



MEASURING SUSTAINABLE DEVELOPMENT

APPLICATION OF THE GENUINE PROGRESS INDEX TO NOVA SCOTIA

COMMUNITY GENUINE PROGRESS INDEX
CENTRAL HALIFAX SURVEY

May 2004

COMMUNITY SURVEY – CENTRAL HALIFAX

Please read this

Dear Community Resident:

Thank you for taking part in this important project which will allow our community to learn much more about itself, and accurately measure our quality of life. The information you provide will help the community focus on things we can do together to improve our quality of life, to build a more prosperous, safer, and healthier community for our family and friends.

Your answers will help create a community information source for all of us, and help you and community groups working to bring improvement to this community. We call it the *Community Progress Index*. It will show if we are making progress or not towards a strong, caring and peaceful community, with decent jobs, and a healthy population. The information gathered will show us our strengths and weaknesses as a community, and help us all focus on where action is needed. Your careful, honest answers to the survey will help the community know where it stands now, and move into the future.

NOTE:

Once you've completed the survey, your answers will be kept confidential and anonymous. Your name will not be attached in any way to the answers, and only a summary of all the answers will be made available to the community. To assure this we have included a confidentiality agreement at the beginning of the survey.

Please fill out the survey carefully, your answers are important. When finished seal your completed survey in the envelope provided. It will be picked up by a survey worker on the date they indicate to you.

Note: This person is also willing to assist you in answering any questions that may be unclear or to help you fill out the whole questionnaire if you wish.

If you want help **please call Gail Wilson or Carolann Wright-Parks at 422-3685.**

We are located the office of HRDA Enterprises, 5557 Cunard St. 2nd Fl.

Thank you very much for the generous and valuable contribution of your time and energy to our community.

Measuring Progress and Quality of Life In Our Community

Your view matters!

The time you take to answer this survey will help our neighborhood gain new knowledge about itself, and make a difference for our future as a healthy and prosperous community. As in all surveys, your answers represent other residents of the community, so please respond carefully and thoroughly to each question. It will help this community gain reliable information about itself for the benefit of us all.

Thank you for giving your time

NOTE: This survey is being conducted by workers who are community residents. The project is sponsored by HRDA Enterprises, an employer in this community since 1978, and GPI Atlantic, a non-profit community research group. The project is supported by community centres and groups throughout this neighborhood who thank you for your time and interest in our community. All your answers are confidential and anonymous.



AGREEMENT OF CONFIDENTIALITY

All information collected in this survey is completely confidential and anonymous. No names, addresses, or any other form of identification will be retained or attached to the final data in any form or given to any person or agency whatsoever. The results of the survey will only be summarized to provide information about the community as a whole, and will not be linked to individual answers in any way.

As soon as we verify that your survey is complete your name will be discarded, and when all are completed the entire list of participants will be destroyed. The data will be stored on a secure computer facility at Dalhousie University protected under the established ethical guidelines for privacy and confidentiality. The results of the survey- the data- will be used only for analysis under Direction of the project staff and sponsors, based on the information needs and questions of community residents and organizations in this central Halifax neighborhood. The neighborhood is defined as the area bounded by Cogswell to Agricola to North to Barrington (CANB area) exclusively.

Agreed:

_____ *(Participant signature)*

_____ *(Survey worker)*

_____ *Date*

_____ *(Project Director)*

General information about yourself

(Please check appropriate box)

1. Sex:

- ¹ Male
² Female

2. Age:

- ¹ 16-19
² 20-24
³ 25-34
⁴ 35-49
⁵ 50-64
⁶ 65+

3. Marital Status:

- ¹ Single
² Married or common law (includes same-sex partnerships)
³ Separated or Divorced
⁴ Widowed

4. Please list your main activity:

- ¹ Employed
² Unemployed and seeking work
³ Student
⁴ Home maker
⁵ Retired
⁶ Other (please specify) _____

5. Do you have children (do not include foster children)?

- ¹ Yes
² No → Go to question 9

6. Check off the children's age :

Child	Age 0-5	Age 6-14	Age 15-17	Age 18 +
1	<input type="checkbox"/> ^{1a}	<input type="checkbox"/> ^{1b}	<input type="checkbox"/> ^{1c}	<input type="checkbox"/> ^{1d}
2	<input type="checkbox"/> ^{2a}	<input type="checkbox"/> ^{2b}	<input type="checkbox"/> ^{2c}	<input type="checkbox"/> ^{2d}
3	<input type="checkbox"/> ^{3a}	<input type="checkbox"/> ^{3b}	<input type="checkbox"/> ^{3c}	<input type="checkbox"/> ^{3d}
4	<input type="checkbox"/> ^{4a}	<input type="checkbox"/> ^{4b}	<input type="checkbox"/> ^{4c}	<input type="checkbox"/> ^{4d}
5	<input type="checkbox"/> ^{5a}	<input type="checkbox"/> ^{5b}	<input type="checkbox"/> ^{5c}	<input type="checkbox"/> ^{5d}
6	<input type="checkbox"/> ^{6a}	<input type="checkbox"/> ^{6b}	<input type="checkbox"/> ^{6c}	<input type="checkbox"/> ^{6d}

7. Are any of the children under 18 years old usually living with you? "Usually" means at least half the time.

- ¹ Yes
² No → Go to question 9

8. If you are under 18, don't include yourself in this answer. Check correct answer for all other children living at least half time in your household (but not including foster children).

Child	Age 0-5	Age 6-14	Age 15-17
1	<input type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c
2	<input type="checkbox"/> 2a	<input type="checkbox"/> 2b	<input type="checkbox"/> 2c
3	<input type="checkbox"/> 3a	<input type="checkbox"/> 3b	<input type="checkbox"/> 3c
4	<input type="checkbox"/> 4a	<input type="checkbox"/> 4b	<input type="checkbox"/> 4c
5	<input type="checkbox"/> 5a	<input type="checkbox"/> 5b	<input type="checkbox"/> 5c
6	<input type="checkbox"/> 6a	<input type="checkbox"/> 6b	<input type="checkbox"/> 6c

9. Who else lives with you in your household, and what is their main activity?

	Employed or self employed	Unemployed – seeking work	Student	Home Maker	Retired	Social Assistance	Disabled
Spouse/partner	<input type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d	<input type="checkbox"/> 1e	<input type="checkbox"/> 1f	<input type="checkbox"/> 1g
Mother	<input type="checkbox"/> 2a	<input type="checkbox"/> 2b	<input type="checkbox"/> 2c	<input type="checkbox"/> 2d	<input type="checkbox"/> 2e	<input type="checkbox"/> 2f	<input type="checkbox"/> 2g
Father	<input type="checkbox"/> 3a	<input type="checkbox"/> 3b	<input type="checkbox"/> 3c	<input type="checkbox"/> 3d	<input type="checkbox"/> 3e	<input type="checkbox"/> 3f	<input type="checkbox"/> 3g
Foster child	<input type="checkbox"/> 4a	<input type="checkbox"/> 4b	<input type="checkbox"/> 4c	<input type="checkbox"/> 4d	<input type="checkbox"/> 4e	<input type="checkbox"/> 4f	<input type="checkbox"/> 4g
Foster child	<input type="checkbox"/> 5a	<input type="checkbox"/> 5b	<input type="checkbox"/> 5c	<input type="checkbox"/> 5d	<input type="checkbox"/> 5e	<input type="checkbox"/> 5f	<input type="checkbox"/> 5g
Roommate or other- NOT including children	<input type="checkbox"/> 6a	<input type="checkbox"/> 6b	<input type="checkbox"/> 6c	<input type="checkbox"/> 6d	<input type="checkbox"/> 6e	<input type="checkbox"/> 6f	<input type="checkbox"/> 6g
Roommate or other NOT including children	<input type="checkbox"/> 7a	<input type="checkbox"/> 7b	<input type="checkbox"/> 7c	<input type="checkbox"/> 7d	<input type="checkbox"/> 7e	<input type="checkbox"/> 7f	<input type="checkbox"/> 7g
Roommate or other NOT including children	<input type="checkbox"/> 8a	<input type="checkbox"/> 8b	<input type="checkbox"/> 8c	<input type="checkbox"/> 8d	<input type="checkbox"/> 8e	<input type="checkbox"/> 8f	<input type="checkbox"/> 8g

