



YOUR PERSONAL INFORMATION WILL NOT BE SHARED.

This survey asks questions about you and your experiences in the Greater Grand Rapids Area. We would like to know about you and your thoughts about your life, neighborhood, housing, work, health, health care, and education. The purpose of this survey is to provide the public with easy access to information on opinions and the neighborhoods in the Greater Grand Rapids Area. Results will be available in the spring of 2016 at www.voicegr.org.

The survey is voluntary. It will take approximately 10-15 minutes to complete. If you have any questions, please contact Kallie Bauer at 616-331-7311, or Kallie.Bauer@gvsu.edu, at the Community Research Institute at Grand Valley State University.

Thank you for sharing your voice!

1. For yourself, what grade would you give the Greater Grand Rapids Area as a place to live overall?

Choose ***only one***:

- A – Excellent
- B – Good
- C – Fair
- D – Poor
- F – Failing

Tell us a little about yourself.

2. Which of the following race categories best describes you? ***Check all that apply.***

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Hispanic/Latino
- Multiracial
- Other (please specify):

3. What is your primary language? ***Choose only one:***

- English
- Spanish
- Arabic
- Mandarin
- Other (please specify):

4. What gender do you identify with?

Choose only one:

- Male
- Female
- None of the above (please specify):

Don't know/not sure

5. How would you describe your sexual orientation?

Choose only one:

- Heterosexual/straight
- Gay/lesbian
- Bisexual
- None of the above (please specify):

Don't know/not sure

6. How old are you? (*Enter age, i.e., 27 years old*)

_____ years old

7. What is your current relationship status?

Choose only one:

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

8. What is your current religious or faith preference?

Check all that apply.

- Agnostic
- Atheist
- Buddhist
- Catholic
- Christian (e.g., Protestant, Baptist)
- Jewish
- Hindu
- Muslim
- Spiritual, Non-religious
- None
- Other (please specify):

9. What is the highest level of education you have completed? ***Choose only one:***

- Less than or some high school (no diploma)
- 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

Tell us about your neighborhood.

10. What street do you live on?

11. What cross street is closest to where you live?

12. What is your zip code? (*Enter zip code*)

13. In the last year, how many times have you moved?
(*Enter number of times*)

14. A neighborhood is made up of where you stay and the small geographic area that surrounds where you stay. For example, Grand Rapids has over 30 neighborhoods. How would you rate your neighborhood as a place to live? *Choose **only one**:*

- A – Excellent
- B – Good
- C – Fair
- D – Poor
- F – Failing

15. How long have you lived in your neighborhood?

_____ *days, months, and/or years*

16. What do you think is the biggest issue in your neighborhood?

17. What do you think is the biggest strength of your neighborhood?

18. How much do you feel like you belong in your neighborhood? *Choose **only one**:*

- Completely
- Mostly
- Somewhat
- Not really
- Not at all

19. How much of a positive difference do you believe you can make in your neighborhood?
*Choose **only one**:*

- A large difference
- Some difference
- No difference
- Do not know

20. Do you want to move out of your neighborhood sometime in the future? *Choose **only one**:*

- No (go to 24)
- Yes (go to 21-23)

21. When do you want to move?

22. Why do you want to move?

23. What things are stopping you from moving, if any?

Tell us about your neighborhood (continued).

	Very Unsafe	Somewhat Unsafe	Neutral	Somewhat Safe	Very Safe
24. How safe do you feel in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. How safe do you feel your neighborhood is for children ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tell us about your housing.

