

## SAN LUIS OBISPO TARGET GROUP SURVEY

Schools, government agencies, and non-profit organizations throughout San Luis Obispo County are conducting a survey of the quality of life of County residents. Your opinions are crucial to help develop plans for the community during the next few years. Please take a few minutes to give us your opinions. Please, only adult residents of San Luis Obispo County should complete this survey. **Just circle the number next to your answer or answers.**

1. How concerned are you about the following issues in your community? For each one, please answer "Very Concerned," "Somewhat Concerned" or "Not at All" concerned.

	<u>Very Concerned</u>	<u>Somewhat Concerned</u>	<u>Not At All Concerned</u>
Traffic congestion.....	1	2	3
Drug, tobacco and alcohol abuse .....	1	2	3
Family violence .....	1	2	3
Child abuse .....	1	2	3
Senior abuse.....	1	2	3
Racism .....	1	2	3
Crime .....	1	2	3
Homelessness.....	1	2	3
Employment opportunities .....	1	2	3
Gangs or teen violence .....	1	2	3
Housing costs .....	1	2	3
Building in open space .....	1	2	3
Loss of wildlife habitat.....	1	2	3
Water quality .....	1	2	3
Air pollution .....	1	2	3
Local public schools.....	1	2	3
Access to cultural opportunities.....	1	2	3

2. How safe would you say you feel in your neighborhood? (Circle one number)

- Very safe ..... 1
- Somewhat safe ..... 2
- Not at all safe..... 3

3. Do you, or does anyone in your household, have a permanent physical or mental condition that substantially limits a major life activity, such as bathing, dressing, stair climbing, shopping, or managing one's money?

- Yes ..... 1 → Continue with Question 4
- No ..... 2 → Skip to Question 5

4. Who helps that person perform these activities? (Circle all that apply)

- Relative/family member..... 1
- Neighbor/friend/church member..... 2
- Someone from a government agency ..... 3
- Someone from a private or non-profit organization ..... 4
- Other (write in) \_\_\_\_\_

5. Are you, or is anyone else in your household, the caregiver to a . . . ?

	<u>Yes</u>	<u>No</u>
Disabled child.....	1	2
Disabled adult .....	1	2
Older person (over 60 years of age) .....	1	2

6. Is the amount you pay for housing, including utilities, such as gas and electricity . . ?

Less than one-third of your income .....	1
Between one-third and one-half of your income .....	2
More than one-half of your income.....	3

7. In any given month, do you have to go without basic needs such as food, clothing, childcare, housing or health care?

No.....	1	→ Skip to Question 9
Yes .....	2	→ What do you go without? ,
Food .....	1	
Childcare .....	2	
Health care .....	3	
Clothing .....	4	
Housing .....	5	

8. For each one you go without (prior question), why do you go without it?

	<u>Food</u>	<u>Childcare</u>	<u>Health Care</u>	<u>Clothing</u>	<u>Housing</u>
No money to pay for it .....	1	1	1	1	1
Don't know where to get it .....	2	2	2	2	2
No transportation available to get to it	3	3	3	3	3
Unable to travel to get it/home bound	4	4	4	4	4
Other (write in) .....	5	5	5	5	5

9. How long has it been since you last visited a doctor for a routine check up?

Within the past year.....	1
1-2 years .....	2
3-5 years .....	3
More than 5 years ago.....	4
Never.....	5

10. Have you or a member of your household needed health care in the past year and been unable to receive it because you could not afford it?

Yes .....	1
No.....	2

11. Have you ever felt the need to talk to a mental health professional but have not had the money or insurance to do so?

Yes ..... 1  
No ..... 2

12a. Do you have health insurance?

Yes ..... 1 → Skip to Question 13  
No ..... 2 → Continue with Question 12b

12b. Why not?

Too expensive/can't afford it..... 1  
Employer does not offer health insurance ..... 2  
Covered by MediCal/Medicare/VA ..... 3  
Other (write in) \_\_\_\_\_

13. In general, would you say your physical health is?

Excellent..... 1  
Very good ..... 2  
Good..... 3  
Fair, or ..... 4  
Poor..... 5

14. How old are you?

Age: \_\_\_\_\_

IF YOU ARE LESS THAN 55 YEARS OLD, PLEASE SKIP DIRECTLY TO QUESTION 16

15. If you are 55 or older, please indicate if each of the following items is a "Major Problem," a "Minor Problem," or "Not a Problem" for you personally:

	<u>Major Problem</u>	<u>Minor Problem</u>	<u>Not A Problem</u>
Housing.....	3	2	1
Transportation.....	3	2	1
Loneliness.....	3	2	1
Not Having Enough Money .....	3	2	1
Taking Care Of Yourself Physically .....	3	2	1
Getting Prescription Drugs.....	3	2	1
Dental Care.....	3	2	1
Eating Nutritious Food .....	3	2	1
In-Home Care .....	3	2	1

16. What city or town do you live in or live closest to?

Live in or near: \_\_\_\_\_

17. Which of the following best describes your ethnic group?

- |                       |   |                        |   |
|-----------------------|---|------------------------|---|
| Caucasian/white ..... | 1 | Native American .....  | 5 |
| Latino/Hispanic ..... | 2 | African American ..... | 6 |
| Asian .....           | 3 | Other (write in) _____ |   |
| Multi-racial .....    | 4 |                        |   |

18. Including yourself, how many people live in your household, and what are their relationships to you?

Total number people living in household: \_\_\_\_\_

Number who are family \_\_\_\_\_

Number who are friends \_\_\_\_\_

Number who are others \_\_\_\_\_

19. How many wage earners, age 18 and over, live in your household?

Number wage earners: \_\_\_\_\_

20. Are you currently homeless?

Yes ..... 1

No ..... 2

21. Is there a working telephone where you live?

Yes ..... 1

No ..... 2

22. Are you . . . ?

Male..... 1

Female ..... 2

23a. What language you use most?

English..... 1

Spanish ..... 2

24b. If you mostly speak Spanish, are you also fluent in English?

Yes ..... 1

No ..... 2

**Thank you very much for your help!**

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