10. Please indicate your highest level of education completed (check one only).

- ¹ Primary to Grade 8
- ² Grade 9 to 12
- ³ High school graduation
- ⁴ GED
- ⁵ Some Community college
- ⁶ College or trades diploma or certificate
- ⁷ Teachers college, Nursing school
- ⁸ Some University
- ⁹ University degree
- ¹⁰ Other (please specify) _____

11. Are you currently enrolled in a school, college, or university degree program, or will you be enrolled in this program in the coming term?

- ¹ Yes
- ² No → **Go to question 14**

12. Are you (or will you be in the coming term) enrolled full-time or part-time?

- ¹ Full-time?
- ² Part-time?

13. At what level are you currently (or to be in the next term) enrolled?

- ¹ Primary to Grade 8
- ² Grade 9 to 12 (or GED)
- ³ Community college/ trade school diploma or certificate program
- ⁴ University degree program

Employment and Underemployment

Work situation

Definitions:

Employed: People 16 years & over, who were working for pay.

Unemployed: People 16 years & over who were not working for pay, but actively looking for paid work in the past 4 weeks.

Not in the labour force: Not employed and not actively seeking work. (Includes retirees, students, full-time home-makers, disabled, and those who have given up looking for work).

14. During last week, were you? (see Definitions above)

- ¹ Employed or self employed (either full or part time)
- ² Unemployed -seeking work → **Go to question 17**
- ³ Not actively in the labour force → **Go to question 21**

15. If you were working for pay last week, was your main work? (check all that apply)

- ¹ Full time (30 or more hours)
- ² Part-time (less than 30 hours)
- ³ Casual or contract (includes seasonal)
- ⁴ Working for others
- ⁵ Self-employed

16. If you were working part time in your main job last week (less than 30 hours) was it because you: (check only one)

- ¹ Could not find full-time work?
- ² Did not want full-time work at this time?

17. If you are unemployed, are you mainly looking for:

- ¹ Full-time work
- ² Part-time work
- ³ Either

18. If you have been unemployed in the last 12 months, how many months total during that time have you been unemployed? Check only one.

- ¹ 1 month
- ² 2-3 months
- ³ 4-6 months
- ⁴ 7-12 months
- ⁵ for more than 12 months

19. If you are currently unemployed, are you receiving employment insurance benefits?

- ¹ Yes
- ² No

**Questions 20 to 22 apply to everyone NOT working for pay now.
If you are currently working, go to Question 23.**

20. Would you like to have a paying job at the present time?

- ¹ Yes
- ² No

21. For what reason do you NOT have a paying job? (you can check up to 3 reasons)

- ¹ Work suitable for my skills is unavailable
- ² Lack necessary skills or qualifications
- ³ An illness or disability
- ⁴ Lack transportation to or from work
- ⁵ Unable to find good childcare
- ⁶ Caring for elderly relative(s)
- ⁷ Attending school
- ⁸ Prefer to stay at home with children
- ⁹ Spouse wants you to stay at home
- ¹⁰ Personal or family responsibilities
- ¹¹ Retired
- ¹² Gave up looking for work

22. If you want work, what do you think the chances are that you will find it in the next 6 months?

- ¹ Very likely
- ² Somewhat likely
- ³ Somewhat unlikely
- ⁴ Very unlikely
- ⁵ Don't know

Job Characteristics

Note: This section applies *only* to people *employed* or *self-employed* this week or last week.

If NOT please go to Question 40.

Definitions:

Full-time: Worked 30 or more hours per week in your main job

Part-time: Worked less than 30 hours per week in your main job

Casual: Hours vary widely from week to week. Work when asked as the need arises, not on a prearranged schedule. (i.e. substitute teacher)

Contract or seasonal: Job has a predetermined end date, or will end as soon as a project is completed. Includes work through a temporary agency.

23. If your main job is not permanent, check reason.

(Please check only the *one* answer that *best* describes your job.)

- ¹ Contract or Seasonal job
- ² Casual / on-call job
- ³ Self-employed (temporary situation) (*non-seasonal*)
- ⁴ long term temporary or term job (*6 months or longer*)
- ⁵ short term temporary or term job (*less than 6 months*)

24. How would you classify your work? (choose only one)

- ¹ Paid worker → **Go to question 26**
- ² Self-employed without employees
- ³ Self-employed with employees
- ⁴ Unpaid work for family business (Go to question 40)

25. If you are self-employed, what is the MAIN reason? (Please check one only)

- ¹ No employment suitable for my skills is available
- ² Want to make more money
- ³ Enjoy independence
- ⁴ Flexible schedule
- ⁵ Creating something unique
- ⁶ Can work from home
- ⁷ Family business
- ⁸ Self-employment is normal for the work I do

26. At your main job, are you... (check all that apply)

- ¹ A union member?
- ² Covered by union contract or collective agreement?
- ³ None of the above?

27. Which of the following benefits do you have that are paid in part or full by your employer? (check all that apply)

- ¹ Pension plan or group RRSP (other than Canada Pension Plan)
- ² Health Plan (other than provincial Medicare)
- ³ Dental Plan
- ⁴ Paid Sick Leave
- ⁵ Paid Vacation Leave
- ⁶ Paid Educational Leave
- ⁷ Other Paid Personal Leave
- ⁸ None of the above

28. If you are entitled to Paid Vacation , how many weeks are you entitled to each year?

- ¹ Not entitled to paid vacation leave
- ² Less than 1 week
- ³ 1 week
- ⁴ 2 weeks
- ⁵ 3 weeks
- ⁶ 4 weeks
- ⁷ 5 or more weeks
- ⁸ Don't know

29. As far as you know, how many people work for your employer at all locations:

- ¹ 1-10
- ² 11-20
- ³ 21-50
- ⁴ 51-100
- ⁵ 101-500
- ⁶ Over 500
- ⁷ Don't know

Work Schedule

Questions 30-39 refer to all those with paid work, including self-employment.

30. Last week, did you have more than one job?

- ¹ Yes
- ² No → Go to question 32

31. What is the main reason you worked at more than one job last week? (*check one only*):

- ¹ To meet regular household expenses
- ² To pay off debts
- ³ To buy something special
- ⁴ To save for the future
- ⁵ To gain experience
- ⁶ To build up a business
- ⁷ You enjoy the work of a second job
- ⁸ required to finish one job when other one started

32. How many hours per week do you usually work at:

- ¹ Your main job? _____ hours (please enter number)
- ² All other jobs? _____ hours (please enter number)

33. Last week, how many hours did you actually work at: (If you were on vacation last week, how many hours did you actually work in your last week before vacation)

- ¹ Your main job? _____ hours (please enter number)
² All other jobs? _____ hours (please enter number)

34. At your main job do you have a flexible schedule to choose the time to begin and end your work day?

- ¹ Yes
² No

35. Which of the following best describes your work schedule at your main job?
(Check one answer only).

- ¹ A regular daytime schedule?
² A regular evening shift?
³ A regular night or graveyard shift?
⁴ A rotating shift (that changes from days to evenings)?
⁵ A split shift (consisting of two distinct periods of work each day)?
⁶ On-call / Casual
⁷ An irregular schedule

36. What is the main reason you work this schedule at your main job? *(Choose only one answer)*

- ¹ Earn more money
² Allow time to care for children
³ Allow time to care for other family members
⁴ Allow time for school
⁵ Requirements of the job/no choice
⁶ Preferred schedule

37. At your main job: In addition to your regular hours do you usually work over-time for compensation (either extra pay or time off)?