26. What is your current housing status?

Choose **only one**:

- Own, no mortgage (go to 30)
- Own, paying mortgage (go to 29)
- Rent, including subsidized housing or college housing } Go to 27-29
- Living with someone (friend, relative, etc.) and paying rent } Go to 30
- Living with someone (friend, relative, etc.) and **not** paying rent }
- Homeless
- Other (please specify):

27. In the past year at your current place, has your rent (Choose **only one**):

- Increased (go to 28)
- Stayed the Same (go to 29)
- Decreased (go to 28)
- Don't Know (go to 29)

28. In the past year, how much has your rent increased or decreased?

\$_____ per month

29. How much do you currently pay for your mortgage or rent each month?

\$_____ per month

30. In the past year, how many times did your utilities get turned off due to lack of payment?

Choose **only one**:

- Never
- Once
- 2-4 times
- More than 4 times

31. In the past year, have you faced foreclosure or been evicted for non-payment?

Choose **only one**:

- Yes
- No

32. Have you experienced homelessness (lived outside in places such as a street, park, abandoned building, or car, in an emergency shelter, or in transitional or supportive housing for homeless persons)? Choose **only one**:

- Yes, in the past year
- Yes, more than one year ago
- No

Tell us about your housing (continued).

33. Which of the following categories best fits your **total household income** last year?

Choose **only one**:

- 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

34. How many adults over 18 years old live in your household? (*Enter number of adults*)

35. How many children under 18 years old live in your household? (*Enter number of children*)

Tell us about your work.

36. Are you currently a student? Choose **only one**:

- Yes
- No

37. Are you currently out of the workforce due to (**Check all that apply**):

- Not applicable
- Retirement
- Disability
- Being laid off
- Quit previous job
- Choice (e.g., stay-at-home parent)
- Other (please specify):

38. How many full-time jobs (30 hours or more) do you currently have? (*Enter number*)

39. How many part-time jobs (less than 30 hours) do you currently have? (*Enter number*)

40. How many total hours per week do you work on average? (*Enter number*)

Tell us about your work (continued).

41. Have you been offered any of the following benefits through any of your current job(s)?
Check all that apply:

- Health insurance
- Dental insurance
- Vision/optical insurance
- Vacation (e.g., paid time off)
- Sick time
- Maternity/paternity leave
- Life insurance
- Retirement plan
- None
- Other (please specify):

42. Are you currently looking for employment?
Choose only one:

- Yes
- No

43. Do you receive any of the following benefits from the Department of Health and Human Services (DHHS)? *Check all that apply:*

- Childcare Assistance
- Medicaid
- TANF (Temporary Assistance for Needy Families)
- Cash Assistance
- Food Assistance (EBT/Bridge Card or SNAP/Food Stamps)
- State Emergency Relief (e.g., utility and water shutoff)
- None
- Other (please specify):

44. Do you receive any of the following benefits?
Check all that apply:

- Social Security
- Medicare
- WIC (Women, Infants, and Children)
- HUD assistance (Department of Housing and Urban Development, i.e., Section 8 Housing)
- MSHDA assistance (Michigan State Housing Development Authority)
- None
- Other (please specify):

Tell us about your experiences.

45. Based on your current income, how well can you afford to meet your basic needs (food, including water; shelter; utilities; and clothing)? Choose only one:

- Very well } Go to 48
 Fairly well }
 Not very well } Go to 46-47
 Not at all }

46. Which basic need do you worry about most? Choose only one:

- Food, including water
 Shelter
 Utilities
 Clothing

47. Do you know anyone or a place that could help you with the basic need you worry about the most? Choose only one:

- Yes
 No

48. In the past year, how often have you had trouble getting to where you need to go because:	Never	Less than Once Per Month	Monthly	Weekly	Daily
a. Public transportation was inconvenient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You were unable to afford public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You did not have enough money for gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Transportation was unreliable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You did not have a vehicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Of traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Of construction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Of poor road conditions (e.g., potholes; does not include snow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other (please specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. Overall, do you think Grand Rapids Public Schools are (Choose only one):

- Getting better
 Staying the same
 Getting worse
 Don't know

Tell us about your experiences (continued).

