



2008 Boston Neighborhood Survey

RESPONDENT SELECTION

HELLO. MY NAME IS *(Read Name)* AND I'M CALLING FOR THE HARVARD SCHOOL OF PUBLIC HEALTH. OUR COMPANY, FACT FINDERS, IS AN INDEPENDENT RESEARCH FIRM HIRED TO CONDUCT THIS SURVEY ABOUT THE NEIGHBORHOODS OF BOSTON.

AM I SPEAKING WITH (MAY I PLEASE SPEAK WITH) AN ADULT AGE 18 OR OLDER WHO LIVES IN THIS HOME?

(If the phone has been given to another member of the family, start over at HELLO)

(Remainder of Introduction)

YOUR OPINIONS ABOUT YOUR NEIGHBORHOOD ARE IMPORTANT. NO NAMES OR IDENTIFYING INFORMATION WILL BE ASKED AND YOU MAY CHOOSE NOT TO ANSWER ANY QUESTION. YOU HAVE BEEN RANDOMLY SELECTED. THIS SURVEY TAKES LESS THAN 10 MINUTES. I'LL GO AS QUICKLY AS POSSIBLE.

CALL BACK REQUEST

(If respondent is not available)

WHEN IS THE BEST TIME FOR US TO CALL BACK AND SPEAK WITH HIM/HER?

(Record Date and Time on Sampling Sheet / CATI)

STATEMENT TO TERMINATE NON-QUALIFIERS

THANK YOU FOR YOUR TIME AND COOPERATION, BUT WE HAVE COMPLETED INTERVIEWING IN YOUR AREA. WE ARE VERY APPRECIATIVE OF YOUR TIME.

STANDARD RESPONSES TO QUESTIONS

(If respondent asks 'Where did you get my number?')

THE PHONE NUMBERS WERE RANDOMLY GENERATED BY COMPUTER. YOUR IDENTITY IS NOT KNOWN OR NEEDED FOR THE PURPOSE OF THIS STUDY.

(If respondent asks 'Who is the sponsor of the research?')

THIS RESEARCH IS SPONSORED BY A RESEARCH TEAM AT THE HARVARD SCHOOL OF PUBLIC HEALTH.

(If respondent wants more information about Fact Finders or becomes emotionally upset as a result of questions)

FOR MORE INFORMATION, YOU CAN CALL OUR COMPANY, FACT FINDERS, AT 1-518-242-2000. IF YOU CALL, PLEASE SAY YOU ARE CALLING ABOUT THE HARVARD NEIGHBORHOOD SURVEY AND ASK FOR SUE SWARTZ.

(If respondent wants contact name to verify sponsor)

FOR MORE INFORMATION, YOU CAN CALL THE STUDY DIRECTOR, DEB AZRAEL, AT THE HARVARD SCHOOL OF PUBLIC HEALTH AT (617) 432 0473.

(If respondent has questions about rights, read)

IF YOU HAVE ANY QUESTIONS ABOUT YOUR RIGHTS AS A RESEARCH PARTICIPANT, YOU MAY CONTACT HARVARD'S HUMAN SUBJECTS COMMITTEE AT (617) 384 5481.



LOCATION OF RESIDENCE / SAMPLE MAINTENANCE / SCREENING

THIS PROJECT IS ABOUT BOSTON NEIGHBORHOODS.

1.	WHAT IS THE NAME OF YOUR NEIGHBORHOOD? <i>(If neighborhood quota cell is full, terminate)</i>	Allston/Brighton 01 Back Bay / Beacon Hill / WE 02 Charlestown 03 East Boston 04 Fenway 05 Hyde Park 06 Jamaica Plain 07 Mattapan 08 North Dorchester 09 North End 10 Roslindale 11 Roxbury 12 South Boston 13 South Dorchester 14 South End / Chinatown 15 West Roxbury 16 Other (<i>Ask Q2</i>) 17 No Opinion/DK (<i>Ask Q2</i>) 18
2.	IS YOUR NEIGHBORHOOD CALLED? <i>(If neighborhood quota cell is full, terminate)</i>	Aided Neighborhood _____ No Opinion/DK 18
3.	WHAT IS YOUR ZIP CODE?	Zip Code _____ No Opinion/DK 99998

(Additional address verification is found in the characteristics section.)

