



## Neighborhood Questionnaire

Id#: IDNO

Acrostic: ACROSTIC

NHDDT1

Date:



Month



Day





Year

Things about people's neighborhoods may be important to their health. Now we would like to ask you some questions about what it is like to live in your neighborhood. By neighborhood we mean the area around where you live and around your house. It may include places you shop, religious or public institutions, or a local business district. It is the general area around your house where you might perform routine tasks, such as shopping, going to the park, or visiting with neighbors. Please take the time to answer carefully, but do not spend too much time on any one question. Remember that there are no right or wrong answers. We appreciate your taking the time to complete this questionnaire.

1 How many blocks are in the area that you think of as your neighborhood?  NHDBLKS1

2 How long have you lived in this neighborhood?  NHDYRS1 years OR  NHDMO1 months

3 For each of the following statements, please tell me whether you agree by choosing the best option:

- |                                                                          |                 | Strongly<br>Agree       | Agree                   | Neither<br>Agree nor<br>Disagree | Disagree                | Strongly<br>Disagree    |
|--------------------------------------------------------------------------|-----------------|-------------------------|-------------------------|----------------------------------|-------------------------|-------------------------|
| a. This is a close-knit neighborhood                                     | <b>NCLOSE1</b>  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>          | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. People around here are willing to help their neighbors.               | <b>NHELP1</b>   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>          | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. People in this neighborhood generally don't get along with each other | <b>NDGALNG1</b> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>          | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. People in this neighborhood can be trusted                            | <b>NTRUST1</b>  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>          | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. People in this neighborhood do not share the same values              | <b>NVALUES1</b> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>          | 4 <input type="radio"/> | 5 <input type="radio"/> |

4 How safe from crime do you consider your neighborhood to be? **NSAFE1**

Please rate on a scale of 1 to 5: 1  1 2  2 3  3 4  4 5  5  
 Very safe Safe Not at all safe

5 Think about your neighborhood as a whole, then please check one box for each of the following to show how much of a problem each one is in your neighborhood.

	Very serious problem	Somewhat serious problem	Minor problem	Not really a problem
a. Excessive noise <b>NNOISE1</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Heavy traffic or speeding cars <b>NTRAF1</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Lack of access to adequate food shopping <b>NLFSHOP1</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Lack of parks or playgrounds <b>NLPARKS1</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Trash and litter <b>NTRASH1</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. No sidewalks or poorly maintained sidewalks <b>NSDWLK1</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Violence <b>NVIOLEN1</b>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

For MESA Field Center Use Only:

Completed by: 1  Self-Administered 2  Interviewer-Administered **NHDADM1**

Interviewer or Reviewer ID:  **NHDTID1**

Data Entry ID:  **NHDDID1**