

- | | |
|-----------------------------------|----|
| Always | 01 |
| More than 5 years but not forever | 02 |
| 2-5 years | 03 |
| 1-2 years | 04 |
| Less than a year | 05 |
| Less than six months | 06 |
| Less than a month | 07 |
| One to two weeks | 08 |
| Less than a week | 09 |
| Refuse to Answer | 88 |

4. How do you feel about the place where you are living now? (Choose one)

- | | |
|------------------------------------|---|
| Satisfied | 1 |
| Mostly satisfied | 2 |
| Neither satisfied nor dissatisfied | 3 |
| Mostly dissatisfied | 4 |
| Dissatisfied | 5 |
| Refuse to Answer | 8 |

Here are some problems that sometimes occur in neighborhoods and may be problems in yours. In your neighborhood are any of these a problem?

Response Categories:

- | | |
|-----------------------|---|
| Not a problem at all | 1 |
| Somewhat of a problem | 2 |
| Quite a problem | 3 |
| Very serious problem | 4 |
| Refuse to Answer | 8 |

4a. Litter or trash

4b. Drug addicts

If BI7a is equal to "Refuse to Answer" and BI7b is equal to "Refuse to Answer", then skip to end.

4c. Vacant or abandoned houses or storefronts

4d. Unemployed people

4e. Youth gang fights

4f. Violence or violent crime

4g. Theft (Choose one)

4h. Drug dealing

4i. Homelessness

4j. Vandalism

4k. Drinking in public

4l. Tagging or graffiti

4m. Gunshots fired

4n. Neglected property

40yn. Are there any other problems in your neighborhood?

Yes	1
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No	0
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Refuse to Answer 8

If Question 4oyn is not equal to 1, then skip to Question 7.

50s. What are they?

[illegible]

60. How much of a problem are this/these other problem(s)? (Choose one)

- | | |
|-----------------------|---|
| Not a problem at all | 1 |
| Somewhat of a problem | 2 |
| Quite a problem | 3 |
| Very serious problem | 4 |
| Refuse to Answer | 8 |

7. I am going to read you a list of things people may have in their homes. Tell me if any of the things I name are in the place where you live right now, even if they don't belong to you. (Check all that apply)

- | | |
|---------------------------------------|--------------------------|
| Radio/cassette player, and/or Walkman | <input type="checkbox"/> |
| CD-player | <input type="checkbox"/> |
| VCR | <input type="checkbox"/> |
| Personal computer | <input type="checkbox"/> |
| DVD player | <input type="checkbox"/> |
| Internet access | <input type="checkbox"/> |
| Cable TV | <input type="checkbox"/> |
| Refuse to Answer | <input type="checkbox"/> |