

APPENDIX A.

CAD CODE CLASSIFICATION FOR CALLS FOR SERVICE

Predatory Violent Calls	Drug Calls	Other Calls	
Carjacking	Narcotics	Assist Officer	Abduction by parent
Rape (force)	Narcotics Outside	Unauthorized Use	Child Abuse-sexual
Bank Hold Up	Narcotics On-view	Auto Theft	Child Abuse- Physical
Robbery Armed		Cab Robbery	Child Neglect
Robbery Unarmed		Vehicle Disturbance	Other sex offense
Cutting		Accident- Hit and Run	Destruction of Property
		Accident- Hit and Run	
Shooting		Pedestrian	Loud Noise
Aggravated Assault		Driving while Intoxicated	Looting
Common Assault		Investigate Auto	Mental Case
Abduction- Other		Larceny from Auto	Suicide Attempt
Sniper		Bicycle Larceny	Stop & Frisk
		Larceny	Search & Seizure
		Burglary	Armed Person
		Wanted on Warrant	Disorderly Person
		Drug Free Zone	Prostitution Complaint
		Family Disturbance	Missing Person
		Juvenile Disturbance	Suspicious Person
		Street Disturbance	Intoxicated Person
		Animal Disturbance	Involuntary Detention
		Animal Cruelty	
		Purse Snatch	
		Illegal Dumping	
		False Pretense	
		Street Obstruction	
		Gambling	
		Prowler	
		Discharging Firearm	
		Bomb Scare	
		Special Curfew	
		Barricade	

APPENDIX B.
VACANCY INDICTORS

Indicators	Indicator observed (check only once)
5a. A neighbor or someone who lives in the building told you that the dwelling unit was vacant.	<input type="checkbox"/>
5b. Mail was overflowing from the mailbox or stacked on the ground, and it was old and sitting for a long time.	<input type="checkbox"/>
5c. A realtor's combination lock was observed at the entrance of the property.	<input type="checkbox"/>
5d. A casual look through the front window shows no furniture or personal belongings in the dwelling unit.	<input type="checkbox"/>
5e. An eviction notice has been posted on the front door or window of the property.	<input type="checkbox"/>
5f. It appears that doors or windows of the property have been recently boarded up.	<input type="checkbox"/>
5g. Heavy construction or demolition work being done at the property suggests that the dwelling unit is not occupied.	<input type="checkbox"/>
5h. The building has major structural problems and disrepair, such as a missing staircase, a caved-in roof or evidence of dumping.	<input type="checkbox"/>
5i. A tree is growing through the foundation, roof or walls of this home or apartment building.	<input type="checkbox"/>

APPENDIX C.
SURVEY INSTRUMENT

A LONGITUDINAL STUDY OF COMMUNITY HEALTH IN BALTIMORE NEIGHBORHOODS: HOUSEHOLD SURVEY

Revised:
October 10, 2013

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MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

CORRECT: ●

INCORRECT: ✓ ✗ ○ ●

Could I please speak with a member of this household who is at least 21 years old?

☐ Confirmed and proceeding

INTERVIEWER: IF A 21 YEAR OLD HOUSEHOLD MEMBER IS NOT AVAILABLE, ASK WHEN TO RETURN AND NOTE ON CONTACT SHEET.

Hi, my name is [INTERVIEWER'S FULL NAME]. I'm working with a research team at the University of Baltimore. We're interviewing residents in Baltimore to learn about how safe their neighborhoods are, and whether people in your area experience a number of different health problems. The study is being done for the National Institute of Health. Your participation in this survey would be really appreciated. It takes 15-20 minutes. Your participation is completely voluntary. You may choose not to take part at all. If you decide to participate in the survey, you can stop at any time or skip any questions that you are not comfortable answering. Your answers will be kept strictly confidential and used only for research purposes. Your name will not be attached to any research reports. We understand that your time is valuable, so we can pay you fifteen dollars for completing the survey. As part of the study, we will be contacting participants again in two years for a follow-up interview.

CONTINUE WITH SURVEY (SKIP TO Q.1a)

1a. Do you live on [READ ADDRESS STREET NAME ONLY] between STREET A and STREET B?

- ☐ YES - SKIP TO Q.2a
☐ NO - CONTINUE TO Q.1b

1b. We're trying to speak with residents who live on [READ ADDRESS STREET NAME ONLY]. Thank you very much for your time and cooperation

IF "NO" ON Q.1a --> END INTERVIEW

2a. How long have you lived on this block?

YEARS	MONTHS
<input type="radio"/> 0 <input type="radio"/> 0	<input type="radio"/> 0 <input type="radio"/> 0
<input type="radio"/> 1 <input type="radio"/> 1	<input type="radio"/> 1 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 2	<input type="radio"/> 2 <input type="radio"/> 2
<input type="radio"/> 3 <input type="radio"/> 3	<input type="radio"/> 3 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 4	<input type="radio"/> 4 <input type="radio"/> 4
<input type="radio"/> 5 <input type="radio"/> 5	<input type="radio"/> 5 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 6	<input type="radio"/> 6 <input type="radio"/> 6
<input type="radio"/> 7 <input type="radio"/> 7	<input type="radio"/> 7 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 8	<input type="radio"/> 8 <input type="radio"/> 8
<input type="radio"/> 9 <input type="radio"/> 9	<input type="radio"/> 9 <input type="radio"/> 9

IF LESS THAN THREE MONTHS:

We're trying to speak with residents who have lived on your block for at least three months. Thank you very much for your time and cooperation.

2b. Do you own or rent your home?

- ☐ Own
☐ Rent
☐ DON'T KNOW
☐ REFUSED

2c. WHICH BEST DESCRIBES THE PROPERTY WHERE THE RESPONDENT IS LIVING?

- ☐ HOUSE, ROW HOUSE OR TOWNHOUSE.....**SKIP TO Q.3a**
☐ APARTMENT BUILDING OR HOUSING DEVELOPMENT...**SKIP TO Q.3b**

7. Please tell me if it is very likely, likely, unlikely or very unlikely that the following things would happen on your block.

REFUSED
DON'T KNOW
VERY UNLIKELY
UNLIKELY
LIKELY
VERY LIKELY

7a. If some kids were skipping school and hanging out on your block, how likely is it that your neighbors would do something about it?

☐ ☐ ☐ ☐ ☐ ☐

7b. If a group of kids was spraying graffiti on a building, how likely is it that your neighbors would do something about it?

