past 12 months *when seeking health care*, do you feel you were treated...**

- Worse than other races
- Better than other races
- The same as other races
- Worse than some races but better than others
- Prefer not to answer

**Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?**

- Yes
  Don't Know / Not Sure  
 No
  Prefer not to answer

**Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?**

- Yes
  Don't Know / Not Sure  
 No
  Prefer not to answer

**The next questions will ask about how you identify.**

**Which of the following best describes your gender?**

- Male  
 Female  
 Non-Binary  
 Prefer to self-identify: \_\_\_\_\_  
 Prefer not to answer

**What is your age?**

- 18-24 years old
  55-64 years old  
 25-34 years old
  65 years or older  
 35-44 years old
  Prefer not to answer  
 45-54 years old

**What is your household's total yearly income before taxes? Do not include supplemental assistance such as SNAP/Bridge Card/Food Stamps, or housing vouchers.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Less than \$10,000     | <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$15,000 to \$19,999 |
| <input type="checkbox"/> \$20,000 to \$24,999   | <input type="checkbox"/> \$25,000 to \$29,999 | <input type="checkbox"/> \$30,000 to \$34,999 |
| <input type="checkbox"/> \$35,000 to \$39,999   | <input type="checkbox"/> \$40,000 to \$44,999 | <input type="checkbox"/> \$45,000 to \$49,999 |
| <input type="checkbox"/> \$50,000 to \$59,999   | <input type="checkbox"/> \$60,000 to \$74,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$100,000 to \$124,999 | <input type="checkbox"/> \$125,000 or more    | <input type="checkbox"/> Don't know/Unsure    |
| <input type="checkbox"/> Prefer not to answer   |   |   |

**What race/ethnicities do you identify with? (Please check all that apply)**

- African American or Black
- American Indian or Alaskan Native
- Arab American or Middle Eastern
- Asian/Native Hawaiian/Pacific Islander
- Hispanic/Latino
- White
- Some other race: \_\_\_\_\_\*
- Prefer not to answer

**What is the highest level of school you have completed? (Please select one)**

- No formal education
- Some education but did not graduate from high school nor receive a GED
- High school diploma or GED
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Professional or doctorate degree
- Prefer Not to Answer

**Of the options below, what motivated you to take this survey *the most*?**

- I want to contribute to improving my neighborhood
- I want to receive the gift card
- Someone I know suggested I complete the survey
- My local CDO encouraged me to take the survey



## Contact Information

Please enter your contact information below to receive your gift card for completing the study. This information will only be used to transmit the gift card. No identifying information about you will be linked to your survey responses. In order to receive this gift card within 5 business days, you must provide your email address. If you prefer to have it mailed to you, please allow 2-3 weeks.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Select one of the options below:

I prefer to receive the gift card via email within 5 business days of JFM receiving my survey. Email address: \_\_\_\_\_

I prefer to receive the gift card via mail, which may take 2-3 weeks. Mailing address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We are looking for people to participate in a discussion group (in-person or virtual) about this survey and your neighborhood. May we contact you for a follow-up?

Yes, you can contact me about the discussion group

No, please do not contact me any further

# Thank you!