



VOICEGR

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- The survey asks questions about you and your experiences.
- It takes about 10 – 15 minutes to complete.
- It is up to you if you want to take or not take the survey.
- You can skip any questions you do not want to answer.
- The survey does not ask for your name.
- **Your personal information will NOT be shared.**
- In the spring of 2017, results can be seen on www.VoiceGR.org.
- Questions? Please email ShareYourVoice@gvsu.edu or call 616-331-7121.

Thank you for sharing your voice!

What do you think about Grand Rapids?

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

About You

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 other languages do you speak? **Check all that apply**:

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

5. What gender do you identify with?

Choose **only one**:

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

Don't know/not sure

6. 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

7. How old are you? (**Enter age in years.**
For example, 27)

_____ years old

8. What is your current relationship status?
Check all that apply:

- Single
- Committed relationship and not married
- Married
- Widowed
- Divorced
- Separated
- Other (please specify):

9. What is your current religion, faith or belief?
Check all that apply:

- Agnostic
- Atheist
- Buddhist
- Catholic
- Protestant Christian (for example, Baptist, Reformed, Non-Denominational)
- Jewish
- Hindu
- Muslim
- Spiritual, Non-religious
- None
- Other (please specify):

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

- Yes (**Continue to 11**)
- No (**Skip to 12**)

11. If you are a student, which of the following are you working towards? Choose **only one**:

- High school diploma or GED
- Associate degree / Technical Certification
- Bachelor's degree
- Graduate degree
- Continuing education classes (non-degree)

12. 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 (no degree)
- Associate degree (AA or 2-year college)/Technical certification
- Bachelor's degree
- Graduate degree or higher

Work, Benefits, and Health Insurance

13. Are you currently looking for a paying job?
Choose **only one**:

- Yes
- No

14. Do you currently have at least one paying job?
Choose **only one**:

- Yes (**Skip to 16**)
- No (**Continue to 15**)

15. If you do **not** have a paying job, why is that?
Check all that apply:

- Not applicable (**Continue to 16**)
- Retirement (**Skip to 19**)
- Disability (**Skip to 19**)
- Being laid off (**Skip to 19**)
- Quit previous job (**Skip to 19**)
- Choice (for example, stay-at-home parent) (**Skip to 19**)
- Other (please specify) (**Skip to 19**):

16. How many paying jobs do you currently have?
(Enter number of jobs)

_____ job(s)

17. About how many total hours per week do you work at your paying job(s) on average?
(Enter total number of hours)

_____ hour(s)

18. Have you been offered any the following benefits through any of your paying jobs? This question does **NOT** include health or medical insurance. **Check all that apply:**

- Paid vacation (for example, paid time off)
- Paid sick leave
- Paid maternity/paternity leave
- Employer contributions to a retirement plan
- None
- Other (please specify):

19. In the past year, did you receive any of the following government benefits? **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 (for example, utility and water shutoff)
- Social Security
- Medicare
- WIC (Women, Infants, and Children)
- HUD assistance (Department of Housing and Urban Development, ilike, Section 8 Housing)
- MSHDA assistance (Michigan State Housing Development Authority)
- None
- Other (please specify):

20. In the past year, did you have health insurance?
Choose **only one:**

- Yes, for all of the year (**Continue to 21**)
- Yes, for part of the year (**Continue to 21**)
- No, not in the past year (**Skip to 23**)

21. Did you buy your health insurance through a health insurance marketplace, or exchange? (Also known as, Affordable Care Act, ACA, MiCare, or Obamacare) Choose **only one:**

- Yes
- No

22. In the past year, what health insurance have you had? **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
- Self-paid health insurance (I pay the premiums myself)
- Veteran's Administration, TRICARE
- Indian Health Service, Tribal Health Services
- None
- Other (please specify):

If you answered 21 and 22, skip to 24.

