

SAMPLE Community Survey

Your opinion is important to us. Please take a few minutes to complete both sides of this survey. Thanks!

What county do you live in?

- | | | |
|---------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Davis | <input type="checkbox"/> Phillips |
| <input type="checkbox"/> Bullet | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Carter | <input type="checkbox"/> Marshall | |

How long have you lived in this county? _____ years

Of this extensive list, what 8 issues concern you most in your neighborhood or community?

- Need more job training
- Not enough jobs
- Adult education

- Schools and education for children
- Safety in schools
- Condition of school buildings & facilities
- Illiteracy
- Language barriers (non-English speaking)

- Money management
- Need affordable housing
- Lack of shelter for homeless families
- Emergency services (police, fire, paramedics)

- Food for low-income people
- Food for the elderly
- Available health care
- Available mental health care
- Services for disabled children and families

- Lack of transportation
- Roads and street repair
- Cost of utilities (gas, electricity, water)

- Child care
- Teen pregnancy
- Access to library, bookmobile, etc.
- Teenage delinquency
- Crime, violence, and drug abuse
- Child abuse and neglect
- Vacant buildings and run-down houses
- Other: _____

Of this extensive list, what 6 are the most pressing issues for your family?

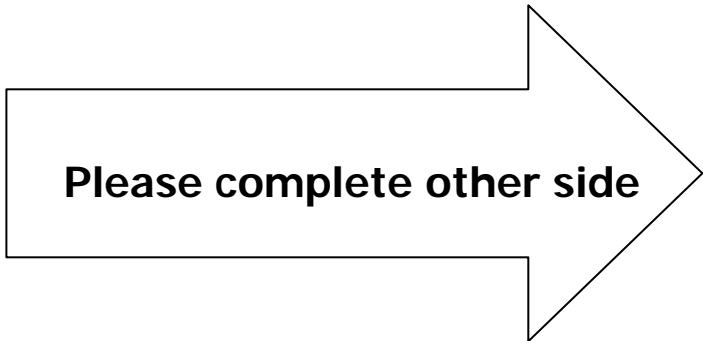
- Job training
- Employment
- Educational services for children (tutoring, testing, etc.)
- Education for adults (GED, etc.)
- Lack of books or reading materials in the home

- Paying necessary bills (gas, water, rent, phone, etc.)
- Managing finances
- Tax return preparation and filing
- Affordable housing
- Housing maintenance and repair
- Food
- Transportation and fuel costs
- Available telephone or cell phone

- Getting help for personal needs (baths, etc.)
- Child care for infants, toddlers, preschoolers
- Child care for school-age children
- After school for school-age children
- In home care for disabled adult
- Services for child with disability

- Getting health and medical care
- Paying for prescribed drugs
- Affordable health insurance
- Access to dental care
- Substance abuse
- Mental health services

- Personal safety
- Other: _____



What is your age?

18-25 26-35 36-45
 46-55 56-65 66+

What is your gender?

Female Male

What is your ethnic group? Check one.

White/Caucasian
 African-American/Black
 Hispanic/Latino
 American Indian
 Asian
 Multi-racial
 Other: _____

What is the highest level of education you completed?

Check one.

Did not graduate from High School (11th grade or less)
 Earned high school diploma or GED
 Attended 1-2 years college or technical school
 Earned Associate degree or technical certificate
 Two year college degree or certificate
 Completed 3-4 years college or technical school
 Earned Bachelor's degree
 Earned Master's degree or higher

Thank you for your time. For more information,

What is your employment status?

Check only one.

Full-time employed
 Part-time employed
 Seasonal work
 Self-employed
 Unemployed - student
 Unemployed - SSI / Disability
 Unemployed by choice (homemaker, etc.)
 Unemployed - can not find job
 Retired
 Volunteer(where?) _____
 Other: _____

Do you and your family have health insurance? Yes No

Are you the head of your household?

Yes No

Do you own or rent your home?

Own Rent

How many adults, counting yourself, live in your household? _____

How many children under age 18 years old (ages birth-17) live in your household? _____

Is anyone in your household disabled?

Yes No

What is your Zip Code? _____

What city or town do you live in? _____

Is there a working computer in your home?

Yes No

Do you have internet access?

Yes No

If yes, do you have:

Dialup DSL Cable Satellite