INVOLVEMENT IN THE NEIGHBORHOOD

CITY1.	IN THE PAST YEAR, HAVE YOU ATTENDED ANY MEETING IN YOUR NEIGHBORHOOD, SUCH AS A COMMUNITY MEETING, CRIME WATCH MEETING, OR BLOCK MEETING?	Yes 1 No 2 No Opinion/DK 3
CITY2.	IN THE PAST YEAR, HAVE YOU ATTENDED ANY SOCIAL ACTIVITY IN YOUR NEIGHBORHOOD, SUCH AS A BLOCK PARTY OR FESTIVAL?	Yes 1 No 2 No Opinion/DK 3
CITY3.	IN THE PAST YEAR, HAVE YOU VISITED ANY COMMUNITY RESOURCES SUCH AS A COMMUNITY CENTER, POLICE DEPARTMENT OR A LIBRARY?	Yes 1 No 2 No Opinion/DK 3
CITY4.	HOW WELL INFORMED WOULD YOU SAY YOU ARE ABOUT ACTIVITIES AND ORGANIZATIONS IN YOUR NEIGHBORHOOD? (<i>Read List</i>)?	VERY INFORMED 1 SOMEWHAT INFORMED 2 OR NOT INFORMED 3 No Opinion/DK 4



PEOPLE IN THE NEIGHBORHOOD

THE NEXT QUESTIONS ARE ABOUT PEOPLE IN YOUR NEIGHBORHOOD.

- | | | |
|----|---|--|
| 4. | NOT COUNTING THE PEOPLE WHO LIVE WITH YOU, HOW MANY FRIENDS LIVE IN YOUR NEIGHBORHOOD? (<i>Read List</i>)? | NONE1
1 OR 22
3 TO 53
6 TO 94
OR 10 OR MORE5
No Opinion/DK6 |
| 5. | NOT COUNTING THE PEOPLE WHO LIVE WITH YOU, HOW MANY RELATIVES LIVE IN YOUR NEIGHBORHOOD? (<i>Read List</i>)? | NONE1
1 OR 22
3 TO 53
6 TO 94
OR 10 OR MORE5
No Opinion/DK6 |

A. PLEASE TELL US IF YOU AGREE WITH THE FOLLOWING STATEMENTS ABOUT PEOPLE IN YOUR NEIGHBORHOOD. (*Read Statement, Mix Order*) WOULD YOU SAY YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?

<i>Statements (Mix Order)</i>	<u>SA</u>	<u>AGREE</u>	<u>DISAGREE</u>	<u>SD</u>	<u>DK</u>
6. PEOPLE IN MY NEIGHBORHOOD CAN BE TRUSTED.....	1	2	3	4	5
7. PEOPLE IN MY NEIGHBORHOOD ARE WILLING TO HELP THEIR NEIGHBORS	1	2	3	4	5
8. PEOPLE IN MY NEIGHBORHOOD KNOW AND LIKE EACH OTHER.....	1	2	3	4	5
9. PEOPLE IN MY NEIGHBORHOOD GENERALLY GET ALONG WITH EACH OTHER.....	1	2	3	4	5
10. PEOPLE IN MY NEIGHBORHOOD SHARE THE SAME BELIEFS ABOUT WHAT IS RIGHT AND WRONG.....	1	2	3	4	5
<hr/>					
11. THERE ARE ADULTS IN MY NEIGHBORHOOD THAT CHILDREN CAN LOOK UP TO.....	1	2	3	4	5
12. YOU CAN COUNT ON ADULTS IN MY NEIGHBORHOOD TO WATCH OUT THAT CHILDREN AND TEENAGERS ARE SAFE AND STAY OUT OF TROUBLE.....	1	2	3	4	5
<hr/>					
13. PARENTS IN MY NEIGHBORHOOD KNOW ONE ANOTHER.....	1	2	3	4	5
14. PARENTS IN MY NEIGHBORHOOD KNOW THEIR CHILDREN'S FRIENDS.....	1	2	3	4	5
15. ADULTS IN MY NEIGHBORHOOD KNOW WHO THE LOCAL CHILDREN ARE.....	1	2	3	4	5
16. OPPORTUNITIES EXIST TO MEET AND WORK ON SOLVING COMMUNITY PROBLEMS ¹	1	2	3	4	5