23. Why did you **not** have health insurance?

Shelter/Housing and Household

24. What is your current housing status right now?

Choose **only one**:

- Own, no mortgage
- Own, paying mortgage
- Rent, including subsidized housing or college housing (contract or lease)
- Living with someone (friend, relative, etc.) and paying rent **without** a contract or lease
- Living with someone (friend, relative, etc.) and **not** paying rent **without** a contract or lease
- Homeless
- Other (please specify):

25. In the past year, have your utilities been turned off due to lack of payment? Choose **only one**:

- Yes
- No

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

Choose **only one**:

- Yes
- No

27. Have you experienced homelessness (lived outside in places such as a street, park, abandoned building, 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

28. How many adults ages 18 years or older live in your household, including yourself? (**Enter number of adults**)

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

30. 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

Your Neighborhood

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.

	A – Excellent	B – Good	C – Fair	D – Poor	F – Failing
31. How would you rate your neighborhood as a place to live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continue to next page

32. About what year did you move into your neighborhood? (**Enter year. For example, 2010**)

33. In your neighborhood, how much do you feel like you fit in? Choose **only one**:

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

34. Do you feel like you can make a positive difference in your neighborhood? Choose **only one**:

- Yes
- No
- Don't know/Not sure

The next three questions will be used to group your answers with other answers in your neighborhood. Your personal information will **NOT** be shared.

35. What street do you live on? (**Include the direction. For example, NW or SE**)

36. What is the closest street that crosses the street you live on? (**Include the direction. For example, NW or SE**)

37. What is your ZIP code? (**For example, 49504**)

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

39. What do you think is the biggest problem in your neighborhood?

40. Does your neighborhood have a Neighborhood Association that you know of? Choose **only one**:

- Yes (**Continue to 41**)
- No (**Skip to 42**)
- Don't know/Not sure (**Skip to 42**)

41. How involved are you in your Neighborhood Association? Choose **only one**:

- I am not involved at all
- I am somewhat involved
- I am very involved

	Very Unsafe	Somewhat Unsafe	Neutral	Somewhat Safe	Very Safe
42. How safe do you feel in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continue to 43

Skip to 44

43. What about your neighborhood makes you feel unsafe?

Your Experiences

	Very Much	Somewhat	Undecided	Not Really	Not at All
44. To what extent do you think racism is a problem in the U.S.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. To what extent do you think racism is a problem in the greater Grand Rapids area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. To what extent do you think racism is a problem in your neighborhood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. 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
- Fairly well
- Not very well
- Not at all

48. Based on your current income, how well can you afford to meet the following basic needs:	Very well	Fairly well	Not very well	Not at all
a. Food, including water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Utilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Prescriptions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. Do you know anyone or any place that could help with basic needs? Choose **only one**:

- Yes
- No

50. In the past year, how often have you had trouble getting to where you need to go because:	Less than				
	Not at all	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 because you could not afford one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You did not have a vehicle by choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Due to traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Due to seasonal construction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Due to 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"/>
j. Other (please specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Health

51. In the past year, how would you rate your physical health? Choose **only one**:
- A – Excellent
 - B – Good
 - C – Fair
 - D – Poor
 - F – Failing
52. 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
53. Do you have one person that you think of as your personal doctor or primary health care provider? Choose **only one**:
- Yes
 - No
54. Do you use tobacco products (For example, cigarettes, snuff, chewing tobacco, etc.)? Choose **only one**:
- Every day
 - Some days
 - Not at all
55. Do you use electronic cigarettes (e-cigs) or vaporizer (vape) pens? Choose **only one**:
- Every day
 - Some days
 - Not at all
56. Over the past seven days, on how many days were you physically active for a total of at least 30 minutes per day? Physical activity is an 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

57. 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 1 fruit yesterday.
- Yes, I ate 2 fruits yesterday.
- Yes, I ate 3 fruits yesterday.

58. Yesterday, did you eat any vegetables? Vegetables are all uncooked vegetables and salads. Please do **NOT** count potatoes. For example, 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 times yesterday.

The next three questions will be used to calculate body mass index (BMI). BMI is a common estimate of health.