- ¹ Yes
² No

38. At your main job: what is the compensation rate for overtime work?

- ¹ No compensation
- ² Straight time
- ³ Time and a half
- ⁴ Double time
- ⁵ Time off
- ⁶ Choice of either money or time off

39. At your main job: In addition to your regular schedule do you normally work overtime for which you do not receive compensation.

- ¹ Yes
- ² No

Income and Livelihood Security

40. Income: Estimate your gross earnings (before taxes) from any paid work over the last 12 months including tips and commissions?

(Please answer this even if you don't have a paid job right now – just add up earnings from all jobs in last twelve months)

- ¹ Have not had any paid work in the last 12 months
- ² Less than \$5,000
- ³ \$ 5,000 to \$ 9,999
- ⁴ \$10,000 to \$14,999
- ⁵ \$15,000 to \$19,999
- ⁶ \$20,000 to \$24,999
- ⁷ \$25,000 to \$29,999
- ⁸ \$30,000 to \$34,999
- ⁹ \$35,000 to \$39,999
- ¹⁰ \$40,000 to \$44,999
- ¹¹ \$45,000 to \$49,999
- ¹² \$50,000 to \$54,999
- ¹³ \$55,000 to \$59,999
- ¹⁴ \$60,000 or more

**41. Household income: estimate the total income (before taxes) of all household members from all sources in the last 12 months?
(Include pay ,EI, social assistance, other transfer payments, and all other sources of income).**

- ¹ Less than \$5,000
- ² \$ 5,000 to \$ 9,999
- ³ \$10,000 to \$14,999
- ⁴ \$15,000 to \$19,999
- ⁵ \$20,000 to \$24,999
- ⁶ \$25,000 to \$29,999
- ⁷ \$30,000 to \$34,999
- ⁸ \$35,000 to \$39,999
- ⁹ \$40,000 to \$44,999
- ¹⁰ \$45,000 to \$49,999
- ¹¹ \$50,000 to \$54,999
- ¹² \$55,000 to \$59,999
- ¹³ \$60,000 to \$69,999
- ¹⁴ \$70,000 to \$79,999
- ¹⁵ \$80,000 or more

42. Thinking about the past 12 months, did you or your family ever run out of money to buy food?

- ¹ Yes
- ² No

43. In the past 12 months, have you or your family received food from a food bank or other charitable agency?

- ¹ Yes
- ² No → Go to question 48

44. If you answered yes above, how often did you receive the food?

- ¹ Most days
- ² About once a week
- ³ About 2 to 4 times a month
- ⁴ Once every two or three months
- ⁵ Once or twice during the year

45. Which of the following best describes the food situation in your household?

- ¹ Always enough to eat
- ² Sometimes not enough food to eat
- ³ Often not enough food to eat

46. If you don't have paid work now, go to next question (#47). If you have paid work is it likely you will lose your main job or be laid off in the next year? Would you say it is...

- ¹ Very likely
- ² Somewhat likely
- ³ Somewhat unlikely
- ⁴ Very unlikely
- ⁵ Don't know

47. During last five years how often did you receive employment insurance benefits?

- ⁰ 0
- ¹ 1
- ² 2
- ³ 3
- ⁴ 4
- ⁵ 5 or more

Underemployment

The next Questions apply only to people who currently have a paid job, full or part time. If that doesn't apply to you, Go to #55.

48. At your main job: what is the USUAL or AVERAGE education requirement for your position?

- ¹ No Minimum
- ² Some High School
- ³ High School Diploma
- ⁴ Community College certificate
- ⁵ Trade Qualification
- ⁶ Private Training Institutions (for example -ITI)
- ⁷ University Degree

49. At your main job: What is the USUAL or AVERAGE work experience required for your position?

- ⁰ Don't know
- ¹ None required
- ² Less than 1 year
- ³ 1-2 years
- ⁴ 3-4 years
- ⁵ 5 years or more

The following questions apply to people who have taken education beyond high school – either a diploma, certificate or degree program. If you have not done formal education beyond high school, go to next section (#55).

50. How closely is your current job related to your level of education? Is it...

- ¹ Closely related
- ² Somewhat related
- ³ Not at all related

51. Would you rather have a job more closely related to your education, training and experience?

- ¹ Yes
- ² No
- ³ Don't know

52. Considering your education, training and experience, do you feel that you are overqualified for your current job?

- ¹ Yes
- ² No
- ³ Don't know

53. Considering your education, training and experience, do you feel that you have been over-qualified for most of your jobs in the last five years?

- ¹ Yes
- ² No
- ² Don't know

54. Do you feel that you are under-qualified for your current job(s)?

- ¹ Yes
- ² No

Peace and Security

Crime Victim Survey

55. How many times have you been the victim of a crime or an attempted crime in the last 12 months?

- ¹ None
- ² 1
- ³ 2
- ⁴ 3 or more

56. How many times have you been the victim of a crime or an attempted crime in the past 3 years?

- ¹ None
- ² 1
- ³ 2
- ⁴ 3 or more _____

Definitions

Theft/Attempted Theft: Money or other personal property was taken, or attempt made to take it.

Motor vehicle theft/Attempted: Theft or attempted theft of motor vehicle or parts.

Robbery/Attempted robbery: Theft or attempted theft with a face-to-face threat, an assault or a weapon.

Vandalism: damage to property or home

Break and Enter/Attempted: Illegal entry or attempted illegal entry into your residence or any other building on your property.

Sexual assault/ attempted: Unwanted sexual touching, fondling, attempted rape, or rape.

Assault/ attempted: Face-to-face threat or physical attack with or without a weapon but neither theft nor attempted theft of property.

57. If you were a victim of a crime or attempted crime in the past 12 months answer this (if not please go to #59): give some details about what you feel were the 1 or 2 most serious crimes.

