



Uniting Neighbors Against Crime

Neighborhood

Links – Program Evaluation

Questionnaire

Except where instructed otherwise, please circle the one answer that best answers the question for your experience.

Length of time currently involved with Safe Streets (circle one)
Under 6 months 6-12 months 12-24 months 2-5 years 5 + years

Community or Neighborhood Involved with Safe Streets _____

1. In the last 6 months, how often do you feel afraid of walking around your neighborhood? Choose One Never Once in a while or sometimes Often or always
2. The top 3 things that make me feel most unsafe in my neighborhood: Please choose 3 # ___ Drug activity: e.g. suspected houses, open air dealing, littered paraphernalia # ___ Trashed, neglected or abandoned properties # ___ Graffiti # ___ Unknown people loitering outside # ___ Youth gangs # ___ Sex offenders # ___ Quantity of property crimes: e.g. car prowls/thefts, burglary, vandalism # ___ Quantity of crimes against people: e.g. assault, rape # ___ Not knowing my neighbors # ___ Other: _____
3. Since I have become involved with Safe Streets I feel my relationship with my neighbors has... Choose One Gotten worse Remained the same Improved
4. In my block group we have the skills and opportunity to complete neighborhood projects. Choose One Strongly agree agree disagree Strongly disagree
5. Our neighborhood has access to the resources needed to help us address problems and make improvements: Choose One Strongly agree agree disagree Strongly disagree
Please Complete Other Side

6. The top 3 resources we have accessed to complete projects in our neighborhood are:

Please choose from list

- _____ Police
- _____ Code Enforcement
- _____ Health Department
- _____ Fire
- _____ Neighborhood Councils/ Associations and other community groups & coalitions
- _____ Elected officials
- _____ Faith community
- _____ Media
- _____ Community Based Services
- _____ Other: _____

8. The resources that Safe Streets could provide are: (for example leadership skills, facilitation skills, conflict resolution, training)

Please tell us a little bit about yourself:

Gender Circle one Male Female

Age

- Under 18
- 18-24
- 25-34
- 35-54
- 55-64
- 65 and over

Ethnicity:(Optional)

- African American
- Anglo
- Asian/Pacific Island
- Hispanic
- Native American
- Multi-racial

City/Community where involved with Safe Streets:_____

Zip Code where involved with Safe Streets: _____

When did you become involved with Safe Streets: _____

Thank you for completing this survey!