☐ ☐ ☐ ☐ ☐ ☐

7c. If a teenager was showing disrespect to an adult, how likely is it that your neighbors would say something?

☐ ☐ ☐ ☐ ☐ ☐

7d. If there was a fight in front of your home, how likely is it that your neighbors would do something about it?

☐ ☐ ☐ ☐ ☐ ☐

7e. If a group of kids was climbing on a parked car, how likely is it that your neighbors would say something to them?

☐ ☐ ☐ ☐ ☐ ☐

7f. If the local fire station was going to be closed down because of budget cuts, how likely is it that your neighbors would do something about it?

☐ ☐ ☐ ☐ ☐ ☐

8. There are different ways that some people become involved in their neighborhood or community. To the best of your knowledge, has any member of your household participated in the following activities in the past year? You can answer yes or no.

REFUSED
DON'T KNOW
NO
YES

8a. Spoken to a person or group that was causing problems on your block?

☐ ☐ ☐ ☐

8b. Attended a neighborhood or community meeting?

☐ ☐ ☐ ☐

8c. Spoken to a local religious leader about doing something to improve your block?

☐ ☐ ☐ ☐

8d. Gotten together with neighbors to do something about a problem or to organize efforts to improve your block?

☐ ☐ ☐ ☐

8e. Spoken with an elected official about a specific problem on your block?

☐ ☐ ☐ ☐

USE OF PUBLIC SPACE SECTION

9. Do you know any of your neighbors by name?

☐ YES
☐ NO
☐ DON'T KNOW
☐ REFUSED

REFUSED
DON'T KNOW
Often
Sometimes
Rarely
Never

10. How often do you chat with your neighbors? Would you say...

☐ ☐ ☐ ☐ ☐

11. How often do you visit with your neighbors?

☐ ☐ ☐ ☐ ☐

12. How often do you and your neighbors help each other?

☐ ☐ ☐ ☐ ☐

13. How many of your neighbors do you consider friends?

☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐

☐ DON'T KNOW
☐ REFUSED

14. How do you usually travel to the main places where you work, study or spend time?

- ☐ Public transportation,
☐ Driving a motor vehicle,
☐ Riding as a passenger in a motor vehicle,
☐ Riding a bicycle, or
☐ Walking?
☐ DON'T KNOW
☐ REFUSED

REFUSED
DON'T KNOW
VERY UNCOMMON
UNCOMMON
COMMON
VERY COMMON

15. How common is it for people on your block to spend time outside for more than just a few minutes – talking with each other, reading, eating, or taking a walk? Would you say very common, common, uncommon, or very uncommon?

☐ ☐ ☐ ☐ ☐ ☐

16. How common is it for adults to play with children or do educational things with them on your block?

☐ ☐ ☐ ☐ ☐ ☐

17. How common is it for people on your block to watch each other's home or property when they go away?

☐ ☐ ☐ ☐ ☐ ☐

FEELING OF SAFETY SECTION

18. Please tell me if you strongly agree, agree, disagree or strongly disagree with each of the following statements about your block.

REFUSED
DON'T KNOW
STRONGLY DISAGREE
DISAGREE
AGREE
STRONGLY AGREE

18a. It is safe for children to play outside on your block.

☐ ☐ ☐ ☐ ☐ ☐

18b. In general, it is safe to walk on your block at night.

☐ ☐ ☐ ☐ ☐ ☐

18c. You are afraid of being attacked on your block.

☐ ☐ ☐ ☐ ☐ ☐

18d. You are worried that someone will break into your home.

☐ ☐ ☐ ☐ ☐ ☐

18e. It is safe for you to go outside alone during the day.

☐ ☐ ☐ ☐ ☐ ☐

18f. You are worried about drugs on your block.

☐ ☐ ☐ ☐ ☐ ☐

18g. Most people think your block is becoming more dangerous.

☐ ☐ ☐ ☐ ☐ ☐

FEAR OF CRIME SECTION

5

19. How worried are you that you will be a victim of the following crimes on your block? Are you very worried, somewhat worried, or not worried?

REFUSED
DON'T KNOW
NOT WORRIED
SOMEWHAT WORRIED
VERY WORRIED

- 19a. Someone breaking into your home. ☐ ☐ ☐ ☐ ☐
- 19b. Somebody threatening to take money or property from you. ☐ ☐ ☐ ☐ ☐
- 19c. Someone attacking you on your block. ☐ ☐ ☐ ☐ ☐
- 19d. Somebody breaking into your car.
NOT APPLICABLE - "I DON'T OWN A CAR" ☐
- 19e. Someone damaging or vandalizing your property. ☐ ☐ ☐ ☐ ☐
- 19f. Somebody sexually assaulting you. ☐ ☐ ☐ ☐ ☐

PERCEPTIONS OF CRIME AND DISORDER SECTION

20. Over the past year, how often do you think the following types of activities have taken place on your block? Do you think these activities take place every day, a few times a week, a few times a month, or less than once a month?

REFUSED
DON'T KNOW
LESS THAN ONCE A MONTH
A FEW TIMES A MONTH
A FEW TIMES A WEEK
EVERYDAY

- 20a. People arguing or fighting on your block. ☐ ☐ ☐ ☐ ☐
- 20b. Groups of kids hanging out, causing problems. ☐ ☐ ☐ ☐ ☐
- 20c. People drinking alcohol in public. ☐ ☐ ☐ ☐ ☐
- 20d. People acting drunk or high on your block. ☐ ☐ ☐ ☐ ☐
- 20e. Panhandlers asking for money. ☐ ☐ ☐ ☐ ☐
- 20f. People making too much noise late at night. ☐ ☐ ☐ ☐ ☐
- 20g. People selling drugs outside. ☐ ☐ ☐ ☐ ☐
- 20h. Prostitutes working on your block. ☐ ☐ ☐ ☐ ☐

21. Now I'd like to ask you some questions about the physical appearance of your block. For each question, tell me if there are none, one or two, or many?