- *If you suffered from **several** incidents of one type (for example, three thefts under \$5,000), please state how many were reported to the police*
- *Location: includes "Central Halifax" = Cogswell to Agricola to North to Barrington.*

In Past 12 months

Nature of Crime or Attempted Crime	Number of Incidents	Were <u>Any</u> Reported to Police?	Location of most incidents (see definitions above)
Theft under \$5,000		<input type="checkbox"/> 1a Yes <input type="checkbox"/> 1b No	<input type="checkbox"/> 1c Home <input type="checkbox"/> 1d Within Central Halifax area <input type="checkbox"/> 1e Outside Central Halifax area
Theft over \$5,000		<input type="checkbox"/> 2a Yes <input type="checkbox"/> 2b No	<input type="checkbox"/> 2c Home <input type="checkbox"/> 2d Within Central Halifax area <input type="checkbox"/> 2e Outside Central Halifax area
Motor Vehicle (or vehicle parts) Theft		<input type="checkbox"/> 3a Yes <input type="checkbox"/> 3b No	<input type="checkbox"/> 3c Home <input type="checkbox"/> 3d Within Central Halifax area <input type="checkbox"/> 3e Outside Central Halifax area
Robbery-theft with a threat, assault, or weapon		<input type="checkbox"/> 4a Yes <input type="checkbox"/> 4b No	<input type="checkbox"/> 4c Home <input type="checkbox"/> 4d Within Central Halifax area <input type="checkbox"/> 4e Outside Central Halifax area
Vandalism – damage to property or home		<input type="checkbox"/> 5a Yes <input type="checkbox"/> 5b No	<input type="checkbox"/> 5c Home <input type="checkbox"/> 5d Within Central Halifax area <input type="checkbox"/> 5e Outside Central Halifax area
Break and enter of <u>home</u> while you were away from home		<input type="checkbox"/> 6a Yes <input type="checkbox"/> 6b No	
Break and enter of <u>home</u> while you were AT home (<i>home invasion</i>)		<input type="checkbox"/> 7a Yes <input type="checkbox"/> 7b No	
Sexual Assault		<input type="checkbox"/> 8a Yes <input type="checkbox"/> 8b No	<input type="checkbox"/> 8c Home <input type="checkbox"/> 8d Within Central Halifax area <input type="checkbox"/> 8e Outside Central Halifax area
Assault		<input type="checkbox"/> 9a Yes <input type="checkbox"/> 9b No	<input type="checkbox"/> 9c Home <input type="checkbox"/> 9d Within Central Halifax area <input type="checkbox"/> 9e Outside Central Halifax area

58. For these incidents in the last 12 months, did you receive assistance from any of the following programs, services or individuals?

Program, Service or Individual	Receive Help?
Police or RCMP Victim Assistance Volunteer Program	<input type="checkbox"/> ^{1a} Yes
	<input type="checkbox"/> ^{1b} No
Department of Justice Victim Services Division	<input type="checkbox"/> ^{2a} Yes
	<input type="checkbox"/> ^{2b} No
Seniors Support Network	<input type="checkbox"/> ^{3a} Yes
	<input type="checkbox"/> ^{3b} No
Local Volunteer Groups (Salvation Army, etc.)	<input type="checkbox"/> ^{4a} Yes
	<input type="checkbox"/> ^{4b} No
Neighbours	<input type="checkbox"/> ^{5a} Yes
	<input type="checkbox"/> ^{5b} No
Relatives	<input type="checkbox"/> ^{6a} Yes
	<input type="checkbox"/> ^{6b} No
Friends	<input type="checkbox"/> ^{7a} Yes
	<input type="checkbox"/> ^{7b} No

59. Other victims: In the past 12 months has anyone you know personally in our community (friend, neighbour, relative, acquaintance) been the victim of crime?

- ¹ Yes
² No → Go to question 61

60. How many such incidents involving friends, relatives, acquaintances, etc. occurred?

- ¹ 1
² 2
³ 3 or more

How safe do you feel?

61. Compared to all other areas in Halifax, do you think our Central Halifax neighborhood has generally a higher amount of crime, about the same or a lower amount of crime?

- ¹ Higher
² About the same
³ Lower

62. During the last 5 years, do you think that crime in our Central Halifax neighborhood has increased, decreased, or remained about the same?

- ¹ Increased
- ² Decreased
- ³ About the same
- ⁴ Don't know

63. How safe do you feel from crime walking ALONE in your area after dark? Do you feel...

- ¹ Very safe
- ² Reasonably safe
- ³ Somewhat unsafe
- ⁴ Very unsafe

64. When alone in your home in the evening or at night, how do you feel about your safety from crime?

- ¹ Very worried
- ² Somewhat worried
- ³ Not worried

65. How worried are you about being victim of the following crimes?

Questions	Not at all worried	Not too worried	Somewhat worried	Very worried
a) I worry about being held up or mugged.	<input type="checkbox"/> ^{1a}	<input type="checkbox"/> ^{1b}	<input type="checkbox"/> ^{1c}	<input type="checkbox"/> ^{1d}
b) I worry about being assaulted.	<input type="checkbox"/> ^{2a}	<input type="checkbox"/> ^{2b}	<input type="checkbox"/> ^{2c}	<input type="checkbox"/> ^{2d}
c) I worry about having my vehicle, residence or other property broken into.	<input type="checkbox"/> ^{3a}	<input type="checkbox"/> ^{3b}	<input type="checkbox"/> ^{3c}	<input type="checkbox"/> ^{3d}
d) I worry about having my vehicle, residence or other property vandalized.	<input type="checkbox"/> ^{4a}	<input type="checkbox"/> ^{4b}	<input type="checkbox"/> ^{4c}	<input type="checkbox"/> ^{4d}

66. How worried are you about members of your household?

Questions	Not at all worried	Not too worried	Somewhat worried	Very worried
a) I worry that a member of my household may be the victim of a home break-in.	<input type="checkbox"/> 5a	<input type="checkbox"/> 5b	<input type="checkbox"/> 5c	<input type="checkbox"/> 5d
b) ... may be the victim of a home invasion.	<input type="checkbox"/> 6a	<input type="checkbox"/> 6b	<input type="checkbox"/> 6c	<input type="checkbox"/> 6d
c) ... may be the victim of a violent crime like assault or robbery.	<input type="checkbox"/> 7a	<input type="checkbox"/> 7b	<input type="checkbox"/> 7c	<input type="checkbox"/> 7d
d) ... may be the victim of a sexual assault.	<input type="checkbox"/> 8a	<input type="checkbox"/> 8b	<input type="checkbox"/> 8c	<input type="checkbox"/> 8d
e) ... may be the victim of a property crime like theft.	<input type="checkbox"/> 9a	<input type="checkbox"/> 9b	<input type="checkbox"/> 9c	<input type="checkbox"/> 9d

67. In general, how safe do you feel in our Central Halifax neighborhood?

- ¹ Very safe
- ² Somewhat safe
- ³ Somewhat unsafe
- ⁴ Very unsafe

68. Have you ever had dealings with the Canadian Criminal courts? (Exclude family and traffic courts)

- ¹ Yes
- ² No

69. Please indicate any of the programs sponsored by your Police Department you have participated in.

- ¹ Neighbourhood Watch
- ² Block Parents
- ³ Crime Stoppers
- ⁴ Crime Prevention Talks to Groups
- ⁵ Operation Identification
- ⁶ Bicycle Safety Rodeos
- ⁷ Other

70. How much contact do you have with your neighbours?

	Frequently	Sometimes	Hardly Ever	Never
a) I chat with my neighbours.	<input type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d
b) I help my neighbours.	<input type="checkbox"/> 2a	<input type="checkbox"/> 2b	<input type="checkbox"/> 2c	<input type="checkbox"/> 2d
c) I pay informal visits to my neighbours.	<input type="checkbox"/> 3a	<input type="checkbox"/> 3b	<input type="checkbox"/> 3c	<input type="checkbox"/> 3d
d) I have parties with my neighbours.	<input type="checkbox"/> 4a	<input type="checkbox"/> 4b	<input type="checkbox"/> 4c	<input type="checkbox"/> 4d