LIKELIHOOD OF NEIGHBORS TO ACT

FOR THE NEXT QUESTIONS, PLEASE TELL HOW LIKELY PEOPLE IN YOUR NEIGHBORHOOD ARE TO TAKE ACTION. (*Read Statements, Mix Order after 1st statement*) **VERY LIKELY, LIKELY, UNLIKELY, OR VERY UNLIKELY.**

<u>Statements</u> (<i>Mix Order after the 1st statement.</i>)	<u>VL</u>	<u>LIKELY</u>	<u>UNLIKELY</u>	<u>VU</u>	<u>NO/DK</u>
17. SUPPOSE THAT BECAUSE OF BUDGET CUTS, THE CITY WAS GOING TO CLOSE THE LOCAL FIRE STATION. HOW LIKELY IS IT THAT YOUR NEIGHBORS WOULD ORGANIZE TOGETHER TO KEEP IT OPEN?	1	2	3	4	5
18. IF A GROUP OF NEIGHBORHOOD CHILDREN WERE SKIPPING SCHOOL AND HANGING OUT ON A STREET CORNER, HOW LIKELY IS IT THAT YOUR NEIGHBORS WOULD DO SOMETHING ABOUT IT?	1	2	3	4	5
19. IF A CHILD WAS SHOWING DISRESPECT TO AN ADULT, HOW LIKELY IS IT THAT YOUR NEIGHBORS WOULD DO SOMETHING ABOUT IT?	1	2	3	4	5
20. IF A CHILD WAS SPRAY-PAINTING GRAFFITI ON A LOCAL BUILDING, HOW LIKELY IS IT THAT YOUR NEIGHBORS WOULD DO SOMETHING ABOUT IT?	1	2	3	4	5
21. IF THERE WAS A FIGHT IN YOUR NEIGHBORHOOD AND SOMEONE WAS BEING BEATEN OR THREATENED, HOW LIKELY IS IT THAT YOUR NEIGHBORS WOULD DO SOMETHING ABOUT IT?	1	2	3	4	5

IF A CHILD OR TEENAGER WAS BEING NEGLECTED BY HIS/HER FAMILY, HOW LIKELY IS IT THAT YOUR NEIGHBORS WOULD (*Read Action*)?

(By neglected, we mean that adults did not take care of a child they way they should, including giving the child enough food, taking the child to the doctor when they were sick, or giving the child a safe place to live.)

<u>Actions</u> (<i>Do Not Mix Order</i>)	<u>VL</u>	<u>LIKELY</u>	<u>UNLIKELY</u>	<u>VU</u>	<u>NO/DK</u>
22. KNOW ABOUT IT	1	2	3	4	5
23. REPORT IT TO AUTHORITIES	1	2	3	4	5

IF A CHILD OR TEENAGER WAS BEING TREATED ABUSIVELY BY HIS/HER FAMILY, HOW LIKELY IS IT THAT YOUR NEIGHBORS WOULD (*Read Action*)? **VERY LIKELY, LIKELY, UNLIKELY, OR VERY UNLIKELY?**

<u>Actions</u> (<i>Do Not Mix Order</i>)	<u>VL</u>	<u>LIKELY</u>	<u>UNLIKELY</u>	<u>VU</u>	<u>NO/DK</u>
24. KNOW ABOUT IT	1	2	3	4	5
25. REPORT IT TO AUTHORITIES	1	2	3	4	5



CONDITION OF THE NEIGHBORHOOD

THE NEXT QUESTIONS ARE ABOUT CONDITIONS IN YOUR NEIGHBORHOOD. THINKING ABOUT YOUR NEIGHBORHOOD, HOW MUCH OF A PROBLEM IS *(Read Conditions, Mix Order)* NOT A PROBLEM, KIND OF A PROBLEM, A BIG PROBLEM?