REFUSED
DON'T KNOW
MANY
ONE OR TWO
NONE

- 21a. Buildings with broken windows on your block? ☐ ☐ ☐ ☐ ☐
- 21b. Places on your block where graffiti is a problem? ☐ ☐ ☐ ☐ ☐
- 21c. Vacant lots on your block? ☐ ☐ ☐ ☐ ☐
- 21d. Abandoned or boarded up buildings on your block? ☐ ☐ ☐ ☐ ☐
- 21e. Abandoned cars on your block? ☐ ☐ ☐ ☐ ☐
- 21f. Places on your block where litter and broken glass are a problem? ☐ ☐ ☐ ☐ ☐
- 21g. Places on your block that need better lighting? ☐ ☐ ☐ ☐ ☐

22. In the past year, about how many times have you called the police to report a problem in your home or neighborhood?

Number of Calls

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

☐ DON'T KNOW

☐ REFUSED

23. Have you been the victim of a crime in the past year?

☐ YES

☐ NO --> SKIP TO Q.25

☐ DON'T KNOW -->SKIP TO Q.25

☐ REFUSED -->SKIP TO Q.25

24. How many times has this happened on your block?

Number of Times

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

☐ DON'T KNOW

☐ REFUSED

25. In the past year has anyone broken into your home?

☐ YES

☐ NO --> SKIP TO Q.28

☐ DON'T KNOW -->SKIP TO Q.28

☐ REFUSED -->SKIP TO Q.28

26. How many times has this happened?

Number of Times

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

☐ DON'T KNOW

☐ REFUSED

27. The last time someone broke into your home, did you report it to the police?

☐ YES

☐ NO

☐ DON'T KNOW

☐ REFUSED

28. In the past year has anyone used violence against you – like in a fight, mugging or physical assault?

☐ YES

☐ NO --> SKIP TO Q-36

☐ DON'T KNOW -->SKIP TO Q.36

☐ REFUSED -->SKIP TO Q.36

29. How many times has this happened?

Number of Times

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

☐ DON'T KNOW

☐ REFUSED

30. The last time someone used violence against you, did you report it to the police?

☐ YES

☐ NO

☐ DON'T KNOW

☐ REFUSED

31. Did the person attack you with a weapon? (PROBE: The last time this happened).

☐ YES

☐ NO

☐ DON'T KNOW

☐ REFUSED

32. Were you injured?

☐ YES

☐ NO

☐ DON'T KNOW

☐ REFUSED

33. Did you go to the hospital or emergency room?

☐ YES

☐ NO

☐ DON'T KNOW

☐ REFUSED

VICTIMIZATION SECTION, CONTINUED

7

34. Was the person who used violence against you a ...

- ☐ Stranger,
- ☐ Acquaintance,
- ☐ Boyfriend or girlfriend,
- ☐ Spouse,
- ☐ Another relative, or
- ☐ Someone else?
- ☐ DON'T KNOW
- ☐ REFUSED

35. Did this incident take place ...

- ☐ In your home,
- ☐ On your block,
- ☐ In your neighborhood,
- ☐ At work, or
- ☐ Someplace else?
- ☐ DON'T KNOW
- ☐ REFUSED

36. In the past year, has anyone stolen something from your porch, yard, driveway or somewhere else outside your home?

- ☐ YES
- ☐ NO --> SKIP TO Q.39
- ☐ DON'T KNOW --> SKIP TO Q.39
- ☐ REFUSED --> SKIP TO Q.39

37. How many times has this happened?

NUMBER OF
TIMES

- ☐ DON'T KNOW
- ☐ REFUSED

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

38. The last time this happened, did you report it to the police?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW
- ☐ REFUSED

POLICE LEGITIMACY AND PROCEDURAL JUSTICE SECTION

39. Do you see police officers walking on your block ...

- ☐ Every day,
- ☐ A few times a week,
- ☐ A few times a month, or
- ☐ Less than once a month?
- ☐ DON'T KNOW
- ☐ REFUSED

40. On an average day, how many police cars do you see driving on your block?

NUMBER OF
POLICE CARS

- ☐ DON'T KNOW
- ☐ REFUSED

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

41. People have different opinions about how important it is to obey the police and the law. Now I'm going to ask you some questions about your own feelings about the law. Please tell me whether you strongly agree, agree, disagree or strongly disagree with the following statements.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED
41a. People should obey the law even if it goes against what they think is right.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41b. I always try to follow the law even if I think it is wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41c. Disobeying the law is rarely justified.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41d. It is difficult to break the law and keep your self-respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41e. There is little reason for someone like me to obey the law.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41f. You can't blame a person for breaking the law if they can get away with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41g. If a person is doing something and a police officer tells them to stop, they should stop even if they think what they are doing is legal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. Please tell me whether you strongly agree, agree, disagree or strongly disagree with the following statements about the police on your block.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED
42a. In general, the police do a good job preventing crime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42b. Police officers treat people fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42c. The police do a good job controlling drug activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42d. In general, police care about problems on your block.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42e. The police do a good job enforcing traffic laws.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42f. In general, police officers treat people with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. Have you ever filed a complaint about the police?

- ☐ YES
☐ NO --> SKIP TO Q. 45
☐ DON'T KNOW --> SKIP TO Q. 45
☐ REFUSED --> SKIP TO Q. 45

44. Were you living on this block when you filed your last complaint about the police?

- ☐ YES
☐ NO
☐ DON'T KNOW
☐ REFUSED

45. Now I'd like to ask you some questions about your personal health and the health of your community. Would you say your health is...

- ☐ Very good,
☐ Good,
☐ Average,
☐ Poor, or
☐ Very poor?
☐ DON'T KNOW
☐ REFUSED

46. Compared to one year ago, would you say your health is...

- ☐ Much better now,
☐ Somewhat better now,
☐ About the same,
☐ Somewhat worse now, or
☐ Much worse now?
☐ DON'T KNOW
☐ REFUSED

47. How often do you take walks in a typical week?

NUMBER OF WALKS

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

(IF "0", DON'T KNOW OR REFUSED, SKIP TO Q.49)

- ☐ DON'T KNOW
☐ REFUSED

48. How far do you usually walk?

BLOCKS / MILES

- ☐ BLOCKS
☐ MILES

- ☐ DON'T KNOW
☐ REFUSED

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

49. Other than taking walks, how often do you exercise in a typical week?

NUMBER OF TIMES

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

- ☐ DON'T KNOW
☐ REFUSED

50. Have you ever been a cigarette smoker?

- ☐ YES
☐ NO --> SKIP TO Q.52
☐ DON'T KNOW --> SKIP TO Q.52
☐ REFUSED --> SKIP TO Q.52

51. Are you currently a smoker?

- ☐ YES
☐ NO
☐ DON'T KNOW
☐ REFUSED

52. How many days do you drink alcohol in an average month?

NUMBER OF DAYS

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

(IF "0", DON'T KNOW OR REFUSED, SKIP TO Q.54)

- ☐ DON'T KNOW
☐ REFUSED

53. How many drinks do you have on a typical day when you drink?

NUMBER OF DRINKS

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

- ☐ DON'T KNOW
☐ REFUSED

54. In the past year, how many different sexual partners have you had?

IF "0" SKIP TO Q.56

NUMBER OF
PARTNERS

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

☐ DON'T KNOW
☐ REFUSED

55. Overall, how often have you used condoms in the past year?

☐ Always,
☐ Most of the time,
☐ Some of the time, or
☐ Never?
☐ DON'T KNOW
☐ REFUSED

56. Do you have trouble with your vision? Would you say you have ...

☐ No difficulty,
☐ Some difficulty, or
☐ A great deal of difficulty?
☐ DON'T KNOW
☐ REFUSED

57. Do you have trouble with your hearing? Would you say you have ...

☐ No difficulty,
☐ Some difficulty, or
☐ A great deal of difficulty?
☐ DON'T KNOW
☐ REFUSED

The following activities are things you might do on a typical day. Please tell me if your health has limited your ability to do these activities a lot, a little, or not at all.