Attitudes and Issues

Your fair and honest opinion on these issues will be very helpful

71. Do you think our HRM Police are doing a good job, an average job, or a poor job of:

Check <u>one</u> answer only for each item below	Good Job	Average	Poor Job	No opinion
a) Enforcing the laws?	<input type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d
b) Promptly responding to calls?	<input type="checkbox"/> 2a	<input type="checkbox"/> 2b	<input type="checkbox"/> 2c	<input type="checkbox"/> 2d
c) Investigating and solving crime?	<input type="checkbox"/> 3a	<input type="checkbox"/> 3b	<input type="checkbox"/> 3c	<input type="checkbox"/> 3d
d) Being approachable and easy to talk to?	<input type="checkbox"/> 4a	<input type="checkbox"/> 4b	<input type="checkbox"/> 4c	<input type="checkbox"/> 4d
e) Supplying information to the public on ways to prevent or reduce crime?	<input type="checkbox"/> 5a	<input type="checkbox"/> 5b	<input type="checkbox"/> 5c	<input type="checkbox"/> 5d
f) Ensuring the safety of the citizens of your area?	<input type="checkbox"/> 6a	<input type="checkbox"/> 6b	<input type="checkbox"/> 6c	<input type="checkbox"/> 6d
g) Helping people with neighbourhood problems?	<input type="checkbox"/> 7a	<input type="checkbox"/> 7b	<input type="checkbox"/> 7c	<input type="checkbox"/> 7d
h) Being careful not to arrest innocent people?	<input type="checkbox"/> 8a	<input type="checkbox"/> 8b	<input type="checkbox"/> 8c	<input type="checkbox"/> 8d

72. Do you think our Criminal Courts are doing a good job, an average job, or a poor job of:

Check <u>one</u> answer only for each item below	Good job	Average	Poor Job	No opinion
a) Providing justice quickly?	<input type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d
b) Helping the victims of crime?	<input type="checkbox"/> 2a	<input type="checkbox"/> 2b	<input type="checkbox"/> 2c	<input type="checkbox"/> 2d
c) Determining whether the accused, or person charged, is guilty or not?	<input type="checkbox"/> 3a	<input type="checkbox"/> 3b	<input type="checkbox"/> 3c	<input type="checkbox"/> 3d
d) Ensuring a fair trial for the accused?	<input type="checkbox"/> 4a	<input type="checkbox"/> 4b	<input type="checkbox"/> 4c	<input type="checkbox"/> 4d

73. Do you think the Prison System is doing a good job, an average job, or a poor job of:

Check <u>one</u> answer only for each item below	Good job	Average	Poor Job	No opinion
a) Supervising and controlling prisoners while in prison?	<input type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d
b) Helping prisoners become law-abiding citizens?	<input type="checkbox"/> 2a	<input type="checkbox"/> 2b	<input type="checkbox"/> 2c	<input type="checkbox"/> 2d

74. The responsibility of the parole system is to decide when prison inmates can serve part of their sentence in the community under supervision, and make sure the conditions of parole are being met. Do you think that the Parole System is now doing a good job, an average job or a poor job of:

Check <u>one</u> answer only for each item below	Good job	Average	Poor Job	No opinion
a) Releasing offenders who are not likely to commit another crime?	<input type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d
b) Supervising offenders on parole?	<input type="checkbox"/> 2a	<input type="checkbox"/> 2b	<input type="checkbox"/> 2c	<input type="checkbox"/> 2d

75. In your view, the following are big problems in our Central Halifax neighborhood :

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) Homes or other places being broken into.	<input type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d	<input type="checkbox"/> 1e
b) Vandalism or property destruction.	<input type="checkbox"/> 2a	<input type="checkbox"/> 2b	<input type="checkbox"/> 2c	<input type="checkbox"/> 2d	<input type="checkbox"/> 2e
c) Fighting among different groups in the area.	<input type="checkbox"/> 3a	<input type="checkbox"/> 3b	<input type="checkbox"/> 3c	<input type="checkbox"/> 3d	<input type="checkbox"/> 3e
d) People hanging around on streets, in buildings, parks, etc.	<input type="checkbox"/> 4a	<input type="checkbox"/> 4b	<input type="checkbox"/> 4c	<input type="checkbox"/> 4d	<input type="checkbox"/> 4e
e) Noisy parties, quarrels, loud music.	<input type="checkbox"/> 5a	<input type="checkbox"/> 5b	<input type="checkbox"/> 5c	<input type="checkbox"/> 5d	<input type="checkbox"/> 5e
f) Increasing number of crimes involving young offenders.	<input type="checkbox"/> 6a	<input type="checkbox"/> 6b	<input type="checkbox"/> 6c	<input type="checkbox"/> 6d	<input type="checkbox"/> 6e
g) Drug use and/or trafficking.	<input type="checkbox"/> 7a	<input type="checkbox"/> 7b	<input type="checkbox"/> 7c	<input type="checkbox"/> 7d	<input type="checkbox"/> 7e
h) Violence against spouses.	<input type="checkbox"/> 8a	<input type="checkbox"/> 8b	<input type="checkbox"/> 8c	<input type="checkbox"/> 8d	<input type="checkbox"/> 8e
i) Child abuse.	<input type="checkbox"/> 9a	<input type="checkbox"/> 9b	<input type="checkbox"/> 9c	<input type="checkbox"/> 9d	<input type="checkbox"/> 9e
j) Bullying.	<input type="checkbox"/> 10a	<input type="checkbox"/> 10b	<input type="checkbox"/> 10c	<input type="checkbox"/> 10d	<input type="checkbox"/> 10e
k) Under-age drinking.	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
l) Drinking and driving.	<input type="checkbox"/> 12a	<input type="checkbox"/> 12b	<input type="checkbox"/> 12c	<input type="checkbox"/> 12d	<input type="checkbox"/> 12e

76. I believe:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) The justice system is fair to everyone, regardless of income, age and race.	<input type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d	<input type="checkbox"/> 1e
b) Young offenders are treated too harshly.	<input type="checkbox"/> 2a	<input type="checkbox"/> 2b	<input type="checkbox"/> 2c	<input type="checkbox"/> 2d	<input type="checkbox"/> 2e
c) There is a lot of crime because sentences are not severe enough.	<input type="checkbox"/> 3a	<input type="checkbox"/> 3b	<input type="checkbox"/> 3c	<input type="checkbox"/> 3d	<input type="checkbox"/> 3e
d) Community service should be used more as an alternative to prison.	<input type="checkbox"/> 4a	<input type="checkbox"/> 4b	<input type="checkbox"/> 4c	<input type="checkbox"/> 4d	<input type="checkbox"/> 4e
e) The death penalty should be reintroduced for convictions of murder.	<input type="checkbox"/> 5a	<input type="checkbox"/> 5b	<input type="checkbox"/> 5c	<input type="checkbox"/> 5d	<input type="checkbox"/> 5e
f) More and better youth programs would help reduce crime.	<input type="checkbox"/> 6a	<input type="checkbox"/> 6b	<input type="checkbox"/> 6c	<input type="checkbox"/> 6d	<input type="checkbox"/> 6e
g) Friends and neighbours should settle their disputes out of court.	<input type="checkbox"/> 7a	<input type="checkbox"/> 7b	<input type="checkbox"/> 7c	<input type="checkbox"/> 7d	<input type="checkbox"/> 7e
h) Gun control laws need to be tougher.	<input type="checkbox"/> 8a	<input type="checkbox"/> 8b	<input type="checkbox"/> 8c	<input type="checkbox"/> 8d	<input type="checkbox"/> 8e
i) Police should more often press charges for spouse battering.	<input type="checkbox"/> 9a	<input type="checkbox"/> 9b	<input type="checkbox"/> 9c	<input type="checkbox"/> 9d	<input type="checkbox"/> 9e
j) Marijuana should be legalized.	<input type="checkbox"/> 10a	<input type="checkbox"/> 10b	<input type="checkbox"/> 10c	<input type="checkbox"/> 10d	<input type="checkbox"/> 10e
k) More resources should be put into fighting "white collar crime" (fraud, embezzlement, corporate crime etc.).	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e

Community Involvement and Volunteer Activity

The true strength of a Community can be seen in the level of community involvement and volunteer activity of the residents. People volunteer in many ways including:

- fund-raising
- being on committees
- campaigning
- organizing or supervising youth activities
- educating, teaching or coaching,
- counseling
- helping those in need
- doing repairs for those who need help
- protecting the environment
- volunteer administrative work
- helping with first aid, and so on.

