• The survey asks questions about you and your experiences.
• It takes about 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 2018, results can be seen on www.VoiceKent.org.
• Questions? Please email ShareYourVoice@gvsu.edu or call 616-331-7121.

Thank you for sharing your voice!
What do you think about the Greater Grand Rapids Area?

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
   - [ ] Don’t know/Not sure

About You

2. Which of the following race/ethnicity categories best describes you? **Check all that apply**:
   - [ ] White
   - [ ] Black or African American
   - [ ] American Indian or Alaska Native
   - [ ] Asian
   - [ ] Native Hawaiian or Other Pacific Islander
   - [ ] Hispanic or Latino/a
   - [ ] Middle Eastern or North African descent
   - [ ] Multiracial
   - [ ] Other (please specify):

3. What is your primary language? Choose **only one**:
   - [ ] English
   - [ ] Spanish
   - [ ] Arabic
   - [ ] Mandarin
   - [ ] Other (please specify):

4. What other language(s) do you speak? **Check all that apply**:
   - [ ] None
   - [ ] English
   - [ ] Spanish
   - [ ] Arabic
   - [ ] Mandarin
   - [ ] Other (please specify):

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

6. What gender do you identify with? Choose **only one**:
   - [ ] Male
   - [ ] Female
   - [ ] None of the above (please specify):

7. How would you describe your sexual orientation? Choose **only one**:
   - [ ] Heterosexual/straight
   - [ ] Gay/lesbian
   - [ ] Bisexual
   - [ ] None of the above (please specify):

8. What is your current relationship status? **Check all that apply**:
   - [ ] Single
   - [ ] Committed relationship and not married
   - [ ] Married
   - [ ] Widowed
   - [ ] Divorced
   - [ ] Separated
   - [ ] Other (please specify):

Continue to next page
9. What is your current religion, faith, or belief? 
   Check all that apply:
   □ Agnosticism
   □ Atheism
   □ Buddhism
   □ Catholicism
   □ Protestant Christianity (for example, Baptist, Reformed, Non-Denominational)
   □ Hinduism
   □ Islam
   □ Judaism
   □ Spiritualism, Non-religious
   □ None
   □ Other (please specify): ______________________________

10. 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

11. Are you currently a student? Choose only one:
   □ Yes
   □ No

---

**Work, Benefits, and Health Insurance**

12. Are you currently looking for a paying job? Choose only one:
   □ Yes
   □ No

13. What is your current employment status? Choose only one:
   □ Employed, full-time
   □ Employed, part-time
   □ Not currently working
   □ Unable to work
   □ Retired
   □ Homemaker or stay-at-home parent
   □ Other (please specify): ______________________________

14. Have you been offered any of 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): ______________________________

15. In the past year, did you receive any of the following government benefits? Check all that apply:
   □ Childcare Assistance
   □ 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
   □ WIC (Women, Infants, and Children)
   □ HUD assistance (Department of Housing and Urban Development, Section 8 Housing)
   □ MSHDA assistance (Michigan State Housing Development Authority)
   □ I do not receive any government benefits
   □ Other (please specify): __________________________________

16. In the past year, did you have health insurance? Choose only one:
   □ Yes, for all of the year (Continue to 17)
   □ Yes, for part of the year (Continue to 17)
   □ No, not in the past year (Skip to 18)

---

Continue to next page
17. In the past year, what health insurance have you had? **Check all that apply:**

- Health insurance through the Marketplace or exchange (Affordable Care Act, ACA, MiCare, Obamacare)
- 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
- I did not have health insurance
- Other (please specify):

If you answered question 17, skip to question 19.

18. What are some reasons why you did **not** have health insurance?

- __________________________________________
- __________________________________________
- __________________________________________
- __________________________________________

19. What is your 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 **not** paying rent
- Homeless (**skip to 27**)
- Other (**skip to 27**)

20. Does your home or the place where you live have...

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know/Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. a basic emergency supply kit? <em>This kit may include water, non-perishable food, any necessary prescriptions, first-aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.</em></td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b. a working carbon monoxide detector?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c. signs of mice, rats, and/or rodents (within the last 12 months)</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>d. signs of cockroaches (within the last 12 months)</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
21. How often do you, family, or visitors smoke inside your home? Choose only one:

- Daily
- Weekly
- Monthly
- A few times
- Never

22. Does your home or the place where you live have a private septic system or is it connected to the city system? Choose only one:

- Private septic system (continue to 23)
- City system (skip to 24)
- Don’t know/Not sure (skip to 24)

23. How old is your septic system? Choose only one:

- Less than 10 years old
- 10 – 19 years old
- 20 – 29 years old
- 30 years old or older
- Don’t know/Not sure

24. When you drink water at home, where does the water come from? Check all that apply:

- Private water well
- The city
- The store
- Other (please specify):
  ________________________________
- Don’t know/Not sure

25. When was the last time your drinking water was tested? Choose only one:

- 1 year ago or less
- Between 1 – 3 years ago
- More than 3 years ago
- I have never had my water tested
- Don’t know/Not sure

26. 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

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

- Yes
- No

28. In the past year, have you faced foreclosure or been evicted for non-payment? Choose only one:

- Yes
- No

29. Which of the following categories best fits your total household income last year, before taxes? 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
30. How many adults ages 18 years or older live in your household, including yourself? (Enter number of adults)

____________________

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

____________________

### Your Neighborhood/Community

A neighborhood/community 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.

32. How would you rate your neighborhood/community as a place to live? Choose only one:

- Excellent
- Good
- Fair
- Poor
- Failing
- Don't know/Not sure

33. About what year did you move into your neighborhood/community? (Enter year. For example, 2010)

____________________

34. What street do you live on? (Write the street name and circle the direction, if applicable.)

____________________ NE NW SE SW

Street Name

35. What is the closest street that crosses the street you live on? (Write the street name and circle the direction, if applicable.)

____________________ NE NW SE SW

Street Name

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

_____________________________________

37. In your neighborhood/community, how much do you feel like you fit in? Choose only one:

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

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

_____________________________________

_____________________________________

_____________________________________

_____________________________________

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

_____________________________________

_____________________________________

_____________________________________

_____________________________________

40. From the following list, what do you believe are the HEALTH PROBLEMS that most affect your neighborhood/community? Check no more than five (5).

- Asthma
- Cancer
- Dental problems
- Diabetes
- Environmental quality
- Heart disease
- High blood pressure
- Infant mortality
- Mental health
- Obesity
- Poor nutrition
- Prenatal health
- Opioids/prescription drugs
- Sexually transmitted infection
- Stress
- Substance abuse
- Suicide
- Teen pregnancy
- Tobacco use
- Violence
- Other (please specify): _______________________

Continue to next page
41. How safe do you feel in your neighborhood/community?

42. What about your neighborhood/community makes you feel unsafe?

______________________________________________________________________________

Your Experiences

43. To what extent do you think racism is a problem in the U.S.?

44. To what extent do you think racism is a problem in the Greater Grand Rapids Area?

45. To what extent do you think racism is a problem in your neighborhood?

46. 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:

O Very well
O Fairly well
O Not very well
O Not at all

47. Based on your current income, how well can you afford to meet the following basic needs:

<table>
<thead>
<tr>
<th>Basic Need</th>
<th>Not at All</th>
<th>Not Very Well</th>
<th>Fairly Well</th>
<th>Very Well</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Food, including water</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b. Shelter</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c. Utilities</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>d. Clothing</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>e. Prescriptions</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>f. Health care</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>g. Transportation</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

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

O Yes
O No
49. What are your main forms of transportation? **Check all** that apply:
- [ ] Personal vehicle or automobile
- [ ] Friend, relative, or neighbor
- [ ] Public transportation (bus, the Rapid, etc.)
- [ ] Bicycle or walking
- [ ] Uber, Lyft, taxi, or other ride-share program
- [ ] Volunteer driver (i.e. Medicaid transportation, senior center van, etc.)
- [ ] Other (please specify):

50. Can you recognize signs and symptoms of a mental health condition in yourself or others which would require professional assistance? **Choose only one**:
- [ ] Yes
- [ ] No
- [ ] Don’t know/Not sure

51. What do you feel are barriers to getting mental health care in your community? **Check all** that apply:
- [ ] Did not know who to call
- [ ] Costs
- [ ] Fear or mistrust of the mental health care system
- [ ] Transportation
- [ ] Felt embarrassment or shame
- [ ] Cultural beliefs about mental health
- [ ] Location of health care or services
- [ ] Doctor’s office/staff do not speak my language
- [ ] Unable to leave work
- [ ] Unable to find childcare
- [ ] Too much paperwork
- [ ] No barriers
- [ ] Other (please specify):