<u>Conditions</u> <i>(Mix Order)</i>	<u>NOT</u>	<u>KIND OF</u>	<u>BIG</u>	<u>DK</u>
26. PEOPLE DRINKING ALCOHOL IN PUBLIC, LIKE OUTSIDE ON THE STREET CORNER?.....1	1	2	3	4
27. PEOPLE USING OR BEING ADDICTED TO DRUGS?.....1	1	2	3	4
28. PEOPLE SELLING DRUGS?.....1	1	2	3	4
29. POVERTY—SUCH AS FAMILIES NOT HAVING ENOUGH MONEY FOR BASIC NEEDS?1	1	2	3	4
30. GROUPS OF TEENAGERS OR ADULTS HANGING AROUND THE NEIGHBORHOOD AND CAUSING TROUBLE?1	1	2	3	4
31. GUNSHOTS, SHOOTINGS, AND GUN VIOLENCE?1	1	2	3	4
32. LITTER, BROKEN GLASS, OR TRASH ON THE SIDEWALKS?.....1	1	2	3	4
33. GRAFFITI ON BUILDINGS AND WALLS?.....1	1	2	3	4
34. VACANT LOTS OR DESERTED HOUSES OR STOREFRONTS?.....1	1	2	3	4

THE NEXT QUESTIONS ARE ABOUT SOME THINGS YOU MIGHT DO WITH PEOPLE IN YOUR NEIGHBORHOOD. ABOUT HOW OFTEN DO YOU AND PEOPLE IN YOUR NEIGHBORHOOD DO THE FOLLOWING *(Read statement)* OFTEN, SOMETIMES, RARELY, NEVER?

<u>Statements</u>	<u>OFTEN</u>	<u>SOMETIMES</u>	<u>RARELY</u>	<u>NEVER</u>
35. DO FAVORS FOR EACH OTHER?	1	2	3	4
36. HAVE PARTIES OR OTHER GET-TOGETHERS WHERE OTHER PEOPLE IN THE NEIGHBORHOOD ARE INVITED?	1	2	3	4
37. VISIT WITH EACH OTHER IN HOMES OR ON THE STREET?	1	2	3	4
38. ASK EACH OTHER'S ADVICE ABOUT PERSONAL THINGS SUCH AS CHILDREARING OR JOB OPENINGS?	1	2	3	4
39. WATCH OVER YOUR NEIGHBOR'S PROPERTY WHEN THEY ARE NOT AT HOME?	1	2	3	4



SAFETY OF THE NEIGHBORHOOD

PLEASE TELL US IF YOU AGREE WITH THE FOLLOWING STATEMENTS ABOUT THE POLICE. IN YOUR NEIGHBORHOOD, *(Read Statement)*. WOULD YOU SAY YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?

<u>Statements</u> <i>(Do Not Mix Order)</i>	<u>SA</u>	<u>AGREE</u>	<u>DISAGREE</u>	<u>SD</u>	<u>DK</u>
40. THE POLICE ARE DOING A GOOD JOB IN DEALING WITH PROBLEMS THAT REALLY CONCERN PEOPLE IN THIS NEIGHBORHOOD.....	1	2	3	4	5
		<u>YES</u>	<u>NO</u>		
41. DURING THE PAST 12 MONTHS, HAVE YOU GOTTEN TO KNOW A POLICE OFFICER WHO PATROLS YOUR NEIGHBORHOOD ON FOOT?		1	2		
		<u>ALWAYS</u>	<u>OFTEN</u>	<u>SOMETIMES</u>	<u>NEVER</u>
42. DURING THE PAST 12 MONTHS, DID YOU FEEL THAT YOU WERE TREATED WITH RESPECT WHEN YOU HAD CONTACT WITH THE POLICE?	1	2	3	4	5

THINKING ABOUT THE TREND OF SAFETY IN YOUR NEIGHBORHOOD, OVER THE PAST 5 YEARS, *(Read Type, Do Not Mix Order)* GOTTEN BETTER, STAYED THE SAME OR GOTTEN WORSE?

