This survey is designed to gather input on different aspects of life in the greater Grand Rapids area, including health care, education, employment status, racial equality, the economy and more. Our hope is to use the data to help governments, nonprofits and foundations in West Michigan use their resources in the most effective manner.

This survey is voluntary. It will take approximately 10-15 minutes to complete.

Thank you for sharing your voice!
1. Overall, what grade would you give the Greater Grand Rapids Area as a place to live? Please choose only one of the following:
   - A – Excellent
   - B – Good
   - C – Fair
   - D – Poor
   - F – Failing

2. As part of VoiceGR, we hope to compare residents’ opinions and perceptions based on neighborhood. Your information will not be shared or used to contact you. What is your address or zip code?
   - Address __________________________________________________________
   - Zip Code __________________________________________________________

3. How would you rate your neighborhood as a place to live? Please choose only one of the following:
   - A – Excellent
   - B – Good
   - C – Fair
   - D – Poor
   - F – Failing

4. How safe do you feel in your neighborhood? Please choose only one of the following:
   - Very Safe
   - Somewhat Safe
   - Neutral
   - Somewhat Unsafe
   - Very Unsafe
5. How safe do you feel your neighborhood is for children? Please choose **only one** of the following:
   - Very Safe
   - Somewhat Safe
   - Neutral
   - Somewhat Unsafe
   - Very Unsafe

6. Please choose your top area for improvement in your community. Please choose **only one** of the following:
   - Crime and Public Safety (including child abuse, violent crime, domestic violence)
   - Economy/Jobs
   - Education
   - Transportation (roads, cost of gas, public transportation, difficulty getting to places)
   - Other (please specify): _______________________________ 

7. How frequently do you talk to your neighbors? Please choose **only one** of the following:
   - Daily
   - Weekly
   - Monthly
   - Less than once per month

8. In the past year, have you asked for assistance or expressed your opinion to a public official – at any level of government? Please choose **only one** of the following:
   - Yes
   - No
9. In the past year, have you donated money or time to a church or religious organization? Please choose only one of the following:

- Money
- Time
- Both
- Neither

10. In the past year, have you donated money or time to a charitable organization or cause other than a church or religious organization? Please choose only one of the following:

- Money
- Time
- Both
- Neither
11. In the past year, have you felt you were discriminated against? Please choose **only one** of the following:

- **No**
- **Yes (please see question 11a)**

11a. If yes, why? Please choose **only one** of the following:

- Race or ethnicity
- Gender
- Age
- Religion
- Sexual orientation or gender identity
- Appearance (height, weight, tattoos, piercings, etc.)
- Economic status
- Marital status
- Language
- Disability
- Because you do or do not have children
- Pregnancy status
- Other (please specify): ____________________________

12. To what extent do you think racism is an issue in your neighborhood? Please choose **only one** of the following:

- Very Much
- Somewhat
- Undecided
- Not Really
- Not at All
13. How long have you lived in this community?  ________ years

14. Do you plan on moving from this community? Please choose **only one** of the following:

- O No
- O Yes (please see question 14a)

14a. When do you plan on moving?  ________ years
15. How old are you? (enter age #, i.e. 27 years old) ______________________________

16. Which of the following race categories best describes you? Please choose all that apply:

   O White or Caucasian
   O Black or African American
   O American Indian or Native American
   O Hispanic/Latino (please see question 16a)
   O Asian or Pacific Islander (please see question 16b)

16a. If Hispanic/Latino, which ethnicity describes you best? Please choose only one of the following:

   O Mexican, Mexican American, Chicano
   O Puerto Rican
   O Cuban
   O Other (please name nationality): _____________________________

16b. If Asian or Pacific Islander, which ethnicity describes you best? Please choose only one of the following:

   O Asian Indian
   O Chinese
   O Filipino
   O Japanese
   O Korean
   O Vietnamese
   O Native Hawaiian
   O Guamanian or Chamorro
   O Samoan
   O Other (please name nationality): _____________________________
17. What is your current religious or faith preference? Please choose **only one** of the following:

- Agnostic
- Atheist
- Buddhist
- Christian
- Jewish
- Hindu
- Muslim
- Spiritual, Non-religious
- Other (please specify): ____________________________

18. What is the highest level of education you have completed? Please choose **only one** of the following:

- Less than high school
- High school graduate or GED
- Some college/in college (no degree)
- Associate degree (AA or 2-year college)
- Technical certification
- Bachelor's degree
- Graduate degree or higher
19. Which of the following categories best fits your total household income last year? Please choose only one of the following:

- Less than $5,000
- $5,000 to less than $10,000
- $10,000 to less than $15,000
- $15,000 to less than $20,000
- $20,000 to less than $25,000
- $25,000 to less than $30,000
- $30,000 to less than $35,000
- $35,000 to less than $40,000
- $40,000 to less than $45,000
- $45,000 to less than $50,000
- $50,000 to less than $60,000
- $60,000 to less than $70,000
- $70,000 to less than $80,000
- $80,000 to less than $90,000
- $90,000 to less than $100,000
- $100,000 to less than $120,000
- $120,000 to less than $140,000
- $140,000 or more