52. In the past year, how would you rate your mental and emotional health? **Choose only one**:
- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor
- [ ] Failing
- [ ] Don’t know/Not sure

53. What do you feel are barriers to getting physical health care in your community? **Check all** that apply:
- [ ] Did not know who to call
- [ ] Costs
- [ ] Fear or mistrust of the health care system
- [ ] Transportation
- [ ] Felt embarrassment or shame
- [ ] Cultural beliefs about health
- [ ] Location of health care or services
- [ ] Doctor’s office/staff do not speak my language
- [ ] Unable to leave work
- [ ] Unable to find childcare
- [ ] Too much paperwork
- [ ] No barriers
- [ ] Other (please specify):

54. In the past year, how would you rate your physical health? **Choose only one**:
- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor
- [ ] Failing
- [ ] Don’t know/Not sure

55. In the past year, have you had an eye exam? **Choose only one**:
- [ ] Yes
- [ ] No
- [ ] Don’t know/Not sure
56. Do you have one person you think of as your personal doctor or primary health care provider? Choose **only one**:  
- Yes, only one  
- Yes, more than one  
- No  
- Don’t know/Not sure

57. Where do you usually go when you are sick or need health care? Choose **only one**:  
- Doctor’s office  
- Urgent care facility  
- Hospital emergency room  
- Health department  
- Community health center/clinic  
- Other (please specify): ..........................................

58. Where do you get information about the health resources available in your community? **Check all that apply:**  
- Health professional  
- Social media (Facebook, Twitter, etc.)  
- Internet/health-related websites  
- E-newsletters  
- Church  
- Family and friends (NOT social media)  
- School  
- TV and radio  
- Newspaper and magazines  
- Community service organizations  
- Other (please specify): ..........................................

59. Do you use electronic cigarettes (e-cigs) or vaporizer (vape) pens? Choose **only one**:  
- Not at all  
- Some days  
- Every day

60. How harmful do you think using electronic cigarettes are to a person’s health? Choose **only one**:  
- Not at all harmful  
- Moderately harmful  
- Very harmful  
- Don’t know/Not sure

61. Do you use tobacco products (For example, cigarettes, snuff, chewing tobacco, hookah, etc.)? Choose **only one**:  
- Not at all  
- Some days  
- Every day

62. How much do you think people risk harming themselves physically or in other ways when they use marijuana at least once or twice a week? Choose **only one**:  
- No risk  
- Slight risk  
- Moderate risk  
- Great risk  
- Don’t know/Not sure

63. 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

64. 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 or more fruits yesterday.

65. Yesterday, did you eat any vegetables? Please do NOT count fried vegetables, 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.
66. Where do you purchase most of your fruits and vegetables? Choose only one:
- Grocery store (Meijer, Aldi, Family Fare, etc.)
- Veggie Van
- Farmer’s market
- Neighborhood corner store
- Other (please specify): ___________________

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

67. What is your height without shoes?

_______ feet and _______ inches

68. What is your weight without shoes?

__________ pounds

69. Are you currently pregnant? Choose only one:
- Yes
- No
- Not applicable

70. Please rate the extent to which you agree or disagree with the following statements:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I am currently able to buy or receive all the healthy food I need for my family</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b. It is easy to obtain fresh fruits and vegetables within my community or neighborhood</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

71. In the past 6 months, how often did you experience the following:

<table>
<thead>
<tr>
<th>Never</th>
<th>Less than Monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I worried whether food would run out before I/we got money to buy more</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b. The food I bought just didn’t last, and I/we didn’t have money to get more</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c. Adults in my/our household cut the number of our meals or skipped meals because there wasn’t enough money for food</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>d. I was hungry but didn’t eat because there wasn’t enough money for food</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

72. 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 food we wanted to eat
- Enough food, but not always the kind of food we wanted
- Sometimes not enough food to eat
- Often not enough food to eat
- Don’t know/Can’t say

73. 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):

___________________________________________________________________

Continue to next page
74. Have you been diagnosed with any of the following physical or mental health conditions? Check all that apply:

- Arthritis
- Asthma
- Cancer
- Chronic pain
- Diabetes or pre-diabetes [high blood sugar or high blood glucose (A1C)]
- Drug abuse/addiction
- Heart disease
- High blood pressure
- High cholesterol
- Lead poisoning
- Mental health condition (ADD/ADHD, anxiety, bipolar disorder, depression, etc.)
- Obesity or overweight
- Stroke
- None
- Other (please specify):

This question collects information about adverse childhood experiences you may have had during the first 18 years of life.