77. In the past 12 months, did you do any volunteer (unpaid) work for a group or organization?

- ¹ Yes
² No → Go to Question 84

78. During the last week, how many hours did you spend volunteering for groups or organizations? (Include travel time, phone calling, preparation from home, etc.)

- ¹ 1-3 hours
² 4-5 hours
³ 6-8
⁴ 8 or more

79. In the past 12 months, for what types of organizations did you volunteer?

- look through the list below *before* you answer, *then* check the activity that *best* describes the work of any organization you volunteered to help. Check *only one activity for each organization* you worked for.
- Also check the second column if you offered any of these services through a church group.

		Through Church Group?
a) Health	<input type="checkbox"/> ^{1a}	<input type="checkbox"/> ^{1b}
b) Education	<input type="checkbox"/> ^{2a}	<input type="checkbox"/> ^{2b}
c) Youth Development	<input type="checkbox"/> ^{3a}	<input type="checkbox"/> ^{3b}
d) Caregiving (care and support of those in need)	<input type="checkbox"/> ^{4a}	<input type="checkbox"/> ^{4b}
e) Sports & Recreation	<input type="checkbox"/> ^{5a}	<input type="checkbox"/> ^{5b}
f) Law and Justice	<input type="checkbox"/> ^{6a}	<input type="checkbox"/> ^{6b}
g) Employment & Economic Interests	<input type="checkbox"/> ^{7a}	<input type="checkbox"/> ^{7b}
h) Arts & Culture	<input type="checkbox"/> ^{8a}	<input type="checkbox"/> ^{8b}
i) Environment & outdoors	<input type="checkbox"/> ^{9a}	<input type="checkbox"/> ^{9b}

80. If you volunteer for sports activities (coaching, referee, maintaining facilities, organizing team events, fundraising, etc), on average, how many hours each week do you volunteer for such activities:

- ¹ 1-3 hours
² 4-5 hours
³ 6-8 hours
⁴ 8 or more

81. If you did NOT do any volunteer work for an organization, what was the main reason: (check one answer only)

- ¹ Not enough time
- ² Health problems
- ³ Not interested
- ⁴ Not aware of need
- ⁵ Not asked
- ⁶ No group working in my area of interest

Personal volunteering: Some people help (unpaid) on their own, not through an organization, (helping a sick, elderly or disabled person with housework, shopping, etc., babysitting, mentoring, teaching or coaching a young person)

82. In the past 12 months did you give any unpaid voluntary help to others *-not* through any organization? (Include friends, neighbours and relatives, but not people in your own household.)

- ¹ Yes
- ² No → go to next section, Question 84

83. During the last month, how many hours did you spend doing voluntary activity on your own (not through any organization)? (Include travel time, phone calling, preparation from home, etc.)

- ¹ 1-3 hours
- ² 4-5 hours
- ³ 6-8 hours
- ⁴ 8 or more

Health and Community

Personal Health and Well-being

84. Would you say your health is (check one):

- ¹ Excellent
- ² Very Good
- ³ Good
- ⁴ Fair
- ⁵ Poor

85. How tall are you without shoes on?

_____ feet _____ inches OR _____ centimetres

86. How much do you weigh?

Pounds

- 120 or less ¹
- 121-130 ²
- 131-140 ³
- 141-150 ⁴
- 151-160 ⁵
- 161-170 ⁶
- 171-180 ⁷
- 181-190 ⁸
- 191-200 ⁹
- 201-210 ¹⁰
- 211-220 ¹¹
- 221-230 ¹²
- 231-240 ¹³
- 241-250 ¹⁴
- 250 or more ¹⁵

OR _____ kilograms

Questions 87 to 91 are for females. If you are male, please go to Question 92.

87. Have you ever had a mammogram (breast X-ray)?

- ¹ Yes
- ² No → Go to Question 90

88. When was the last time you had a mammogram?

- ¹ Less than 6 months ago
- ² Six months to less than one year ago
- ³ One year to less than two years ago
- ⁴ Two or more years ago

89. For what reason did you have your last mammogram?

- ¹ Breast problem
- ² Routine check up (no particular problem)
- ³ Family history of breast cancer
- ⁴ Other (please specify) _____

90. Have you ever had a PAP smear test?

- ¹ Yes
- ² No

91. When was the last time you had a PAP smear test?

- ¹ Less than 6 months ago
- ² Six months to less than one year ago
- ³ One year to less than three years ago
- ⁴ Three years to less than five years ago
- ⁵ Five or more years ago

Males and Females please answer the following questions.

92. Have you ever had your blood pressure taken?

- ¹ Yes
- ² No → Go to question 94

93. When was the last time you had your blood pressure taken?

- ¹ Less than 6 months ago
- ² 6 months to less than 1 year ago
- ³ 1 year to less than 2 years ago
- ⁴ 2 years to less than 5 years ago
- ⁵ 5 or more years ago

94. Does anyone in your household smoke regularly?

- ¹ Yes
- ² No

95. Does anyone in your household smoke regularly inside the house?

- ¹ Yes
- ² No

96. At the present time, do you smoke cigarettes:

- ¹ Daily → Go to question 98
- ² Occasionally → Go to question 100
- ³ Not at all

97. Have you ever smoked cigarettes?

- ¹ Yes
- ² No → Go to question 100

98. At what age did you begin to smoke cigarettes daily?

- ¹ Age 9-12
- ² Age 13-15
- ³ Age 16-18
- ⁴ Age 19-22
- ⁵ Over age 22
- ⁶ Never daily

99. How many cigarettes do you smoke each day now?

- ¹ 1-5
- ² 5-10
- ³ 10 or more

100. Sports and exercise: Have you done any sports or physical exercise in your leisure time (not related to work) in the past three months? (For example, swimming, bicycling, jogging, working out, exercise walking, dancing, basketball, hockey, other active sports, etc.)

- ¹ Yes
- ² No

101. Estimate how often you participated in this leisure time physical activity in the past three months? (check one only)

- ¹ At least once a day
- ² About five times a week
- ³ About three times a week
- ⁴ About once a week
- ⁵ About once every two weeks
- ⁶ About once a month
- ⁷ Once or twice in the last three months

102. About how much time, *on average*, did you usually spend on sports or physical exercise on each occasion? (Check one only)

- ¹ 1 to 15 minutes
- ² 16 to 30 minutes
- ³ 31 to 60 minutes
- ⁴ More than one hour

Questions 103 through 107 are concerned with your usual conditions. They are not about activities or illnesses only affecting you for short periods of time.

103. Are you USUALLY free of pain or discomfort?

- ¹ Yes
- ² No

104. How would you describe the USUAL intensity of your pain or discomfort?

- ¹ Mild
- ² Moderate
- ³ Severe

105. Do you have any long-term physical disabilities (such as blindness, deafness, lack of use of limb, etc) conditions that have lasted or are expected to last 6 months or more)?