REFUSED

DON'T KNOW

NOT AT ALL

A LITTLE

A LOT

58. Bathing or dressing yourself?

☐ ☐ ☐ ☐ ☐

59. Bending down or kneeling?

☐ ☐ ☐ ☐ ☐

60. Doing housework, such as moving furniture or using a vacuum cleaner?

☐ ☐ ☐ ☐ ☐

61. Carrying groceries?

☐ ☐ ☐ ☐ ☐

62. Doing strenuous activities, such as running or lifting heavy objects?

☐ ☐ ☐ ☐ ☐

63. Climbing one flight of stairs?

☐ ☐ ☐ ☐ ☐

64. Climbing several flights of stairs?

☐ ☐ ☐ ☐ ☐

65. Walking one block?

☐ ☐ ☐ ☐ ☐

66. Walking several blocks?

☐ ☐ ☐ ☐ ☐

67. Walking more than a mile?

☐ ☐ ☐ ☐ ☐

- ☐ All the time,
- ☐ Most of the time,
- ☐ Some of the time, or
- ☐ Not at all?
- ☐ DON'T KNOW
- ☐ REFUSED

- ☐ All the time,
- ☐ Most of the time,
- ☐ Some of the time, or
- ☐ Not at all?
- ☐ DON'T KNOW
- ☐ REFUSED

73. Your health is excellent.

Response Category	Percentage
DEFINITELY TRUE	45%
MOSTLY TRUE	35%
MOSTLY FALSE	15%
DEFINITELY FALSE	5%
DON'T KNOW	3%
REFUSED	2%

- ☐ YES
- ☐ NO --> SKIP TO Q.76
- ☐ DON'T KNOW --> SKIP TO Q.76
- ☐ REFUSED --> SKIP TO Q.76

- ☐ Your employer,
- ☐ Through a family member,
- ☐ With a private company,
- ☐ By Medicare,
- ☐ By Medicaid, or
- ☐ Through some other source?
- ☐ DON'T KNOW
- ☐ REFUSED

☐ YES
☐ NO
☐ DON'T KNOW
☐ REFUSED

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

--	--

☐ DON'T KNOW

☐ REFUSED

78d. You feel you have good access to doctors
and medical care.

REFUSED
DON'T KNOW
STRONGLY DISAGREE
DISAGREE
AGREE
STRONGLY AGREE

Have you been diagnosed with any of the following health conditions?

(IF "YES", GO TO QUESTION "B"; IF "NO", DON'T KNOW" OR "REFUSED" GO TO NEXT ILLNESS/CONDITION)

79a. Asthma or
respiratory problems

- ☐ YES --> ASK "B"
☐ NO --> Q.80
☐ DON'T KNOW
☐ REFUSED

80a. Diabetes

- ☐ YES --> ASK "B"
☐ NO --> Q.81
☐ DON'T KNOW
☐ REFUSED

81a. High blood
pressure

- ☐ YES --> ASK "B"
☐ NO --> Q.82
☐ DON'T KNOW
☐ REFUSED

82a. Heart disease

- ☐ YES --> ASK "B"
☐ NO --> Q.83
☐ DON'T KNOW
☐ REFUSED

83a. Lung disease

- ☐ YES --> ASK "B"
☐ NO --> Q.84
☐ DON'T KNOW
☐ REFUSED

B. How long ago were you diagnosed with this condition?

YEARS MONTHS

0 0 0 0
 1 1 1 1
 2 2 2 2
 3 3 3 3
 4 4 4 4
 5 5 5 5
 6 6 6 6
 7 7 7 7
 8 8 8 8
 9 9 9 9

- ☐ DON'T KNOW
☐ REFUSED

YEARS MONTHS

0 0 0 0
 1 1 1 1
 2 2 2 2
 3 3 3 3
 4 4 4 4
 5 5 5 5
 6 6 6 6
 7 7 7 7
 8 8 8 8
 9 9 9 9

- ☐ DON'T KNOW
☐ REFUSED

YEARS MONTHS

0 0 0 0
 1 1 1 1
 2 2 2 2
 3 3 3 3
 4 4 4 4
 5 5 5 5
 6 6 6 6
 7 7 7 7
 8 8 8 8
 9 9 9 9

- ☐ DON'T KNOW
☐ REFUSED

YEARS MONTHS

0 0 0 0
 1 1 1 1
 2 2 2 2
 3 3 3 3
 4 4 4 4
 5 5 5 5
 6 6 6 6
 7 7 7 7
 8 8 8 8
 9 9 9 9

- ☐ DON'T KNOW
☐ REFUSED

YEARS MONTHS

0 0 0 0
 1 1 1 1
 2 2 2 2
 3 3 3 3
 4 4 4 4
 5 5 5 5
 6 6 6 6
 7 7 7 7
 8 8 8 8
 9 9 9 9

- ☐ DON'T KNOW
☐ REFUSED

84a. Arthritis or
rheumatism

- ☐ YES --> ASK "B"
☐ NO --> Q.85
☐ DON'T KNOW
☐ REFUSED

85a. Breast
cancer

- ☐ YES --> ASK "B"
☐ NO --> Q.86
☐ DON'T KNOW
☐ REFUSED

86a. A different
type of cancer

- ☐ YES --> ASK "B"
☐ NO --> Q.87
☐ DON'T KNOW
☐ REFUSED

87a. Depression

- ☐ YES --> ASK "B"
☐ NO --> Q.88
☐ DON'T KNOW
☐ REFUSED

88a. How about any other
mental illness?

