



**The Survey of  
Chicagoland Neighborhoods**

**Department of Justice**

OFFICE OF JUSTICE PROGRAMS

**BJS** Bureau of Justice Statistics

Title 42, Section 3732, United States Code, authorizes the Bureau of Justice Statistics, Department of Justice, to collect information using this survey and requires us to keep all information about you and your household strictly confidential. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB number. The valid OMB control number for this information collection is 7418-85F2. Comments regarding any other aspect of this data collection may be sent to, to DOJ Clearance Officer, Bureau of Justice Statistics, 810 Seventh Street, NW Washington, DC 20531 or by calling toll-free 1-800-937-8285

## INSTRUCTIONS

- Please use a black or blue pen to complete this form.
- Mark  to indicate your answer.
- If you want to change your answer, darken the box  and mark the correct answer.

## START HERE

### Your Neighborhood

The following questions ask about your neighborhood. By neighborhood, we mean the general area around your house or the building you live in, where you might do things such as shopping, going to the park, or visiting with neighbors.

**1. On the whole, is this neighborhood a good place to live?**

- Yes
- No

**2. How much of a problem is litter, broken glass or trash on the sidewalks and streets?**

- Never a problem
- Almost never a problem
- Sometimes a problem
- Almost always a problem
- Always a problem

**3. How much of a problem is crime in your neighborhood?**

- Never a problem
- Almost never a problem
- Sometimes a problem
- Almost always a problem
- Always a problem

For each of the following statements, please indicate whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

**4. People around here are willing to help their neighbors.**

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know

**5. This is a close-knit neighborhood.**

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know

**6. People in this neighborhood can be trusted.**

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know

**7. People in this neighborhood generally get along with each other.**

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know

**8. People in this neighborhood share the same values.**

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know

#### **Experiences of People in Your Household**

The next questions ask about whether you or anyone in your household has experienced a crime in the past 12 months. Please include all crimes, no matter where it happened and even if it was not reported to the police.

**9. In the last 12 months, has something belonging to anyone in this household been stolen, such as a TV, sports equipment, tools, lawn furniture, bicycle, wallet, purse, jewelry, or cell phone?**

- Yes
- No

**10. In the last 12 months, did anyone break into or attempt to break into your residence, or a garage, shed, or storage room that you own or rent?**

- Yes
- No

**11. In the last 12 months, were any cars, vans, trucks or other motor vehicles owned by anyone in this household stolen or used without permission?**

- Yes
- No

**12. In the last 12 months, did anyone steal or attempt to steal any parts from a vehicle owned by anyone in this household, like a tire, car stereo, hubcap or battery, or anything that was left in a vehicle?**

- Yes
- No

The following questions ask about incidents in which someone in your household has been confronted, attacked, or threatened. Such incidents might be between people that don't know each other, but often involve people who do know each other. Please include all incidents, whether or not the people involved knew each other.

**13. In the last 12 months, did anyone take or try to take something by force or threat of force from anyone in the household?**

- Yes
- No

**14. In the last 12 months, has anyone in this household been attacked with some type of weapon, such as a gun, knife, baseball bat, or rock?**

- Yes
- No

**15. In the last 12 months, has anyone in this household been attacked in another way, such as someone grabbing, forcing unwanted sexual activity, punching, or choking?**

- Yes
- No



16. In the last 12 months, has anyone in this household been threatened with any kind of attack?

- Yes
- No

**Police and 911 Services**

Please indicate whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with each of the following statements.

17. The police are doing a good job in dealing with problems that really concern people in this neighborhood.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't know

18. When people in your neighborhood call 911, does help arrive quickly?

- Yes
- No
- Don't Know

**Your Household**

19. Please think about everyone who currently lives in your household. In the table below, please indicate how many females and how many males are in each age range provided.

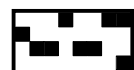
Age Range	Number of Females	Number of Males
Under 18 years old		
18 through 24 years old		
25 through 34 years old		
35 through 54 years old		
55 years old and older		

20. In your household, is any adult not working who would like to find a job? (Do not include students or retired persons.)

- Yes
- No

21. Does anyone in your household work in the following fields?

- Medical or Health Field?  Yes  No
- Mental Health Services Field?  Yes  No
- Law Enforcement or Security Field?  Yes  No
- Retail Sales?  Yes  No
- Transportation Field?  Yes  No



**22. Do you own or rent the place where you're living?**

- Own
- Rent
- Other

**23. How long have you lived at this address?**

- 1 year or less
- 1 to 5 years
- 5 or more years (skip to 26)

**24. How many times have you moved in the past 5 years?**

- 0 times
- 1 times
- 2 times
- 3 or more times

**25. What is the best phone number to use to contact you? (This phone number will only be used for the purpose of this research study.)**

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**Mail  
to:**

**Thank you for completing this survey. Please return your form in the postage paid envelope provided or mail to:**

**Name  
Address  
City, State Zip**



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