20. How many people in your household contribute to this income? _________
21. What gender do you identify with? Please choose **only one** of the following:

- Male
- Female
- Transgender
- Other (please specify): ________________________________

22. How would you describe your sexual orientation? Please choose **only one** of the following:

- Heterosexual or straight
- Gay or lesbian
- Bisexual

23. What is your current relationship status? Please choose **only one** of the following:

- Single
- Married
- Widowed
- Divorced
- Separated
- Committed relationship
- Other (please specify): ________________________________

24. What is your first language? Please choose **only one** of the following:

- English
- Spanish
- Arabic
- Mandarin
- Other (please specify): ________________________________
EMPLOYMENT AND EXPENSES

25. How would you describe your current employment status? Please choose all that apply:
   - Full Time Employed
   - Part Time Employed
   - Unemployed - including full-time students without jobs (not retired) and stay at home parents (please skip to question 28)
   - Retired (please skip to question 28)

26. How many hours per week do you work on average? ____________

27. How many jobs do you currently have? ________________

28. Do you have the following benefits through your work? Please choose all that apply:
   - Health
   - Vacation
   - Sick time
   - Maternity/paternity leave
   - Life insurance
   - Retirement plan
   - Other (please specify): _____________________________

29. Are you currently looking for employment? Please choose only one of the following:
   - Yes
   - No
30. How often is transportation a problem for you when trying to go to work or other places?

Please choose **only one** of the following:

- O Daily (please see question 30a)
- O Weekly (please see question 30a)
- O Monthly (please see question 30a)
- O Less than once per month

30a. Why is transportation a problem? Please choose all that apply:

- O Public transportation is inconvenient
- O Unable to afford public transportation
- O Not enough money for gas
- O Unreliable or no vehicle
- O Rely on others for transportation
- O Other (please specify): ________________________________
31. Based on your current income, how well can you afford to meet your basic needs? Please choose only one of the following:

- Very well
- Fairly well
- Not very well (please see question 31a)
- Not at all (please see question 31a)

31a. Which basic need do you worry about most? Please choose only one of the following:

- Clothing
- Food
- Prescriptions
- Utilities (gas, water, electric, etc.)
- Shelter (please see question 31b)
- Health Care (please see question 31c)

31b. If you worry most about shelter, have you ever experienced homelessness (lived outside, in a shelter, or forced to live with family or friends)? Please choose only one of the following:

- Yes
- No
31c. If you worry most about health care, what prevents you from meeting your health care needs? Please choose all that apply:

- Costs too much
- Don’t know where to go/who to call
- Can’t get an appointment
- Difficult to get there/no transportation
- Can’t leave my residence without assistance
- Is not covered by insurance
- Can’t get a referral
- Other (please specify): _________________________________

32. Do you own or rent the place where you live? Please choose only one of the following:

- Own
- Rent
- Living with someone and not paying rent (friend, relative, etc.)
- Homeless
- Other (please specify): _________________________________

33. Have you ever been evicted or faced foreclosure for non-payment? Please choose only one of the following:

- Yes
- No
34. Which public assistance benefits do you receive? Please choose all that apply:

- [ ] Social Security
- [ ] Medicaid
- [ ] Medicare
- [ ] TANF (Temporary Assistance for Needy Families)
- [ ] WIC (Women, Infants, and Children)
- [ ] Food Assistance (EBT/Bridge Card or SNAP/Food Stamps)

Other (please specify): ________________________________
35. How would you rate your health over the last year? Please choose **only one** of the following:

- O A – Excellent
- O B – Good
- O C – Fair
- O D – Poor
- O F – Failing
- O Not sure

36. Do you have any kind of health care coverage, including health insurance, a prepaid plan such as an HMO or PPO, or a government plan such as Medicare or Medicaid? Please choose **only one** of the following:

- O No
- O Yes (please see question 36a)

36a. If yes, which of the following best describes the health care coverage you do have? Please choose **only one** of the following:

- O Health insurance through employer, parent, or spouse
- O Prepaid plan (HMO)
- O Medicaid
- O Medicare
- O Other (please specify): ______________________________

37. Do you have one person that you think of as your personal doctor or healthcare provider? Please choose **only one** of the following:

- O Yes
- O No
HOUSEHOLD SIZE AND CHILDREN

38. How many adults 18 years and older live in your household? _______

39. How many children or other dependents under the age of 18 live in your household? _______ (if you do not have children, please skip to question 41)

40. Do the children in your household have health care coverage? Please choose only one of the following:
   - ○ Yes
   - ○ No
   - ○ Some, but not all