59. What is your height without shoes?

_____ feet and _____ inches

60. What is your weight without shoes?

_____ pounds

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

- Yes
- No
- Not applicable

62. Please rate the extent to which you agree or disagree with the following statements:	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
a. I am currently able to buy or receive all the healthy food I need for my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Is it easy to obtain fresh fruits and vegetables within your community or neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. In the past 6 months, how often did you experience the following:	Never	Less than Once Per Month	Monthly	Weekly	Daily
a. I worried whether food would run out before I/we got money to buy more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The food I bought just didn't last, and I/we didn't have money to get more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Adults in my/our household cut the number of our meals or skipped meals because there wasn't enough money for food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I was hungry but didn't eat because there wasn't enough money for food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

64. Which of these statements best describes the food eaten in your household in the last 12 months? Choose **only one**:

- Enough of the kind of the food we wanted to eat
- Enough but not always the kind of food we want
- Sometimes but not enough to eat
- Often not enough to eat
- Don't Know/Can't Say

65. Have you been diagnosed with any of the following physical or mental health conditions? **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. Have you been diagnosed with any of the following disabilities? **Check all** that apply:

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

Environment

67. 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
- Don't Know/Not Sure

Downtown Grand Rapids

The next four questions ask about Downtown Grand Rapids. On the map, the area inside of the black line is known as Downtown Grand Rapids.



68. In the past year, how often did you visit Downtown Grand Rapids for dining, nightlife, entertainment, and/or events? Choose **only one**:

- 1-5 times
- 6-10 times
- 11-15 times
- 16 or more times
- Not at all
- Don't Know/Not Sure

69. Based on your personal experiences, how welcomed do you feel when you are in Downtown Grand Rapids? Choose **only one**:

- Very welcomed
- Somewhat welcomed
- Neutral
- Somewhat unwelcomed
- Very unwelcomed
- I have never been to Downtown Grand Rapids
- Don't Know/Not Sure

70. Based on your personal experiences, how much do you feel like you fit in when you are in Downtown Grand Rapids? Choose **only one**:

- Very much
- Somewhat
- Neutral
- Not really
- Not at all
- I have never been to Downtown Grand Rapids
- Don't Know/Not Sure

71. Based on your personal experiences, how easy is it to find any visitor parking in Downtown Grand Rapids? Choose **only one**:

- Very easy
- Somewhat easy
- Neutral
- Somewhat difficult
- Very difficult
- I have never looked for parking as a visitor to Downtown Grand Rapids
- Don't Know/Not Sure

Children and Family

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

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

73. Do you have children? Choose **only one**:

- Yes (**Continue to 74**)
- No (**END OF SURVEY**)

If you do not have children, you have completed the survey. Thank you for sharing your voice!

74. How many of your children are
(**Enter number of children**):

- ____ 0-4 years old (**Continue to 75**)
- ____ 5-8 years old (**Continue to 75**)
- ____ 9-13 years old (**Continue to 75**)
- ____ 14-17 years old (**Continue to 75**)
- ____ 18+ years old and living in your household
(**Continue to 75**)
- ____ 18+ years old and **NOT** living in your
household (**Continue to 75**)
- ____ None of the above (**Skip to END OF
SURVEY**)

75. 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
- Homeschool
- Other (please specify):

- None of the above

76. 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

77. 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

78. 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

79. 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/Cant' Say

80. Do any children in your household have any of the following physical or mental health conditions? **Check all that apply**:

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

81. Please rate the extent to which you agree or disagree with the following statement:	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
a. My family currently has access to enough fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

82. Please rate the extent to which you agree or disagree with the following statement: My children (under age 18) are able to get enough fruits and vegetables. Choose **only one**:

- Strongly agree
- Agree
- Not sure
- Disagree
- Strongly disagree

83. (If you have children under 18 living with you) In the last 6 months, did any of the children in your household ever skip meals because there wasn't enough money for food? Choose **only one**:

- Daily
- Weekly
- Monthly
- Never
- Does not apply

END OF SURVEY

You have completed the survey. Thank you for sharing your voice!



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