

Our Commonplace Pre-Survey

Please answer the following questions completely. All of your responses will be held in strictest confidence. Please note that there are no right or wrong answers.

When we refer to NEIGHBORS, we mean people who live in your neighborhood: the street or part of your street, your apartment building or part of an apartment building or whatever you consider to be your immediate area.

When we refer to your COMMUNITY, we mean the neighborhood of (University Park/Highland Square).

1. How many years have you lived in [local geography]? (Please check one.)

- Less than one year
- 1-5 years
- 6-10 years
- 11-20 years
- Over 20 years

2. How many of your neighbors do you know? (Please check one.)

- All
- Most
- Some
- None

3. How easy is it for you to make friends or acquaintances in your neighborhood? (Please check one.)

- Very easy
- Somewhat easy
- Not very easy
- Not at all easy

4. In the last 12 months, how often have you...? (Please check one for each item.)

	At least once a week	Once or twice a month	Every couple of months	Once or twice a year	Not in the last 12 months
Said "hi" to a neighbor (e.g., on the street, or in the supermarket)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a neighbor over to your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared goods or exchanged favors with a neighbor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared news or other community information with a neighbor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed local volunteer work for any organization or group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended a public meeting in which local issues were discussed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contacted an elected representative about a local issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worked with other residents to make change in the local community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended a local event, such as a festival, picnic, parade, or street fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Donated money to help a local organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Donated money or food to someone in need in your community, who is not related to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. In the last 12 months, have you...? (Please check one for each item.)

	Yes	No	Not applicable
Voted in a local election	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Led a community effort or started a new civic initiative in your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. In the last 12 months, have you contacted any of the following FOR THE FIRST TIME? (Please check one for each item.)

	Contacted 1-2 for the first time	Contacted 3-5 for the first time	Contacted more than 5 for the first time	None
A neighbor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A local shop or venue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A local, community-based organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A local club, organization, or association	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A local authority or elected official	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Many obstacles keep people from becoming as involved in their community as they would like. Please tell us how relevant the following obstacles are for you. (Please check one for each item.)

	Important obstacle	Minor obstacle	Not an obstacle
Feeling unwelcome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns for your safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of information or not knowing how to begin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling that you can't make a difference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

8. How much do you trust the following groups of people? (Please check one for each item.)

	Trust them a lot	Trust them some	Trust them only a little	Trust them not at all
Your neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local government and elected officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How well-informed do you feel about the following? (Please check one for each item.)

	Very informed	Somewhat informed	Not very informed
Shops and venues in your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local contractors (e.g., plumber, painter, handyman)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social services that are available in your neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local clubs, organizations, or associations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resources or services provided by your local government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues that affect your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your neighbors' perspectives on local issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to become more engaged in the life of your community (e.g., volunteer, contribute to a local charity, run for office)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. How much impact do you think people like you can have in making [local geography] a better place to live? (Please check one.)

- A big impact
- A moderate impact
- A small impact
- No impact at all

11. How strongly do you feel you belong to [local geography]? (Please check one.)

- Very strongly
- Somewhat strongly
- Not strongly at all

12. What do you like most about [local geography]?

13. Do you agree or disagree with the following statement?: (Please check one.)

"I am proud to say I live in [local geography]."

- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Disagree strongly

About You

14. What year were you born?

15. Your gender:

- Male
- Female
- Other identification

16. Your race/ethnicity (please check all that apply):

- White
- Black or African American
- Asian (includes Chinese, Filipino, Japanese, Asian Indian, Korean, Vietnamese, and Other Asian)
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Hispanic
- Other race(s)

17. What language(s) do you speak at home? (Please check all that apply.)

- English
- Spanish (or Spanish Creole)
- French (including Patois, Cajun, Creole)
- Italian
- Portuguese or Portuguese Creole
- Arabic
- Chinese
- Vietnamese
- Other (please identify)

18. What is the highest level of education you completed?

- Less than a high school diploma
- High school diploma or GED
- Two-year college degree
- Bachelor's degree
- Graduate degree or professional degree

19. What is your employment status? (Please check all that apply.)

- Employed full-time
- Employed part-time
- Full-time student
- Part-time student
- Retired
- Unemployed
- Not in the labor force
- Other (please describe)

20. Do you own or rent your residence? (Please check one.)

- Own
- Rent
- Other (e.g., rent a room, live as a lodger, etc.)

21. What is your total household income? (Please check one.)

- Less than \$10,000
- \$10,000 to \$29,999
- \$30,000 to \$59,999
- \$60,000 to \$99,999
- \$100,000 or more
- Prefer not to say

22. Do you have dependent children under the age of 18 living in your household? (Please check one.)

- Yes
- No

23. What is your role in your community? (Please check all that apply.)

- Resident
- Parent
- Student
- Teacher
- Local business owner
- Local government worker
- Employed by a local business or nonprofit organization
- Elected official
- Other (please describe)

THANK YOU!

Thank you for taking the time to complete this survey!