- ☐ YES --> ASK "B"
☐ NO --> Q.89
☐ DON'T KNOW
☐ REFUSED

B. How long ago were you diagnosed with this condition?

YEARS MONTHS

0 0 0 0
 1 1 1 1
 2 2 2 2
 3 3 3 3
 4 4 4 4
 5 5 5 5
 6 6 6 6
 7 7 7 7
 8 8 8 8
 9 9 9 9

- ☐ DON'T KNOW
☐ REFUSED

YEARS MONTHS

0 0 0 0
 1 1 1 1
 2 2 2 2
 3 3 3 3
 4 4 4 4
 5 5 5 5
 6 6 6 6
 7 7 7 7
 8 8 8 8
 9 9 9 9

- ☐ DON'T KNOW
☐ REFUSED

YEARS MONTHS

0 0 0 0
 1 1 1 1
 2 2 2 2
 3 3 3 3
 4 4 4 4
 5 5 5 5
 6 6 6 6
 7 7 7 7
 8 8 8 8
 9 9 9 9

- ☐ DON'T KNOW
☐ REFUSED

YEARS MONTHS

0 0 0 0
 1 1 1 1
 2 2 2 2
 3 3 3 3
 4 4 4 4
 5 5 5 5
 6 6 6 6
 7 7 7 7
 8 8 8 8
 9 9 9 9

- ☐ DON'T KNOW
☐ REFUSED

YEARS MONTHS

0 0 0 0
 1 1 1 1
 2 2 2 2
 3 3 3 3
 4 4 4 4
 5 5 5 5
 6 6 6 6
 7 7 7 7
 8 8 8 8
 9 9 9 9

- ☐ DON'T KNOW
☐ REFUSED

97. Okay, now I'd like to ask you some questions about your mood over the past month. How often have you experienced the following problems over the past month - not at all, several days, more than half the days, or almost every day?

REFUSED

DON'T KNOW

ALMOST EVERY DAY

MORE THAN HALF THE DAYS

SEVERAL DAYS

NOT AT ALL

97a. Have you had little interest or pleasure in doing things? ☐ ☐ ☐ ☐ ☐

97b. Have you felt down, depressed or hopeless? ☐ ☐ ☐ ☐ ☐

97c. Have you had trouble falling asleep, staying asleep, or have you been sleeping too much? ☐ ☐ ☐ ☐ ☐

97d. Have you felt tired or felt like you had no energy? ☐ ☐ ☐ ☐ ☐

97e. Have you had poor appetite or have you been overeating? ☐ ☐ ☐ ☐ ☐

97f. Have you felt bad about yourself, or felt like you are a failure? ☐ ☐ ☐ ☐ ☐

97g. Have you had trouble concentrating on things, like reading or watching TV? ☐ ☐ ☐ ☐ ☐

97h. Have you been moving or speaking so slowly that other people could have noticed?
Or have you been more fidgety or restless than usual? ☐ ☐ ☐ ☐ ☐

97i. Have you had thoughts that you would be better off dead, or thoughts of hurting yourself? ☐ ☐ ☐ ☐ ☐

98. While living at your current address, have you ever seen a mental health professional for problems with your nerves, emotions or mental health?

- ☐ YES
☐ NO
☐ DON'T KNOW
☐ REFUSED

99. Do you think you have any health problems that have resulted from living on your current block?

- ☐ YES
☐ NO
☐ DON'T KNOW
☐ REFUSED

Now I'd like to ask you a few questions about some different drugs that you may or may not have used at some time in your life.	A. Marijuana	B. Powder Cocaine	C. Crack Cocaine	D. Heroin	E. Meth-amphetamine	F. Ecstasy	G. RX drugs like Oxy / Vicodin
100. Have you ever tried any of the following drugs? (IF "YES", READ DOWN COLUMN) (FOR "G", READ: "HOW ABOUT THE ILLEGAL USE OF PRESCRIPTION DRUGS LIKE OXYCONTIN AND VICODIN?")	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	0 0	0 0	0 0	0 0	0 0	0 0	0 0
101. How old were you when you first tried [DRUG]?	1 1	1 1	1 1	1 1	1 1	1 1	1 1
	2 2	2 2	2 2	2 2	2 2	2 2	2 2
	3 3	3 3	3 3	3 3	3 3	3 3	3 3
	4 4	4 4	4 4	4 4	4 4	4 4	4 4
	5 5	5 5	5 5	5 5	5 5	5 5	5 5
	6 6	6 6	6 6	6 6	6 6	6 6	6 6
	7 7	7 7	7 7	7 7	7 7	7 7	7 7
	8 8	8 8	8 8	8 8	8 8	8 8	8 8
	9 9	9 9	9 9	9 9	9 9	9 9	9 9
102. Have you used [DRUG] during the last 12 months? (IF "NO" SKIP TO Q.104)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	0 0	0 0	0 0	0 0	0 0	0 0	0 0
103. About how many days have you used [DRUG] in the past month?	1 1	1 1	1 1	1 1	1 1	1 1	1 1
	2 2	2 2	2 2	2 2	2 2	2 2	2 2
	3 3	3 3	3 3	3 3	3 3	3 3	3 3
	4 4	4 4	4 4	4 4	4 4	4 4	4 4
	5 5	5 5	5 5	5 5	5 5	5 5	5 5
	6 6	6 6	6 6	6 6	6 6	6 6	6 6
	7 7	7 7	7 7	7 7	7 7	7 7	7 7
	8 8	8 8	8 8	8 8	8 8	8 8	8 8
	9 9	9 9	9 9	9 9	9 9	9 9	9 9
104. Have you felt that you needed or were dependent on [DRUG] in the past 12 months?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
105. Have you been treated for addiction to [DRUG] in the past 12 months?	Y N	Y N	Y N	Y N	Y N	Y N	Y N

The next few questions deal specifically with the use and availability of drugs on your block.

A. Marijuana

B. Powder
CocaineC. Crack
Cocaine

D. Heroin

E. Meth-
amphetamine

F. Ecstasy

G. RX drugs like
Oxy / Vicodin

106. Do you think any of the following drugs are sold on your block? (IF "YES", READ DOWN COLUMN)

(FOR "G", READ: "How about the illegal use of prescription drugs like Oxycontin and Vicodin?)

107. Do you think the amount of [DRUG] sold on your block is a problem?

108. On a scale from 0 to 10, how serious do you think this problem is?

109. Do you think the amount of people who use [DRUG] on your block is a problem?

110. On a scale from 0 to 10, how serious do you think this problem is?

Y N

Y N

Y N

Y N

Y N

Y N

Y N

Y N

Y N

Y N

Y N

Y N

Y N

Y N

0

0

0

0

0

0

0

1

1

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1

1

1

1

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9

9

10

10

10

10

10

10

10

Y N

Y N

Y N

Y N

Y N

Y N

Y N

0

0

0

0

0

0

0

1

1

1

1

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10

For the next few questions, you can answer yes or no. In the past 12 months, have you done any of the following?

IF "YES" GO TO QUESTION B; IF "NO", DON'T KNOW, OR REFUSED GO TO NEXT ROW.

D. How many times arrested in the past year?

C. Have you been arrested for this?

B. How many times in the past year?

REFUSED

DON'T KNOW

NO

A. YES

111. Driven a vehicle under the influence of alcohol?

0 0 0 0

Y N

112. Damaged someone else's property on purpose?

0 0 0 0

Y N

113. Taken something that didn't belong to you and kept it?

0 0 0 0

Y N

114. Used someone else's credit card or a personal check to steal something?

0 0 0 0

Y N

115. Owned or carried a gun without a license?

0 0 0 0

Y N

116. Broken into a home or business to steal something?

0 0 0 0

Y N

117. Sold illegal drugs?

0 0 0 0

Y N

118. Stolen a car or some other type of motor vehicle?

0 0 0 0

Y N

119. Used violence against someone - like in a fist fight or assault?

0 0 0 0

Y N

120. Taken something from someone using violence or the threat of violence?

0 0 0 0

Y N

111. DUI

B. # TIMES D. ARRESTED

0 0 0 0 0 0 0 0
1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2
3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4
5 5 5 5 5 5 5 5
6 6 6 6 6 6 6 6
7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8
9 9 9 9 9 9 9 9

112. PROP DMG

B. # TIMES D. ARRESTED

0 0 0 0 0 0 0 0
1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2
3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4
5 5 5 5 5 5 5 5
6 6 6 6 6 6 6 6
7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8
9 9 9 9 9 9 9 9

113. THEFT

B. # TIMES D. ARRESTED

0 0 0 0 0 0 0 0
1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2
3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4
5 5 5 5 5 5 5 5
6 6 6 6 6 6 6 6
7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8
9 9 9 9 9 9 9 9

114. CREDIT

B. # TIMES D. ARRESTED

0 0 0 0 0 0 0 0
1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2
3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4
5 5 5 5 5 5 5 5
6 6 6 6 6 6 6 6
7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8
9 9 9 9 9 9 9 9

115. GUN

B. # TIMES D. ARRESTED

0 0 0 0 0 0 0 0
1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2
3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4
5 5 5 5 5 5 5 5
6 6 6 6 6 6 6 6
7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8
9 9 9 9 9 9 9 9

116. BURGLARY

B. # TIMES D. ARRESTED

0 0 0 0 0 0 0 0
1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2
3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4
5 5 5 5 5 5 5 5
6 6 6 6 6 6 6 6
7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8
9 9 9 9 9 9 9 9

117. DRUGS

B. # TIMES D. ARRESTED

0 0 0 0 0 0 0 0
1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2
3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4
5 5 5 5 5 5 5 5
6 6 6 6 6 6 6 6
7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8
9 9 9 9 9 9 9 9

118. STEAL CAR

B. # TIMES D. ARRESTED

0 0 0 0 0 0 0 0
1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2
3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4
5 5 5 5 5 5 5 5
6 6 6 6 6 6 6 6
7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8
9 9 9 9 9 9 9 9

119. ASSAULT

B. # TIMES D. ARRESTED

0 0 0 0 0 0 0 0
1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2
3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4
5 5 5 5 5 5 5 5
6 6 6 6 6 6 6 6
7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8
9 9 9 9 9 9 9 9

120. ROBBERY

B. # TIMES D. ARRESTED

0 0 0 0 0 0 0 0
1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2
3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4
5 5 5 5 5 5 5 5
6 6 6 6 6 6 6 6
7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8
9 9 9 9 9 9 9 9

121. Over the past year, how many times have you been arrested?

NUMBER OF
ARRESTS

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

☐ DON'T KNOW
☐ REFUSED

122. Have you or anyone else in your household been released from prison or jail in the past year?

☐ YES
☐ NO
☐ DON'T KNOW
☐ REFUSED

123. Please tell me whether you strongly agree, agree, disagree or strongly disagree with the following statements about your personality.

REFUSED

DON'T KNOW

STRONGLY DISAGREE

DISAGREE

AGREE

STRONGLY AGREE

123a. I do certain things that are bad for me, just because they are fun.

☐ ☐ ☐ ☐ ☐ ☐

123b. Pleasure and fun sometimes keep me from getting work done.

☐ ☐ ☐ ☐ ☐ ☐

123c. I am good at resisting temptation.

☐ ☐ ☐ ☐ ☐ ☐

123d. I often act without thinking through the alternatives.

☐ ☐ ☐ ☐ ☐ ☐

123e. Sometimes I can't stop myself from doing something, even if I know it is wrong.

☐ ☐ ☐ ☐ ☐ ☐

124. Okay, now I'd like to finish up with a few questions about your background.
How much school have you completed?

- ☐ Some middle school or high school,
- ☐ High school diploma,
- ☐ Some college,
- ☐ Associate's degree,
- ☐ Bachelor's degree, or
- ☐ Master's, graduate or professional degree?
- ☐ DON'T KNOW
- ☐ REFUSED

125. Are you currently going to school...

- ☐ Full-time,
- ☐ Part-time, or
- ☐ Not going to school? --> SKIP TO Q.127
- ☐ DON'T KNOW --> SKIP TO Q.127
- ☐ REFUSED --> SKIP TO Q.127

126. What degree are you completing?

- ☐ High school diploma or GED,
- ☐ Certificate from a vocational, technical or trade school,
- ☐ Associate's degree,
- ☐ Bachelor's degree, or
- ☐ Master's, graduate or professional degree?
- ☐ DON'T KNOW
- ☐ REFUSED

127. What is your marital status?
Are you currently...

- ☐ Married,
- ☐ Single (never married), --> SKIP TO Q.130
- ☐ Divorced, --> SKIP TO Q.130
- ☐ Widowed, --> SKIP TO Q.130
- ☐ Separated? --> SKIP TO Q.130
- ☐ DON'T KNOW --> SKIP TO Q.130
- ☐ REFUSED --> SKIP TO Q.130

128. How much school has your spouse completed?

- ☐ Some middle school or high school,
- ☐ High school diploma,
- ☐ Some college,
- ☐ Associate's degree,
- ☐ Bachelor's degree, or
- ☐ Master's, graduate or professional degree?
- ☐ DON'T KNOW
- ☐ REFUSED

129. Is your spouse currently...

- ☐ Working full-time,
- ☐ Part-time,
- ☐ Not working, or
- ☐ Retired?
- ☐ OTHER: _____
- ☐ DON'T KNOW
- ☐ REFUSED

130. Have you ever served in the US military?

- ☐ YES
- ☐ NO --> SKIP TO Q132
- ☐ DON'T KNOW --> SKIP TO Q132
- ☐ REFUSED --> SKIP TO Q132

131. Are you currently serving in the US military?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW
- ☐ REFUSED

140. How likely is it that you would move away from your current address in the next five years?

- ☐ Very likely,
- ☐ Likely,
- ☐ Unlikely, or
- ☐ Very unlikely?
- ☐ DON'T KNOW
- ☐ REFUSED

141. Including yourself, how many people live at this address?

NUMBER OF PEOPLE

IF "1" SKIP TO Q.143

- ☐ DON'T KNOW
- ☐ REFUSED

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

142. How many people under 18 years old live at this address?

NUMBER OF PEOPLE

- ☐ DON'T KNOW
- ☐ REFUSED

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

143. Do you currently have a gun in your household?

- ☐ YES
- ☐ NO --> SKIP TO Q.145
- ☐ DON'T KNOW --> SKIP TO Q.145
- ☐ REFUSED --> SKIP TO Q.145

144. Is it registered to someone who lives here?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW
- ☐ REFUSED

145. Was your 2012 household income from all sources before taxes ...

- ☐ Less than \$10,000
- ☐ Between \$10,001 and \$25,000
- ☐ Between \$25,001 and \$40,000
- ☐ Between \$40,001 and \$60,000
- ☐ Between \$60,001 and \$80,000
- ☐ Between \$80,001 and \$100,000
- ☐ More than \$100,000?
- ☐ DON'T KNOW
- ☐ REFUSED

146. IS THE RESPONDENT ...

- ☐ MALE, OR
- ☐ FEMALE?
- ☐ DON'T KNOW

END

The survey is complete.
Thank you for your time and cooperation. We appreciate your participation in this study.

The following questions are concerned with your impression of the respondent. For each question, please answer 'not at all', 'somewhat', or 'yes, definitely'.

REFUSED
DON'T KNOW
YES, DEFINITELY
SOMEWHAT
NOT AT ALL

147. At any time during the interview was the respondent inattentive or impatient?

☐ ☐ ☐ ☐ ☐

148. Was the respondent nervous, suspicious or frightened?

☐ ☐ ☐ ☐ ☐

149. Would you say that the respondent was cooperative?

☐ ☐ ☐ ☐ ☐

150. Do you think the respondent was honest during the interview?

☐ ☐ ☐ ☐ ☐

151. Did the respondent have difficulty understanding the questions?

☐ ☐ ☐ ☐ ☐

152. Do you think the respondent was under the influence of drugs or alcohol?

☐ ☐ ☐ ☐ ☐

153. Did the respondent appear to be overweight?

☐ ☐ ☐ ☐ ☐

154. Did the respondent appear to have a disability?

☐ ☐ ☐ ☐ ☐

155. Would you say the property where the respondent lived was well-maintained?

☐ ☐ ☐ ☐ ☐

156. Do you think the entrance to the property was secure?

☐ ☐ ☐ ☐ ☐

HOUSEHOLD ID

0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

STREET
SEGMENT ID

0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

APPENDIX D.

PHYSICAL OBSERVATION INSTRUMENT

SECTION I: TIME AND LOCATION

1. Street segment (written as: <i>name of the street between cross streets</i>)	
2. Street segment ID	_____
3. Date of observation	____ / ____ / ____
4. Time of observation (military time)	____ : ____
5. Field researcher ID	_____
6. Was there a second observer present (i.e., a co-observer)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Co-observer IDs	_____

SECTION II: BUILDINGS AND PHYSICAL STRUCTURES

BUILDING USE OR PURPOSE

8. Total number of buildings on street segment	Count: _____ Total: _____
9. Buildings that are used exclusively for residential purposes	Count: _____ Total: _____
10. Buildings that are used exclusively for commercial purposes	Count: _____ Total: _____
11. Buildings that are used exclusively for public/social services	Count: _____ Total: _____

12. Buildings that are mixed-use (any combination of Q11-13)	Count: _____ Total: _____
13. Buildings that are vacant or abandoned (regardless of intended use)	Count: _____ Total: _____

RESIDENTIAL BUILDINGS

14. Total number of residential buildings (regardless of mixed-use or not)	Count: _____ Total: _____
15. Single family homes (free standing or not attached)	Count: _____ Total: _____
16. Row houses and townhouses (attached or not free standing)	Count: _____ Total: _____
17. Multi-family homes (homes with multiple units)	Count: _____ Total: _____
18. Apartment buildings (must contain > 12 units) (regardless of free standing or not)	Count: _____ Total: _____

DWELLING UNITS

19. Total number of dwelling units (occupied and unoccupied)	Count: _____ Total: _____
20. Dwelling units that appear to be vacant or unoccupied	Count: _____ Total: _____

COMMERCIAL STRUCTURES

21. Total number of commercial buildings (regardless of mixed-use or not)	Count: _____ Total: _____
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22. Bars (or restaurants containing a bar)	Count: _____ Total: _____
23. Liquor stores	Count: _____ Total: _____
24. Restaurants (e.g., fast food or sit-down)	Count: _____ Total: _____
25. Daycare centers	Count: _____ Total: _____
26. Entertainment and recreation businesses (e.g., theaters, arcades and indoor parks)	Count: _____ Total: _____

PUBLIC AND SOCIAL SERVICES

27. Playgrounds, parks, courts and ball fields	Count: _____ Total: _____
28. Schools and educational facilities (public or private)	Count: _____ Total: _____
29. Places of worship (e.g., churches, mosques and synagogues)	Count: _____ Total: _____
30. Government and municipal buildings	Count: _____ Total: _____
31. Health Care Providers (e.g. doctors, dentists, and drug treatment)	Count: _____ Total: _____
32. Police stations (e.g., headquarters, substations and facilities)	Count: _____ Total: _____
33. Train and bus stations and other transportation structures (public or private)	Count: _____ Total: _____
34. Parking lots and decks	Count: _____ Total: _____

SECTION III: INDICATORS OF PHYSICAL DISORDER

DILAPIDATED BUILDINGS

35. Buildings with broken windows	Count: _____ Total: _____
36. Properties marked with graffiti (e.g., buildings, walls and fences)	Count: _____ Total: _____
37. Buildings with security gates or barred windows	Count: _____ Total: _____
38. Buildings with structural damage (e.g., serious disrepair)	Count: _____ Total: _____
39. Burned and boarded up buildings	Count: _____ Total: _____
40. Vacant lots (not including parking lots or new construction)	Count: _____ Total: _____

BLIGHTED STREETS AND SIDEWALKS

41. Litter on the street and sidewalk	<input type="checkbox"/> < 1 grocery bag	<input type="checkbox"/> 1-2 grocery bags	<input type="checkbox"/> 2-3 grocery bags	<input type="checkbox"/> >3 grocery bags
42. Broken bottles and glass	<input type="checkbox"/> < 1 dust pan	<input type="checkbox"/> 1-2 dust pans	<input type="checkbox"/> 2-3 dust pans	<input type="checkbox"/> >3 dust pans
43. Cigarette and cigar butts (including Black and Mild tips)	<input type="checkbox"/> < 1 ashtray	<input type="checkbox"/> 1-2 ashtrays	<input type="checkbox"/> 2-3 ashtrays	<input type="checkbox"/> >3 ashtrays
44. Drug paraphernalia (e.g., vials, plastic baggies, syringes, etc.)	<input type="checkbox"/> None in 10 ft. radius	<input type="checkbox"/> 1-2 in 10 ft. radius	<input type="checkbox"/> 3-4 in 10 ft. radius	<input type="checkbox"/> 5 + in 10 ft. radius
45. Condoms and condom wrappers	<input type="checkbox"/> None in 10 ft. radius	<input type="checkbox"/> 1-2 in 10 ft. radius	<input type="checkbox"/> 3-4 in 10 ft. radius	<input type="checkbox"/> 5 + in 10 ft. radius

46. Damage to sidewalk or street (i.e., number of potholes)	<input type="checkbox"/> None (0)	<input type="checkbox"/> Few (1-3)	<input type="checkbox"/> Some (4-6)	<input type="checkbox"/> Many (7+)
47. Properties in need of landscaping (grass or shrubs)	<input type="checkbox"/> None (0)	<input type="checkbox"/> Few (1-3)	<input type="checkbox"/> Some (4-6)	<input type="checkbox"/> Many (7+)
48. Vehicles that appear abandoned	<input type="checkbox"/> None (0)	<input type="checkbox"/> Few (1-3)	<input type="checkbox"/> Some (4-6)	<input type="checkbox"/> Many (7+)
49. For sale and eviction signs	<input type="checkbox"/> None (0)	<input type="checkbox"/> Few (1-3)	<input type="checkbox"/> Some (4-6)	<input type="checkbox"/> Many (7+)
50. Signs restricting access or stating rules of behavior	<input type="checkbox"/> None (0)	<input type="checkbox"/> Few (1-3)	<input type="checkbox"/> Some (4-6)	<input type="checkbox"/> Many (7+)
51. Signs advertising tobacco or alcohol	<input type="checkbox"/> None (0)	<input type="checkbox"/> Few (1-3)	<input type="checkbox"/> Some (4-6)	<input type="checkbox"/> Many (7+)
52. General perception of the neighborhood (i.e., social class)	<input type="checkbox"/> Ghetto poverty	<input type="checkbox"/> Poor to working class	<input type="checkbox"/> Middle class	<input type="checkbox"/> Upper middle class

SECTION IV: STREET LAYOUT AND CONDITIONS

PHYSICAL DESIGN

53. Properties under construction or being renovated	<input type="checkbox"/> None (0)	<input type="checkbox"/> Few (1-3)	<input type="checkbox"/> Some (4-6)	<input type="checkbox"/> Many (7+)
54. Alleys that provide access to another street	<input type="checkbox"/> None (0)	<input type="checkbox"/> Few (1-3)	<input type="checkbox"/> Some (4-6)	<input type="checkbox"/> Many (7+)
55. Outdoor benches and tables (at restaurants, parks, etc.)	<input type="checkbox"/> None (0)	<input type="checkbox"/> Few (1-3)	<input type="checkbox"/> Some (4-6)	<input type="checkbox"/> Many (7+)
56. Surveillance or security cameras (public or private)	<input type="checkbox"/> None (0)	<input type="checkbox"/> Few (1-3)	<input type="checkbox"/> Some (4-6)	<input type="checkbox"/> Many (7+)
57. Number of street lanes (including both directions)	<input type="checkbox"/> 1 lane	<input type="checkbox"/> 2 lanes	<input type="checkbox"/> 3 lanes	<input type="checkbox"/> 4+ lanes

58. Is this a one-way street?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
59. Is this a dead end street or cul-de-sac?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
60. Is there a bus stop on the street segment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
61. Is there restricted parking on either side of the street?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		

STREET CONDITIONS

62. Automobile traffic (vehicles that pass within 60 seconds)	<input type="checkbox"/> None (0)	<input type="checkbox"/> Light (1-3)	<input type="checkbox"/> Moderate (4-6)	<input type="checkbox"/> Heavy (7+)
63. Amount of noise on the block	<input type="checkbox"/> None (no noise)	<input type="checkbox"/> Light (fairly quiet)	<input type="checkbox"/> Moderate (fairly loud)	<input type="checkbox"/> Heavy (very loud)
64. Precipitation (rain)	<input type="checkbox"/> None (clear)	<input type="checkbox"/> Light (drizzle)	<input type="checkbox"/> Moderate (shower)	<input type="checkbox"/> Heavy (storm)
65. Snow or sleet	<input type="checkbox"/> None (clear)	<input type="checkbox"/> Light (flurry)	<input type="checkbox"/> Moderate (snowfall)	<input type="checkbox"/> Heavy (snowstorm)
66. Temperature (Fahrenheit)	<input type="checkbox"/> Cold (< 32° F)	<input type="checkbox"/> Cool (32-65° F)	<input type="checkbox"/> Warm (65-85° F)	<input type="checkbox"/> Hot (>85° F)
67. Lighting on the block (NA <input type="checkbox"/>)	<input type="checkbox"/> Whole area lit well	<input type="checkbox"/> Mostly lit well	<input type="checkbox"/> Mostly lit poorly	<input type="checkbox"/> Whole area lit poorly