50. In the past year, how often have you felt discriminated against while in the Greater Grand Rapids area? Choose **only one**:

- Never (go to 53)
 - Less than once per month
 - Monthly
 - Weekly
 - Daily
- } Go to 51-52

51. For what reasons, did you feel discriminated against? **Check all** that apply:

- 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 have child(ren)
 - Because you do not have child(ren)
 - Pregnancy status
 - Other (please specify):
-

52. In which systems/situations, did you experience discrimination? **Check all** that apply:

- Housing
 - Banking
 - Education/School
 - Employment
 - Business
 - Government
 - Social interactions with people I know
 - Social interactions with people I don't know
 - Other (please specify):
-

	Very Much	Somewhat	Undecided	Not Really	Not at All
53. To what extent do you think racism is an issue in the U.S.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. To what extent do you think racism is an issue in the greater Grand Rapids area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. To what extent do you think racism is an issue in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tell us about your experiences (continued).

56. How well do you think the local police treat each of these groups of people?	Very Well	Fairly Well	Not Very Well	Not well at all	Don't Know
a. White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Black/African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. American Indian/Alaska Native	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Native Hawaiian/Other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Hispanic/Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Multiracial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Female	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. LGBTQA (lesbian, gay, bisexual, transgender, queer, asexual)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. How well do you think the local courts treat each of these groups of people?	Very Well	Fairly Well	Not Very Well	Not well at all	Don't Know
a. White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Black/African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. American Indian/Alaska Native	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Native Hawaiian/Other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Hispanic/Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Multiracial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Female	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. LGBTQA (lesbian, gay, bisexual, transgender, queer, asexual)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tell us about your experiences (continued).

58. Of the people you interacted with in the past week, how many were:	Most	Some	Few	None	Don't know
a. White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Black/African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. American Indian/Alaska Native	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Native Hawaiian/Other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Hispanic/Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Multiracial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Similar to you economically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Of LGBTQA (lesbian, gay, bisexual, transgender, queer, asexual) identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tell us about your health and health care coverage.

59. In the past year, how would you rate your physical health? Choose **only one**:

- A – Excellent
- B – Good
- C – Fair
- D – Poor
- F – Failing

60. In the past year, how would you rate your mental and emotional health? Choose **only one**:

- A – Excellent
- B – Good
- C – Fair
- D – Poor
- F – Failing

61. What is your height without shoes?

_____ feet and _____ inches

62. What is your weight without shoes?

_____ pounds

63. Are you currently pregnant? Choose **only one**:

- Yes
- No

64. Have you been diagnosed with any of the following disabilities? **Check all that apply**:

- Visual (such as blindness or cataracts)
- Auditory (such as deafness)
- Physical (such as arthritis or limited limb functioning)
- Mental (such as low mental functioning or a closed head injury)
- None
- Other (please specify):

Tell us about your health and health care coverage (continued).

65. Do you have any of the following? **Check all** that apply:

- Diabetes
- High blood pressure
- Heart disease
- Depression
- Asthma
- ADD/ADHD
- Lead poisoning
- Anxiety
- High cholesterol
- High blood glucose (A1C)
- None
- Other (please specify):

66. Which of the following best describes the health care coverage you have?

Check all that apply:

- Health insurance through your employer
- Health insurance through your spouse or domestic partner
- Health insurance through your parent(s)
- Student health insurance
- Medicaid
- Medicare or Medicare supplement
- Healthy Michigan Plan
- Affordable Care Act, ACA, MiCare, or Obama Care (i.e., purchased through the Marketplace)
- Self-paid health insurance (I pay the premiums myself)
- Veteran's Administration, TRICARE
- Indian Health Service, Tribal Health Services
- None
- Other (please specify):

67. Yesterday, did you eat any fruit? (Please do **not** count fruit juice.) Choose **only one**:

- No, I did not eat any fruit yesterday.
- Yes, I ate fruit 1 time yesterday.
- Yes, I ate fruit 2 times yesterday.
- Yes, I ate fruit 3 or more times yesterday.