<u>Type</u> <i>(Do Not Mix Order)</i>	<u>GOTTEN BETTER</u>	<u>STAYED THE SAME</u>	<u>GOTTEN WORSE</u>	<u>NO/DK</u>
43. HAS THE LEVEL OF POLICE PROTECTION <i>(Read Responses)?</i>	1	2	3	4
44. HAS PERSONAL SAFETY <i>(Read Responses)?</i>	1	2	3	4
CITY5. DO YOU CONSIDER YOUR NEIGHBORHOOD <i>(Read List)?</i>				
			VERY SAFE	1
			SOMEWHAT SAFE.....	2
			OR NOT SAFE	3
			No Opinion/DK.....	4
CITY6. IF YOU FELT YOUR NEIGHBORHOOD WAS SAFER, WOULD YOU GO OUTSIDE <i>(Read List)?</i>				
			A LOT MORE	1
			A LITTLE MORE	2
			OR NO MORE	3
			No Opinion/DK.....	4
CITY7. HOW COMFORTABLE DO YOU FEEL WALKING ALONE IN YOUR NEIGHBORHOOD DURING THE DAY <i>(Read List)?</i>				
			VERY COMFORTABLE	1
			SOMEWHAT COMFORTABLE	2
			OR NOT COMFORTABLE.....	3
			No Opinion/DK.....	4
CITY8. HOW COMFORTABLE DO YOU FEEL WALKING ALONE IN YOUR NEIGHBORHOOD AT NIGHT <i>(Read List)?</i>				
			VERY COMFORTABLE	1
			SOMEWHAT COMFORTABLE	2
			OR NOT COMFORTABLE.....	3
			No Opinion/DK.....	4
CITY9. ON THE WHOLE, DO YOU LIKE OR DISLIKE THIS NEIGHBORHOOD AS A PLACE TO LIVE? WOULD YOU SAY YOU <i>(Read List)?</i>				
			LIKE IT ALOT	1
			LIKE IT	2
			DISLIKE IT	3
			DISLIKE IT ALOT	4
			No Opinion/DK.....	5



2008 Boston Neighborhood Survey

CITY10. SUPPOSE THAT FOR SOME REASON YOU <u>HAD</u> TO MOVE AWAY FROM THIS NEIGHBORHOOD. WOULD YOU MISS THIS NEIGHBORHOOD (<i>Read List</i>)?	VERY MUCH1
	SOMEWHAT2
	NOT MUCH3
	NOT AT ALL4
	No Opinion/DK.....5
45. COMPARED TO 1 YEAR AGO, DO YOU THINK THERE ARE (<i>Read List</i>) IN YOUR NEIGHBORHOOD NOW?	MORE GUNS1
	LESS2
	OR ABOUT THE SAME NUMBER OF GUNS.3
	No Opinion/DK.....4
46. IN THE PAST 3 MONTHS, HAVE YOU HEARD GUNSHOTS IN YOUR NEIGHBORHOOD?	Yes1
	No.....2
	No Opinion/DK.....3
CITY11. IN THE PAST 12 MONTHS, HAS ANYONE SHOWN YOU THEY HAD A GUN IN ORDER TO SCARE YOU OR GET YOU TO DO SOMETHING?	Yes1
	No.....2
	No Opinion/DK.....3
47. DOES ANYONE IN YOUR HOUSEHOLD OWN A HANDGUN? (<i>Do not include bb gun or any type of toy gun, like a paintball gun or air rifle.</i>)	Yes1
	No.....2
	No Opinion/DK.....3
48. THE PARK OR PLAY GROUND CLOSEST TO WHERE I LIVE IS SAFE DURING THE DAY?	Yes1
	No.....2
	No Opinion/DK.....3
49. WHILE YOU WERE IN THIS NEIGHBORHOOD, HAS ANYONE EVER USED VIOLENCE, SUCH AS IN A MUGGING, FIGHT, OR SEXUAL ASSUALT AGAINST YOU OR ANY MEMBER OF YOUR HOUSEHOLD ANYWHERE IN YOUR NEIGHBORHOOD?	Yes1
	No.....2
	No Opinion/DK.....3
50. WAS THAT IN THE PAST 6 MONTHS?	Yes1
	No.....2
	No Opinion/DK.....3
51. WHILE YOU HAVE LIVED IN THIS NEIGHBORHOOD, HAS YOUR HOME EVER BEEN BROKEN INTO?	Yes1
	No.....2
	No Opinion/DK.....3
52. WAS THAT IN THE PAST 6 MONTHS?	Yes1
	No.....2
	No Opinion/DK.....3
53. WHILE YOU HAVE LIVED IN THIS NEIGHBORHOOD, HAVE YOU OR ANOTHER MEMBER OF YOUR HOUSEHOLD HAD ANYTHING STOLEN FROM YOUR YARD, PORCH, GARAGE, OR ELSEWHERE OUTSIDE YOUR HOME (BUT ON YOUR PROPERTY)?	Yes1
	No.....2
	No Opinion/DK.....3
54. WAS THAT IN THE PAST 6 MONTHS?	Yes1
	No.....2
	No Opinion/DK.....3