Technology

41. What is your preferred mode of communication? Please choose only one of the following:
   - ○ Home phone (landline)
   - ○ Cell phone calls
   - ○ Texting
   - ○ Email
   - ○ Standard mail
   - ○ Social media (Facebook, Twitter, MySpace, etc.)
   - ○ Face to face/in person
   - ○ Other (please specify): __________________________________________
42. Are you familiar with the Local First Campaign? Please choose only one of the following:
   O Yes
   O No
   O Unsure

43. Have you seen any of the following Local First advertisements in the community? Please choose all that apply:
   O Window Clings
   O Post Cards
   O Television/Media
   O Billboards
   O Did not see their advertising

44. How do you feel about shopping at locally owned businesses? Please choose only one of the following:
   O I prefer to shop at locally owned businesses
   O I have no preference
   O I prefer not to shop at locally owned businesses

45. Do you think locally owned businesses in this community make it a unique place to live? Please choose only one of the following:
   O Yes
   O No
   O Unsure

46. Do you consider any businesses in your community to be a "local treasure"? Please choose only one of the following:
   O Yes
   O No
   O Unsure

Please list any local treasures: ________________________
47. Would you benefit from participating in classes in the following areas? Please choose all that apply:

- ✔️ Reading
- ✔️ Writing
- ✔️ Listening and speaking
- ✔️ Math
- ✔️ Health literacy
- ✔️ Financial literacy
- ✔️ Computer literacy
- ✔️ Second language
- ✔️ Job search skills
- ✔️ On-the-job skills

47a. In what language would you prefer to receive the above classes? Please choose only one of the following:

- ✔️ English
- ✔️ Other language (please specify): ________________

48. About how often do you read books (including picture books) to your children in English? Please choose only one of the following:

- ✔️ Daily
- ✔️ 5-6 times per week
- ✔️ 2-4 times per week
- ✔️ Once per week
- ✔️ 1-3 times per month
- ✔️ Less than once per month
- ✔️ I do not have children (please skip to question 50)
49. About how often do you read books (including picture books) to your children in a language other than English? Please choose **only one** of the following:

- Daily (please see question 49a)
- 5-6 times per week (please see question 49a)
- 2-4 times per week (please see question 49a)
- Once per week (please see question 49a)
- 1-3 times per month (please see question 49a)
- Less than once per month (please see question 49a)
- I do not have children (please skip to question 50)

49a. Please specify the language: ______________________________

50. How often do children translate/interpret important information to English for you? Please choose **only one** of the following:

- Very often
- Often
- Rarely
- Never
51. Do you have any of the following disabilities? Please choose all that apply:
   - O Visual (such as blindness or cataracts)
   - O Auditory (such as deafness)
   - O Physical (such as arthritis or limited limb functioning)
   - O Mental (such as low mental functioning or a closed head injury)
   - O None
   - O Other (please specify): ________________________________

52. Do you use any sort of fitness facility? Please choose only one of the following:
   - O Yes
   - O No

53. If you have a disability, does it prevent you from using a fitness facility? Please choose only one of the following:
   - O Yes (please see question 53a)
   - O No
   - O I do not have a disability

53a. Which of the following prevents you from using a fitness facility? Please choose all that apply:
   - O Transportation
   - O Facilities are not barrier free
   - O Lack of accessible fitness equipment
   - O Cost
   - O I am not interested in joining a fitness facility
   - O Other (please specify): ________________________________
54. If you have a disability, and a barrier free facility was available, would you use it? Please choose **only one** of the following:
   - O Yes
   - O No
   - O Unsure
   - O I do not have a disability

55. Where do you purchase fresh fruits and veggies? Please choose all that apply:
   - O Fulton St. Farmer’s Market
   - O Downtown Market
   - O Corner/convenience store
   - O YMCA Veggie Van
   - O Grocery store
   - O Other farmer’s market/stand
   - O I don’t purchase fresh fruits and veggies
   - O Other (please specify): _________________________________________

56. Do you have any of the following? Please choose all that apply:
   - O Diabetes
   - O High blood pressure
   - O Heart disease
   - O Depression
   - O Asthma
   - O Anxiety
   - O High cholesterol
   - O High blood glucose (A1C)
57. What is your height without shoes? ______feet and ______inches

58. What is your weight without shoes? _______pounds

59. Please check all that apply. Do you...
   - Use tobacco (cigarettes, snuff, chewing tobacco, etc.)?
   - Exercise for at least 30 minutes at least 3 times per week?
   - Eat 5 servings of fruits and veggies each day?
60. How did you hear about VoiceGR? Please choose all that apply:

- Television News
- Radio
- Friend
- Employer (please specify): ____________________________________________
- Facebook
- Poster/Flyer
- Email (please specify which organization the email was from): _______________
- LINC
- Head Start for Kent County
- Other (please specify): _______________________ ________________________

Thank you for taking the time to share your voice!

As a thank you for taking the VoiceGR survey, you may enter to win one of many prizes. Your contact information will not be associated with your VoiceGR responses or shared with any outside organizations.

Please fill in your phone number or e-mail address below:

__________________________________________________________________