



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

City/Community where involved with Safe Streets: _____

Ethnicity:(Optional)

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

Zip Code where involved with Safe Streets: _____

When did you become involved with Safe Streets: _____

Thank you for completing this survey!