GANG ACTIVITY

55. **AS FAR AS YOU KNOW, ARE THERE ANY GANGS OPERATING IN YOUR NEIGHBORHOOD?**
- Yes 1
 No 2
 No Opinion/DK 3
56. **HOW SERIOUS OR DANGEROUS DO YOU THINK GANG ACTIVITIES ARE IN YOUR NEIGHBORHOOD? (*Read List*)?**
- VERY SERIOUS** 1
SOMEWHAT SERIOUS 2
OR NOT SERIOUS 3
 No Opinion/DK..... 4
57. **HOW MUCH DO NEIGHBORHOOD GANGS GET IN THE WAY OF YOU BEING ABLE TO DO EVERYDAY THINGS, LIKE GOING TO THE STORE OR GOING OUT AT NIGHT?**
- A LOT** 1
SOME 2
ONLY A LITTLE 3
NOT AT ALL 4
 No Opinion/DK..... 5



INJURIES

THE NEXT QUESTIONS ARE ABOUT ANY ACCIDENTAL INJURIES YOU MAY HAVE GOTTEN.

58. IN THE PAST 12 MONTHS, DID YOU HAVE AN ACCIDENTAL INJURY SUCH AS A CUT, BRUISE, BURN, SPRAIN, OR FRACTURE THAT WAS SERIOUS ENOUGH TO CAUSE YOU TO GO TO THE HOSPITAL? Yes 1 No 2 No Opinion/DK 3

59. THINKING ABOUT THE MOST SERIOUS ACCIDENTAL INJURY THAT YOU HAD IN THE PAST 12 MONTHS, DID YOU CAUSE THIS INJURY YOURSELF (SUCH AS CLOSING A DOOR ON YOUR OWN HAND) OR DID SOMEONE ELSE CAUSE THE INJURY (SUCH AS SOMEONE SHUTTING A DOOR ON YOUR HAND)? Self 1 Someone Else 2 I did not have an accidental injury 3

60. THINKING ABOUT THE MOST SERIOUS ACCIDENTAL INJURY THAT YOU HAD IN THE PAST 12 MONTHS, WHEN YOU WERE INJURED WHERE YOU (Read List) Playing sports 1 Riding in or driving a car 2 Inside your or someone else's home 3 Doing something else? 4 I did not have an accidental injury 5

61. CAN YOU PLEASE DESCRIBE THE INJURY AND WHAT HAPPENED?

62. IN THE PAST 12 MONTHS, DID YOU DO SOMETHING BY ACCIDENT THAT RESULTED IN SOMEONE ELSE GETTING PHYSICALLY HURT OR INJURED? Yes 1 No 2 No Opinion/DK 3

63. THINK ABOUT A TIME WHEN SOMEONE WAS PHYSICALLY HURT OR INJURED BECAUSE OF SOMETHING YOU DID ACCIDENTALLY. THINK ONLY ABOUT THE PAST 12 MONTHS. WHEN THE PERSON WAS HURT OR INJURED, WAS HE OR SHE (Read List)? Playing sports 1 Riding in or driving a car 2 Inside your or someone else's home 3 Doing something else? 4 I did not have an accidental injury 5

64. CAN YOU PLEASE DESCRIBE THE INJURY AND WHAT HAPPENED?



CHARACTERISTICS

FINALLY, SOME GENERAL QUESTIONS,

65. **FOR HOW MANY YEARS HAVE YOU LIVED IN THIS NEIGHBORHOOD?** # of Years ____
 Less than 1 Year 01
 No Opinion/DK..... 98
66. **DO YOU (Read List)?** **OWN YOUR RESIDENCE (Skip to Q47).....1**
RENT.....2
OR IS IT A BOSTON HOUSING
AUTHORITY BUILDING3
 No Opinion/DK.....4
- CITY12. **DO YOU RENT WITH A BOSTON HOUSING AUTHORITY**
VOUCHER? Yes1
 No.....2
 No Opinion/DK.....3
67. **HOW MANY OTHER ADULTS LIVE IN YOUR HOUSEHOLD?** Record #.....____
 None (Skip to Q50)0
 No Opinion/DK.....8
68. **[IS THIS ADULT / IS ANY ONE OF THESE ADULTS] YOUR**
SPOUSE OR PARTNER? Yes1
 No.....2
 No Opinion/DK.....3
69. **ARE THERE ANY CHILDREN BETWEEN 5 AND 18 YEARS OLD LIVING IN**
YOUR HOUSEHOLD? Yes1
 No (Skip to Q50A).....2
 No Opinion/DK(Skip to Q50A)3
70. **WHAT ARE THE AGES OF THESE CHILDREN?** Age ____
 Age ____
 Age ____
 No Opinion/DK.....98

