Neighborhood Survey
Interview Form

Neighborhood: __________________________ Date __________________

• Hello, my name is ___________, and I live over on ______________ (street name). I am a member of the _______________ project. This is a part of the local health department.

• The __________ project gives neighbors a voice in determining positive changes that we want to make in our neighborhood.

• I have some questions that I would like to ask you about chronic disease prevention and what you think are the most important issues in our neighborhood.

• After collecting this information, we will hold community forums for neighborhood residents to look at what issues came up and decide which issues we want to work on first.

• We will keep your answers confidential. When we talk about what we heard, we will not say who said what or who answered the questions.

• This survey should take about 10 minutes. Is it okay if I go ahead and ask you the questions? If this isn’t a good time, is there another time I can come back?

1. Are there stores nearby where you can buy affordable, low-fat foods, fresh fruits and vegetables?
   □ Yes
   □ No

2. Are there some safe and attractive places in your neighborhood where people can go to be physically active?
   □ Yes
   □ No

3. Is it easy for young people in your neighborhood to get hold of tobacco/cigarettes?
   □ Yes
   □ No

4. What stresses you out? (e.g., money, work, child care, violence, drug dealers.)
5. What are the messages you see in our neighborhood that promote unhealthy behaviors? (e.g., tobacco and alcohol billboards, empty beer bottles.)

6. Is there pollution in our neighborhood? (e.g., air and water pollution, garbage in the parks.)
   - Yes (please give examples)
   - No

7. What changes would you like to see in our neighborhood that would lead to healthier choices? (e.g., eating healthy foods, getting exercise, decreasing access to tobacco.)

8. Do you know of groups or people in our neighborhood that are doing something positive to improve access to healthy foods, promote exercise, reduce youth access to tobacco, or decrease pollution?

9. This last question is to get your overall opinion about the neighborhood. Do you have any other concerns about the neighborhood that you would like to mention?

Thank you for your time!

Would you like to be involved in this project?
(If so, write down the person's name, address and phone number on a separate piece of paper.)