68. Yesterday, did you eat any vegetables? (Vegetables are all **uncooked** vegetables and salads. Please do **not** count potatoes. Ex.: mashed potatoes, french fries, or potato chips.) Choose **only one**:

- No, I did not eat any vegetables yesterday.
- Yes, I ate vegetables 1 time yesterday.
- Yes, I ate vegetables 2 times yesterday.
- Yes, I ate vegetables 3 or more times yesterday.

69. Do you use tobacco products (Ex.: cigarettes, snuff, chewing tobacco, etc.)? Choose **only one**:

- Every day
- Some days
- Not at all

70. Over the past 7 days, on how many days were you physically active for a total of at least 30 minutes per day? (Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.)

Choose **only one**:

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

71. Do you have one person that you think of as your personal doctor or healthcare provider?

Choose only one:

- Yes
- No

72. In the past year, how often did you use urgent care facilities for yourself instead of a personal doctor or healthcare provider?

Choose only one:

- Never
- Less than once per year
- 1-11 times per year
- Monthly
- Weekly

73. In the past year, how often did you go to an emergency room for yourself instead of a personal doctor or healthcare provider? Choose only one:

- Never
- Less than once per year
- 1-11 times per year
- Monthly
- Weekly

Tell us about your thoughts on the environment.

74. Which of the following environmental issues do you think should be prioritized in West Michigan?

	Yes	No	Don't Know
a. Indoor air quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Outdoor air quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Trees in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Access to natural areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Pollution causing climate change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Climate change impacts in West Michigan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Waste disposal/incineration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Litter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Conservation of pristine natural areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Pollution in the water body near me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Pollution in the Grand River and tributaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Protection of Lake Michigan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Natural resource extraction (timber, oil & gas, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Other (please specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

75. How would you rate the overall water quality of the Grand River? Choose only one:

- A – Excellent
- B – Good
- C – Fair
- D – Poor
- F – Failing

76. How often do you recycle typical household waste, excluding beverage cans and bottles with a deposit?

Choose only one:

- Never
- Less than once per month
- Monthly
- Weekly
- Daily

Please continue if you have children. Otherwise, you have completed the survey.

Thank you for sharing your voice!

Please complete the following section if you have children.

77. Do you have children? Choose only one:

- Yes
- No

78. How many of your children are:

- ___ 0-4 years old
- ___ 5-8 years old
- ___ 9-13 years old
- ___ 14-17 years old
- ___ 18+ years old

79. Do any of your children currently attend (Check all that apply):

- Grand Rapids Public Schools (GRPS)
- Public schools other than GRPS (please specify):

- Charter schools
- Private schools
- Homeschools
- Other (please specify):

- None of the above

80. How would you rate the number of choices available when choosing a local school or district? Choose only one:

- Excellent
- Good
- Fair
- Poor
- Don't Know/Can't Say

81. Whether or not you have children attending Grand Rapids Public Schools, how would you rate the district overall? Choose only one:

- Excellent
- Good
- Fair
- Poor
- Don't Know/Can't Say

82. I believe the schools in my community are committed to building each child's strengths.

Choose **only one**:

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

83. I believe the teachers in my community's school excite children about the future.

Choose **only one**:

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

84. Do any children in your household have any of the following? **Check all** that apply:

- Type I diabetes
 - Type II diabetes
 - Heart disease
 - Depression
 - Asthma
 - ADD/ADHD
 - Lead poisoning
 - Anxiety
 - No child(ren) in household
 - None
 - Other (please specify):
-

85. In the past year, how often did you use urgent care facilities for your children instead of a personal doctor or healthcare provided?

Choose **only one**:

- Never
- Less than once per year
- 1-11 times per year
- Monthly
- Weekly

86. In the past year, how often did you go to an emergency room for your children instead of a personal doctor or healthcare provided? Choose **only one**:

- Never
- Less than once per year
- 1-11 times per year
- Monthly
- Weekly

You have completed the survey.

Thank you for sharing your voice!