- ¹ Yes
- ² No

106. Health conditions: The following applies only to chronic health conditions that have lasted or are expected to last 6 months or more, and have been *diagnosed by a health care professional*. Do you have: (Check all that apply to you)

- ¹ Asthma
- ² Arthritis or rheumatism
- ³ Back problems, excluding arthritis
- ⁴ High blood pressure
- ⁵ Migraine headaches
- ⁶ Chronic bronchitis or emphysema
- ⁷ Diabetes

- ⁸ Epilepsy
- ⁹ Heart disease
- ¹⁰ Cancer
- ¹¹ Stomach or intestinal ulcers
- ¹² Effects of a stroke
- ¹³ Glaucoma
- ¹⁴ A thyroid condition
- ¹⁵ Sickle cell anemia

107. Because of a long-term health conditions (lasting 6 months or more), are you limited in the kind or amount of activity you can do at home, school, work, transportation or leisure?

- ¹ Yes
- ² No

108. Stress: Would you describe your life as...

- ¹ Very stressful?
- ² Somewhat stressful?
- ³ Not very stressful?
- ⁴ Not at all stressful?

109. With your life in general, would you say you are...

- ¹ Very satisfied?
- ² Somewhat satisfied?
- ³ Somewhat dissatisfied?
- ⁴ Very dissatisfied?

110. How much control do you feel you have in making decisions that affect your everyday activities?

- ¹ No control
- ² Control over few or some decisions
- ³ Control over most decisions
- ⁴ Control over all decisions

Personal use of health services

111. Please complete the following chart by putting a number in each box.

This one may be tricky, please read these instructions:

- Be sure to write a number in every box. If zero, write 0
- For example: if you went to the doctor last week, and it was the only time you went to a doctor during the past 12 months you would write "1" in every box across the first row. If you didn't go to a doctor at all during the year, you would write "0" in every box.
- Answer only for actions taken for your OWN health, and NOT that of your child or someone else.

	In the Past Week	In the Past Month	In the Past 3 Months	In the Past 6 Months	In the Past 12 Months
How many times have you seen or talked on the phone with a doctor?	1a	1b	1c	1d	1e
How many times have you seen or talked to an alternative health care provider (e.g. acupuncturist, homeopath, massage therapist, herbalist, spiritual healer, etc.)	2a	2b	2c	2d	2e
How many nights have you been a patient overnight in a hospital, nursing home or convalescent home?	3a	3b	3c	3d	3e
How many hospital outpatient and emergency room visits have you had?	4a	4b	4c	4d	4e

112. Do you regularly take vitamins to prevent illness or improve health?

- ¹ Yes
² No

113. Do you regularly take herbs or other natural supplements to prevent illness or improve health?

- ¹ Yes
² No

114. Do you have someone in your life you can really count on to help you out in a crisis situation?

- ¹ Yes
² No

115. Do you have someone you can really count on to give you advice when you are making important personal decisions?

- ¹ Yes
- ² No

116. Do you have someone who makes you feel loved and cared for?

- ¹ Yes
- ² No

117. Other than religious holidays or for work providing services (such as weddings, funerals or baptisms), how often did you attend religious/ spiritual services or meetings in the past 12 months? (check one only)

- ¹ At least once a week
- ² At least once a month
- ³ At least 3 or 4 times a year
- ⁴ At least once a year
- ⁵ Not at all

118. In the past 12 months, how often did you have contact (in person, by phone, email or mail) with a close relatives who do not live with you? (check one only)

- ¹ Don't have any, or all of them live with you
- ² Every day
- ³ At least once a week
- ⁴ 2 or 3 times a month
- ⁵ Once a month
- ⁶ A few times a year (more below)
- ⁷ Once a year
- ⁸ Never

119. Do you have children aged 0 to 11 in your care (at least half time, include foster children)?

- ¹ Yes
- ² No → please go to question 124

120. Would you say the child's health is:

(Start with youngest child in your care. If you have more than five children in your care, please add columns or rows.)

	Child 1	Child 2	Child 3	Child 4	Child 5
Excellent	<input type="checkbox"/> 1a	<input type="checkbox"/> 2a	<input type="checkbox"/> 3a	<input type="checkbox"/> 4a	<input type="checkbox"/> 5a
Very good	<input type="checkbox"/> 1b	<input type="checkbox"/> 2b	<input type="checkbox"/> 3b	<input type="checkbox"/> 4b	<input type="checkbox"/> 5b
Good	<input type="checkbox"/> 1c	<input type="checkbox"/> 2c	<input type="checkbox"/> 3c	<input type="checkbox"/> 4c	<input type="checkbox"/> 5c
Fair	<input type="checkbox"/> 1d	<input type="checkbox"/> 2d	<input type="checkbox"/> 3d	<input type="checkbox"/> 4d	<input type="checkbox"/> 5d
Poor	<input type="checkbox"/> 1e	<input type="checkbox"/> 2e	<input type="checkbox"/> 3e	<input type="checkbox"/> 4e	<input type="checkbox"/> 5e

121. How tall is your child without shoes on?

	Feet and Inches	OR	Centimetres
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			

122. How much does your child weigh?

	Pounds	OR	Kilograms
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			

123. Health conditions: Do children in your care have any of the following long-term conditions which lasted or are expected to last at least 6 months and have been diagnosed by a health care professional?

	Child 1	Child 2	Child 3	Child 4	Child 5
Asthma	<input type="checkbox"/> 1a	<input type="checkbox"/> 2a	<input type="checkbox"/> 3a	<input type="checkbox"/> 4a	<input type="checkbox"/> 5a
Food allergies	<input type="checkbox"/> 1b	<input type="checkbox"/> 2b	<input type="checkbox"/> 3b	<input type="checkbox"/> 4b	<input type="checkbox"/> 5b
Other allergies	<input type="checkbox"/> 1c	<input type="checkbox"/> 2c	<input type="checkbox"/> 3c	<input type="checkbox"/> 4c	<input type="checkbox"/> 5c
Bronchitis	<input type="checkbox"/> 1d	<input type="checkbox"/> 2d	<input type="checkbox"/> 3d	<input type="checkbox"/> 4d	<input type="checkbox"/> 5d
Diabetes	<input type="checkbox"/> 1e	<input type="checkbox"/> 2e	<input type="checkbox"/> 3e	<input type="checkbox"/> 4e	<input type="checkbox"/> 5e
A heart condition or disease	<input type="checkbox"/> 1f	<input type="checkbox"/> 2f	<input type="checkbox"/> 3f	<input type="checkbox"/> 4f	<input type="checkbox"/> 5f
Epilepsy	<input type="checkbox"/> 1g	<input type="checkbox"/> 2g	<input type="checkbox"/> 3g	<input type="checkbox"/> 4g	<input type="checkbox"/> 5g
Cerebral palsy	<input type="checkbox"/> 1h	<input type="checkbox"/> 2h	<input type="checkbox"/> 3h	<input type="checkbox"/> 4h	<input type="checkbox"/> 5h
Kidney conditions or disease	<input type="checkbox"/> 1i	<input type="checkbox"/> 2i	<input type="checkbox"/> 3i	<input type="checkbox"/> 4i	<input type="checkbox"/> 5i
A mental handicap	<input type="checkbox"/> 1j	<input type="checkbox"/> 2j	<input type="checkbox"/> 3j	<input type="checkbox"/> 4j	<input type="checkbox"/> 5j
A learning disability	<input type="checkbox"/> 1k	<input type="checkbox"/> 2k	<input type="checkbox"/> 3k	<input type="checkbox"/> 4k	<input type="checkbox"/> 5k
An emotional, psychological or nervous condition	<input type="checkbox"/> 1l	<input type="checkbox"/> 2l	<input type="checkbox"/> 3l	<input type="checkbox"/> 4l	<input type="checkbox"/> 5l
Sickle cell anemia	<input type="checkbox"/> 1m	<input type="checkbox"/> 2m	<input type="checkbox"/> 3m	<input type="checkbox"/> 4m	<input type="checkbox"/> 5m

