Household Information

This information is for statistical purposes only, and like all of your responses, will be confidential.

1. Are there any children in your household in these age ranges? *Please check all that apply* N/A

____0 - 4 years old   ____5 - 9 years old   ____10 - 14 years old   ____15-18 years old

2. What is your gender? MALE

3. What was your 2013 household annual income before taxes?

____Less than $15,000   ____$45,000 to $74,999   X $125,000 to $149,999
____$15,000 to $24,999   ⬛$75,000 to $99,999   ____$150,000 or more
____$25,000 to $44,999   ____$100,000 to $124,999

4. What is your highest level of education?

____Some high school   ____Trade/technical/vocational training   ____Master's degree
____High school graduate or GED   X Associate degree   ____Professional degree
____Some college   ____Bachelor's degree   ____Doctorate degree

5. Do you consider yourself: *Check all that apply*

X White/Caucasian   ____Asian/Pacific Islander   ____Other _____
____Black/African-American   ____Native American/Alaskan Native

6. Do you consider yourself to be of Latino, or Hispanic orgin? ____Yes   X No

7. What is your age?

____18-24 years old   ____45-54 years old   ____65-74 years old
X 25-34 years old   ____55-64 years old   ____75 years or older
____35-44 years old

8. Do you own or rent your home? ____Rent   X Own

9. I consider myself engaged in my community. (I.e. attend city/school meetings, neighborhood association, commmunity events, etc.).

____Strongly agree   ____Agree   X Neither agree or disagree   ____Disagree   ____Strongly disagree   ____N/A

10. How many automobiles, vans, and trucks are kept at home for use by members of this household?

____None   ____1   ____2   X 3 or more

11. How many bicycles are kept at home for use by members of this household?

____None   ____1   X 2   ____3 or more

12. If you work outside the home, how do you get to work?

____Don't work/work at home   X Drive alone   ____Carpool   ____Public transportation   ____Bicycle   ____Walk

13. Thinking about your life in general these days, how happy or unhappy are you on the whole?

____Extremely happy   X Very happy   ____Happy   ____Sometimes unhappy   ____Usually unhappy

Thank you for completing this community survey!
Your input is valuable and greatly appreciated.

Site 12

Denver Neighborhood Connections Survey

Please help us learn about the community where you live, work, and play. Your answers may be used for research, and to plan for neighborhood improvements, but they are strictly confidential. We do not collect your name or address. This survey is conducted by the University of Colorado Denver. Thanks for Participating!

Instructions: The survey should be filled in by any adult (age 18 or older) in the household and returned to the survey interviewer, or return by mail to: Carolyn McAndrews, Department of Planning and Design, Campus Box 126, PO Box 173364, Denver, CO, 80217-3364.

Your Street

1. How long have you lived on your street?

1 Years   ____Months

2. On a scale of one to ten, how satisfied are you with the overall quality of your street? *Circle your answer*

Lowest quality   1   2   3   4   5   (6)   7   8   9   10   Highest quality

3. Thinking about your street, *mark the box that best represents how much you agree or disagree with the statement:*

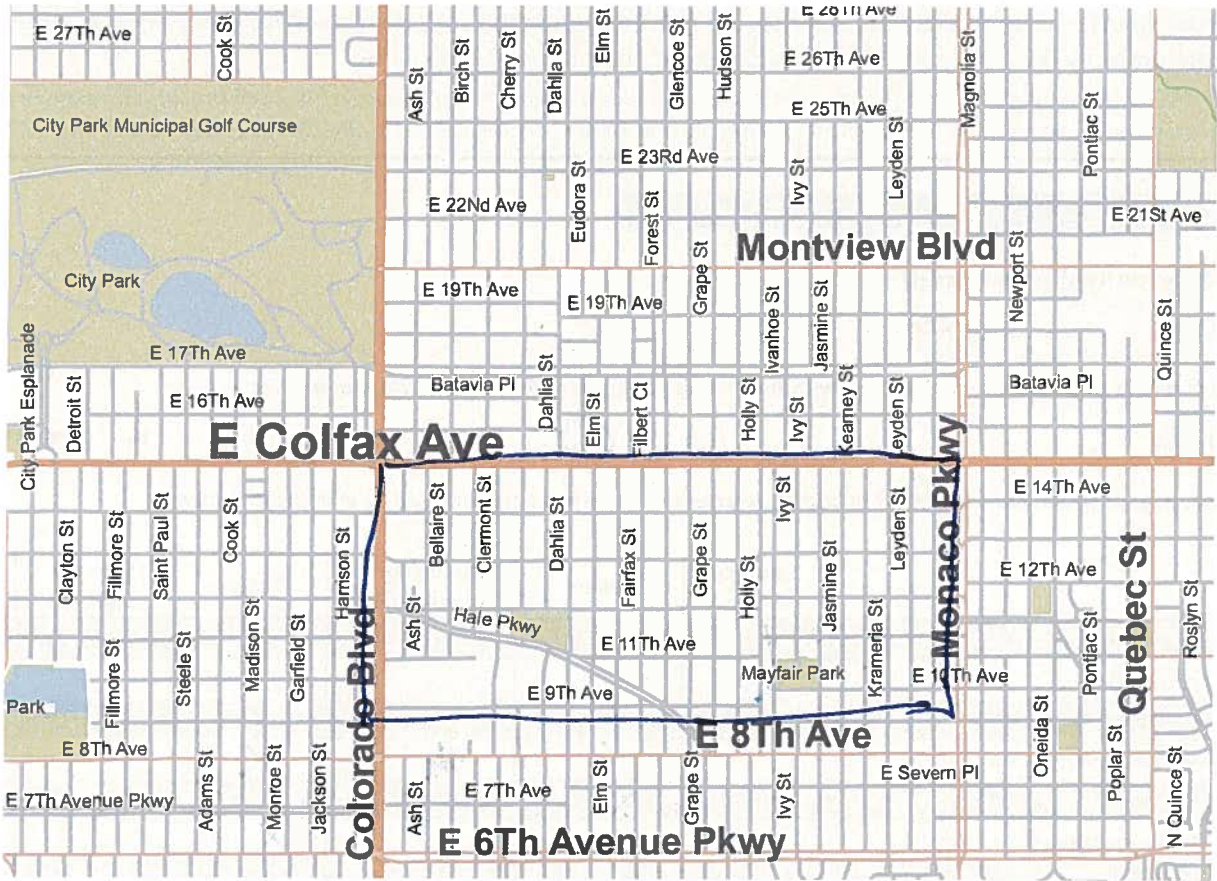|	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
My street is good for walking	X					
My street is good for biking	X					
The lighting is good on my street		X				
My street is well maintained by the city			(scribble)	X		
My street is well cared for by residents		X				
The speed of traffic is a problem on my street				X		
The amount of traffic is a problem on my street				X		
Pollution from traffic is a problem on my street				X		
Noise is a problem on my street				X		
Trash and litter are a problem on my street				X		

4. Thinking about the social life on your street, *mark the box that best represents how much you agree or disagree with the statement:*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
I see people out and about on my street		X				
Kids play on my street			X			
My street is safe from crime		X				
My street is safe from traffic			X			
I feel responsible for what happens on my street			X			
There is a feeling of community on this street		X				
I am very happy to live on my street		X				
I know my neighbors	X					
I have friends or relatives on this street				X		

5. What are some things you like or dislike about your street?

Dislike - quality/condition of streets & sidewalks

Your Neighborhood

1. Looking at this map, what are the boundaries of the area that you consider to be your neighborhood?
   Please draw a line showing the boundary

2. How long have you lived in this neighborhood?

   ____Less than 1 year   **X** 1 - 3 years   ____4 - 6 years   ____7 years or more

3. On a scale of one to ten, how do you rate the <u>overall quality</u> of your neighborhood? *Circle your answer*

   Lowest quality   1   2   3   4   5   6   7   (8)   9   10   Highest quality

4. On the map above, *mark and label your <u>favorite</u> places in your neighborhood.*
   Examples: parks, schools, shops, restaurants, friends' houses, libraries, churches, etc. Do not mark your home.

5. Thinking about the places you marked on the map, how do you usually get to those places?

	Most of the time	Sometimes	Rarely	Never
Motor vehicle (car, truck, motorcycle, etc.)		X		
Bicycle			X	
Walk	X			
Transit				X

6. If you walk or bike in your neighborhood:
   Using the map above, *circle the locations* where you avoid crossing the street.

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7. What are the <u>best</u> features of your neighborhood?

   _____

8. What are the <u>worst</u> features of your neighborhood?

   marijuana dispensary

Colfax Avenue

1. On a scale of one to ten, how do you rate the <u>overall quality</u> of Colfax Avenue? *Circle your answer*

   Lowest quality   1   2   3   4   (5)   6   7   8   9   10   Highest quality

2. Which of the following activities do you do on Colfax Avenue in your neighborhood? *Choose all that apply*

   ____Work/school   **X** Restaurant/café   ____Bars, clubs, or disco   ____Auto repair, gasoline
   ____Shopping   ____Religious services   ____Passing through   ____None of these
   ____Child care   ____Community activity   ____Recreation, games   ____Other_____

3. How often do you visit places on Colfax Avenue in your neighborhood in a <u>typical week</u>?

   ____Never   **X** 1-2 times   ____3-4 times   ____5 or more times
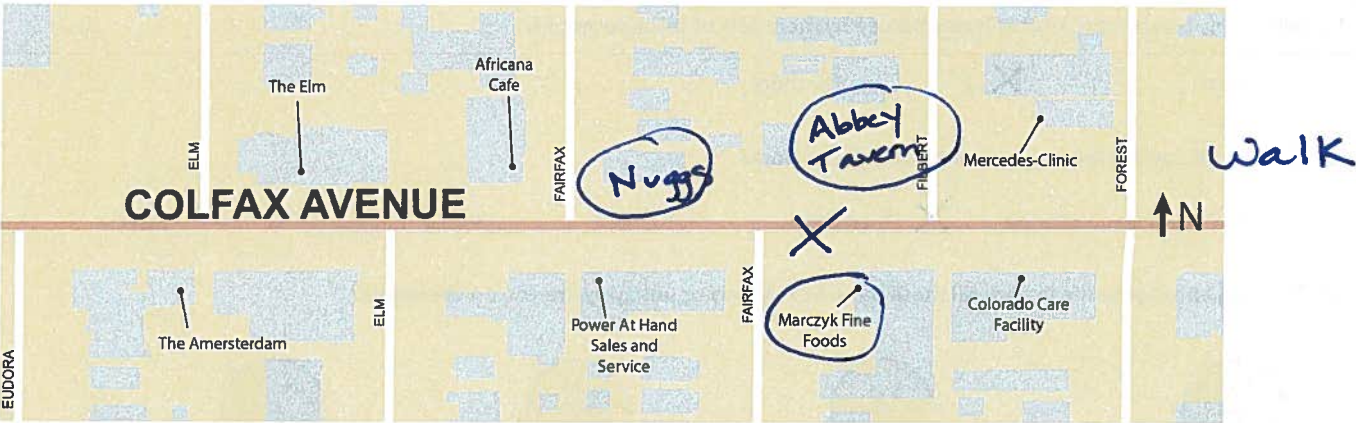
4. What are the <u>best</u> features of Colfax Avenue in your neighborhood? *Choose all that apply*

   ____Trees   ____Ample parking   ____Adequate lighting   **X** None of these
   ____Walkable   ____Cars go at acceptable speeds   ____Adequate sidewalks   ____Other_____
   ____Bikeable   ____The people on the street   ____Nice amenities/ shopping
   ____Quiet/calm   ____Vibrant atmosphere   ____Adequate transit
   ____Clean, no trash   ____Safe from crime   ____Good access to highway

5. What are the <u>worst</u> features of Colfax Avenue in your neighborhood? *Choose all that apply*

   ____Lack of trees   ____Lack of parking   ____Inadequate lighting   ____None of these
   ____Not walkable   ____Cars going too fast   ____Inadequate sidewalks   ____Other_____
   ____Not bikeable   ____The people on the street   ____Poor amenities
   X Noisy   ____Empty/no atmosphere   ____Inadequate transit
   X Trash, dirty street   **X** Crime/ not safe   ____Poor access to highway

6. If you go to Colfax Avenue *mark and label* where you go and how you get there (car, walk, bike, etc):

7. Is there anything else you like or dislike about Colfax Avenue?

   Fun bars & restaurants - Like

   Lots of bums - dislike