75. During your first 18 years of life, how many of the following things happened to you at least once? Check all that apply:

- Death of a parent or caregiver
- Divorce/family disruption
- Mental abuse
- Physical abuse
- Sexual abuse
- Saw violence in your home or neighborhood
- Lived with a person who had a mental illness or had attempted suicide
- Lived with a person who was an alcoholic or used drugs
- Lived with a person who went to jail or prison
- None of these happened to me

Environment

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

- Excellent
- Good
- Fair
- Poor
- Failing
- Don’t know/Not sure

77. Would you prefer tobacco-free parks? Choose only one:

- Yes
- No
- Don’t know/No opinion

78. About how often do you visit outdoor parks, beaches, nature trails, or other greenspaces for any reason? (This also includes playgrounds, picnic areas, dog parks, golf courses, etc.) Choose only one:

- Never
- Less than monthly
- Monthly
- Weekly
- Daily
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.

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

- O 1-5 times
- O 6-10 times
- O 11-15 times
- O 16 or more times
- O Not at all
- O Don’t know/Not sure

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

- O Very welcomed
- O Somewhat welcomed
- O Neutral
- O Somewhat unwelcomed
- O Very unwelcomed
- O I have never been to Downtown Grand Rapids
- O Don’t know/Not sure

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

- O Very much
- O Somewhat
- O Neutral
- O Not really
- O Not at all
- O I have never been to Downtown Grand Rapids
- O Don’t know/Not sure

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

- O I have never looked for parking as a visitor to Downtown Grand Rapids
- O Don’t know/Not sure
- O Very easy
- O Somewhat easy
- O Neutral
- O Somewhat difficult
- O Very difficult

83. Why have you had difficulty finding visitor parking in Downtown Grand Rapids? **Check all that apply**:

- □ Costs too much
- □ Not close enough to destination
- □ Parking signs are unclear
- □ Safety or felt unsafe
- □ Cannot find open place/spot to park
- □ Other (please specify):

| _____________________________ |

Continue to next page
84. 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/Not sure

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

- Getting better
- Staying the same
- Getting worse
- Don’t know/Not sure

86. 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

87. 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

88. How many children do you have? Choose only one:

- None (END OF SURVEY)
- 1 child
- 2 children
- 3 children
- 4 children
- 5 or more children

89. Do you have children under the age of 18? Choose only one:

- Yes (Continue to 90)
- No (END OF SURVEY)

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

90. How old are your children? Check all that apply:

- 0-4 years old
- 5-8 years old
- 9-13 years old
- 14-17 years old
- 18+ years old and living in your household
- 18+ years old and NOT living in your household

91. What schools do your children currently attend? (Check all that apply):

- Preschool of any type
- Grand Rapids Public Schools (GRPS)
- Public schools other than GRPS (please specify):
  - ________________________________
- Charter schools
- Private schools
- Homeschool
- Other (please specify):
  - ________________________________
- None

Continue to next page
92. 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

93. About how often do you read books to your children in English (including picture books)? Choose **only one**:

- Daily
- 5-6 times per week
- 3-4 times per week
- 1-2 times per week
- 1-3 times per month
- Less than monthly
- Never
- My children are too old for me to read to them

94. About how often do you read books to your children in a language other than English (including picture books)? Choose **only one**:

- Daily
- 5-6 times per week
- 3-4 times per week
- 1-2 times per week
- 1-3 times per month
- Less than monthly
- Never
- My children are too old for me to read to them

95. Please rate how much you agree or disagree with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I am confident helping my child or children read at home.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b. My child or children have enough books at home to read.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c. My child or children have many different types of books at home to read.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

*For example, storybooks, novels, biographies, fiction, nonfiction, magazines, and poetry.*

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

- ADD/ADHD
- Anxiety
- Asthma
- Depression
- Heart disease
- Lead poisoning
- Obesity
- Type I diabetes
- Type II diabetes
- No child(ren) living in household
- None
- Other (please specify): ____________________________
97. In the last 6 months, did any of the children (under age 18) in your household ever skip meals because there wasn’t enough money for food? Choose **only one**:

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

98. Please rate the extent to which you agree or disagree with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My family currently has access to enough fruits and vegetables.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b. My children (under age 18) are able to get enough fruits and vegetables.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**END OF SURVEY**

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