(If there are not any children between ages 5 and 18, skip school questions, skip to Q50A)

FOR THE PAST SCHOOL YEAR, DID [ANY OF THESE CHILDREN/THIS CHILD] ATTEND A (Read Place)?

<u>Place</u>	<u>Yes</u>	<u>No</u>	<u>DK</u>
71. BOSTON PUBLIC SCHOOL.....	1	2	3
72. BOSTON PUBLIC HIGH SCHOOL.....	1	2	3
73. AFTER-SCHOOL PROGRAM.....	1	2	3

74. **ARE THERE ANY CHILDREN UNDER AGE 5 LIVING IN THIS**
HOUSEHOLD? Yes1
 No.....2
 No Opinion/DK.....3



CHARACTERISTICS

(CONTINUED)

75.	WHAT IS THE HIGHEST GRADE YOU HAVE COMPLETED? (<i>Read List</i>)?	SOME HIGH SCHOOL OR LESS 1 HIGH SCHOOL GRADUATE OR GED 2 SOME COLLEGE OR ASSOCIATE DEGREE 3 BACHELORS DEGREE 4 OR GRADUATE STUDY OR DEGREE 5 No Opinion/DK 6
76A.	WHAT IS YOUR AGE?	Record Age (<i>Skip to Q58B</i>) _____ DK/Refused (<i>Ask Q58B</i>) 98
76B.	IN WHICH OF THE FOLLOWING AGE GROUPS DO YOU BELONG? ARE YOU (<i>Read List</i>)?	18-29 YEARS OLD 1 30-39 2 40-49 3 50-64 4 OR 65 OR OVER 5 No Opinion/DK 6
77.	DO YOU THINK OF YOURSELF AS HISPANIC OR LATINO?	Yes 1 No 2 No Opinion/DK 3
78.	DO YOU CONSIDER YOURSELF (<i>Read List</i>)?	BLACK OR AFRICAN AMERICAN 1 WHITE 2 ASIAN OR SOUTH ASIAN 3 OR SOME OTHER RACE OR ETHNICITY (<i>Specify</i>) 4 No Opinion/DK 5
79.	IS ENGLISH THE MAIN LANGUAGE SPOKEN IN YOUR HOME?	Yes 1 No (<i>Skip to Q63</i>) 2 No Opinion/DK (<i>Skip to Q63</i>) 3
80.	WERE YOU BORN IN THE UNITED STATES? (<i>Note if people respond Puerto Rico</i>)	Yes (<i>Skip to Q66</i>) 1 No 2 No Opinion/DK (<i>Skip to Q66</i>) 3
81.	IN WHAT COUNTRY WERE YOU BORN?	Country Name _____ No Opinion/DK 98
82.	FOR HOW MANY YEARS HAVE YOU LIVED IN THE UNITED STATES?	# of Years _____ No Opinion/DK 98



CHARACTERISTICS

(CONTINUED)

83.	IN 2007, WHAT WAS THE TOTAL INCOME FOR YOUR HOUSEHOLD? <i>(Read List)?</i>	UNDER \$20,000 1 \$20,000 - \$40,000 2 \$40,000 - \$80,000 3 \$80,000 - \$100,000 4 OR OVER \$100,000 5 No Opinion/DK..... 6
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CLOSING

THIS CONCLUDES THE SURVEY. THANK YOU FOR YOUR TIME AND COOPERATION.

(If the respondent has asked for the sponsor's name, say)

THIS SURVEY HAS BEEN SPONSORED BY HARVARD UNIVERSITY SCHOOL OF PUBLIC HEALTH.

GENDER:

- Man..... 1
- Woman 2