Personal Values

124. On a scale of 1 to 10, please indicate the importance you give to the following life principles:

- 1 is "*not important at all*"
- 10 is "*extremely important*"

	<i>Not important at all</i>					<i>Extremely important</i>				
	1	2	3	4	5	6	7	8	9	10
Family Life	<input type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d	<input type="checkbox"/> 1e	<input type="checkbox"/> 1f	<input type="checkbox"/> 1g	<input type="checkbox"/> 1h	<input type="checkbox"/> 1i	<input type="checkbox"/> 1j
Friends	<input type="checkbox"/> 2a	<input type="checkbox"/> 2b	<input type="checkbox"/> 2c	<input type="checkbox"/> 2d	<input type="checkbox"/> 2e	<input type="checkbox"/> 2f	<input type="checkbox"/> 2g	<input type="checkbox"/> 2h	<input type="checkbox"/> 2i	<input type="checkbox"/> 2j
Generosity	<input type="checkbox"/> 3a	<input type="checkbox"/> 3b	<input type="checkbox"/> 3c	<input type="checkbox"/> 3d	<input type="checkbox"/> 3e	<input type="checkbox"/> 3f	<input type="checkbox"/> 3g	<input type="checkbox"/> 3h	<input type="checkbox"/> 3i	<input type="checkbox"/> 3j
Spiritual life	<input type="checkbox"/> 4a	<input type="checkbox"/> 4b	<input type="checkbox"/> 4c	<input type="checkbox"/> 4d	<input type="checkbox"/> 4e	<input type="checkbox"/> 4f	<input type="checkbox"/> 4g	<input type="checkbox"/> 4h	<input type="checkbox"/> 4i	<input type="checkbox"/> 4j
Material comfort	<input type="checkbox"/> 5a	<input type="checkbox"/> 5b	<input type="checkbox"/> 5c	<input type="checkbox"/> 5d	<input type="checkbox"/> 5e	<input type="checkbox"/> 5f	<input type="checkbox"/> 5g	<input type="checkbox"/> 5h	<input type="checkbox"/> 5i	<input type="checkbox"/> 5j
Financial security	<input type="checkbox"/> 6a	<input type="checkbox"/> 6b	<input type="checkbox"/> 6c	<input type="checkbox"/> 6d	<input type="checkbox"/> 6e	<input type="checkbox"/> 6f	<input type="checkbox"/> 6g	<input type="checkbox"/> 6h	<input type="checkbox"/> 6i	<input type="checkbox"/> 6j
Career Success	<input type="checkbox"/> 7a	<input type="checkbox"/> 7b	<input type="checkbox"/> 7c	<input type="checkbox"/> 7d	<input type="checkbox"/> 7e	<input type="checkbox"/> 7f	<input type="checkbox"/> 7g	<input type="checkbox"/> 7h	<input type="checkbox"/> 7i	<input type="checkbox"/> 7j
Pleasure/play	<input type="checkbox"/> 8a	<input type="checkbox"/> 8b	<input type="checkbox"/> 8c	<input type="checkbox"/> 8d	<input type="checkbox"/> 8e	<input type="checkbox"/> 8f	<input type="checkbox"/> 8g	<input type="checkbox"/> 8h	<input type="checkbox"/> 8i	<input type="checkbox"/> 8j
Freedom	<input type="checkbox"/> 9a	<input type="checkbox"/> 9b	<input type="checkbox"/> 9c	<input type="checkbox"/> 9d	<input type="checkbox"/> 9e	<input type="checkbox"/> 9f	<input type="checkbox"/> 9g	<input type="checkbox"/> 9h	<input type="checkbox"/> 9i	<input type="checkbox"/> 9j

125. I would be much more satisfied with my life if:

	Strongly Disagree	Disagree	Neutral/ Uncertain	Agree	Strongly Agree
a) I were able to spend more time with my family and friends	<input type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d	<input type="checkbox"/> 1e
b) There was less stress in my life	<input type="checkbox"/> 2a	<input type="checkbox"/> 2b	<input type="checkbox"/> 2c	<input type="checkbox"/> 2d	<input type="checkbox"/> 2e
c) I felt like I was doing more to help my community	<input type="checkbox"/> 3a	<input type="checkbox"/> 3b	<input type="checkbox"/> 3c	<input type="checkbox"/> 3d	<input type="checkbox"/> 3e
d) I had more money to spend on things I want	<input type="checkbox"/> 4a	<input type="checkbox"/> 4b	<input type="checkbox"/> 4c	<input type="checkbox"/> 4d	<input type="checkbox"/> 4e
e) I had more things I want	<input type="checkbox"/> 5a	<input type="checkbox"/> 5b	<input type="checkbox"/> 5c	<input type="checkbox"/> 5d	<input type="checkbox"/> 5e
f) I were more financially secure	<input type="checkbox"/> 6a	<input type="checkbox"/> 6b	<input type="checkbox"/> 6c	<input type="checkbox"/> 6d	<input type="checkbox"/> 6e

126. Compared to my parents:

	Strongly Disagree	Disagree	Neutral/ Uncertain	Agree	Strongly Agree
a) I have more possessions	<input type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d	<input type="checkbox"/> 1e
b) I am more financially secure	<input type="checkbox"/> 2a	<input type="checkbox"/> 2b	<input type="checkbox"/> 2c	<input type="checkbox"/> 2d	<input type="checkbox"/> 2e
c) I am more successful in my career	<input type="checkbox"/> 3a	<input type="checkbox"/> 3b	<input type="checkbox"/> 3c	<input type="checkbox"/> 3d	<input type="checkbox"/> 3e
d) I am happier	<input type="checkbox"/> 4a	<input type="checkbox"/> 4b	<input type="checkbox"/> 4c	<input type="checkbox"/> 4d	<input type="checkbox"/> 4e
e) I am more involved in my community	<input type="checkbox"/> 5a	<input type="checkbox"/> 5b	<input type="checkbox"/> 5c	<input type="checkbox"/> 5d	<input type="checkbox"/> 5e
f) I have a better quality of life	<input type="checkbox"/> 6a	<input type="checkbox"/> 6b	<input type="checkbox"/> 6c	<input type="checkbox"/> 6d	<input type="checkbox"/> 6e

Our Environment

How we go to work, use energy and other resources creates our Ecological Footprint, its our impact on the natural environment.

127. How far do you travel to get from home to all your workplaces and back? How far do you travel to school or training site and back?

(List kilometers. If you use miles, cross out "km" and write "miles".)

Kilometres Travelled to and from all your Workplaces in total	Kilometres Travelled to and from School or Training
kms	kms

128. Please estimate the total number of hours *usually* spent per week using each mode of transportation for any purpose. (List hours. If you have more than one car, list hours spent in each car in (a) and (b).)

Vehicle Type	Hours
a) Car / van / truck (1)	
b) Car / van / truck (2)	
c) School bus	
d) Public Transit	
e) Taxi	
f) Motorcycle	
g) Bicycle	
h) Walk	

129. Please indicate the average temperature you keep your home during the winter heating season. And please circle Celsius(C) or Farenheit (F).

Daytime: (during work hours) ____ °C/F Evening: ____ °C/F Night: ____ °C/F

Final Question

130. In your opinion, what is the single most important thing that would improve the quality of life for all residents of this neighborhood?

Your answer:
