



UNIVERSITY OF MARYLAND

Dr. Arianna Gard, PhD
Department of Psychology
University of Maryland
Biology/Psychology Building
4094 Campus Drive,
College Park, MD 20742

[For administrative use only] ID# _____ Respondent Type _____

Date _____

Dear DC Resident,

Thank you for participating in the CARE Project! This survey should take 25-30 minutes to complete. We ask that you try and take the survey in one sitting. Please read and sign the consent form first – this document describes the purpose of the project and what we do to protect your information. Please keep the second copy of the consent form for your records. If you agree to participate and sign the consent form, please begin to answer the survey questions. Instructions are printed before each set of questions. You may skip any question that you do not want to answer. After you finish the survey, you will be asked to choose how you would like to be paid \$20 for participating (gift card or debit card), and whether you would like to participate in other parts of the CARE Project.

Please use the prepaid return envelope to mail us all of the pages that say “**MAIL BACK TO THE UNIVERSITY OF MARYLAND**” at the top. If you have any questions or concerns, please contact us by phone (301-405-5881) or email (gardlab@umd.edu).

Thank you for representing your neighborhood!

Sincerely,

Arianna M. Gard, PhD
Assistant Professor, Department of Psychology
Neuroscience and Cognitive Neuroscience Program
University of Maryland, College Park

Brian Kim, PhD
Assistant Research Professor
Joint Program in Survey Methodology
University of Maryland, College Park



**Community And Resilient
Environments (CARE) Project**

INSTRUCTIONS: The following questions are used to describe who completes the CARE Project Survey.

1. What is your gender?
 - a) Man
 - b) Woman
 - c) Transgender Man
 - d) Transgender Woman
 - e) Non-binary or Non-conforming
 - f) Prefer not to respond

2. What is your sex? (that which is written on your birth certificate)
 - a) Male
 - b) Female
 - c) Intersex
 - d) Prefer not to respond

3. What is your race/ethnicity? (circle all that apply)
 - a) **Black or African American** – specify, for example, African American, Jamaican, Nigerian, Ethiopian, etc. _____
 - b) **Asian** – specify, for example, Chinese, Vietnamese, Korean, Indian American, etc. _____
 - c) **Pacific Islander** – specify, for example, Native Hawaiian, Samoan, etc. _____
 - d) **Hispanic, Latino/a/e** – specify, for example, Mexican, Puerto Rican, Cuban _____
 - e) **American Indian or Alaska Native** – specify, for example, Mayan, Navajo, etc. _____
 - f) **Middle Eastern - North African** – specify, for example, Iranian, Egyptian, Israeli, etc. _____
 - g) **White or Caucasian** – specify, for example, Italian, Canadian, Polish, etc. _____
 - h) Other (specify) _____
 - i) Prefer not to respond

4. What is your total annual household income (before taxes)? This includes all members of your family living in the household. Do not include income from roommates who are not related to you.
 - a) Less than 15,000
 - b) 15,000 – 30,000
 - c) 30,000 – 50,000
 - d) 50,000 – 80,000
 - e) 80,000 – 110,000
 - f) 110,000 – 200,000
 - g) 200,000+

5. What is your current relationship status?
 - a) Single
 - b) Married
 - c) Divorced, Widowed, or Separated
 - d) In a relationship, living together
 - e) In a relationship, but not living together

6. What is your highest level of education?
 - a) Never attended school
 - b) Up to the 8th grade
 - c) Some high school
 - d) High School Diploma or GED
 - e) Some college or technical school
 - f) Associate Degree
 - g) College 4 years or more
 - h) Bachelor's Degree
 - i) Master's Degree, PhD, MD, or other Professional Degree
 - j) Prefer not to respond

7. What is your street address? (e.g. 4000 Middlebury Lane, Apt. 403)

8. What is your zip code? (e.g. 20782) _____

9. How would you describe the building at this address?
 - a) Duplex / Building with 2 apartments
 - b) Building with 3 to 9 apartments
 - c) Building with 10+ apartments
 - d) Detached single family home
 - e) Rowhouse / Townhouse

10. How many families live in this household? A family is a group of people who are related to each other. Unrelated individuals are considered separate families.

11. How many adults live in this household?

12. How many children live in this household? _____

- 12a. If there are children, how many are between the ages of 10 – 17 years? _____

13. How old are you (in years)? _____

14. What neighborhood do you live in?

15. How long have you lived at this address?
 - a) Less than a year
 - b) 1-5 years
 - c) 5-10 years

- d) 10-15 years
- e) 15+ years

- a) Yes
- b) No

16. Did you or anyone in this household grow up in this neighborhood?

17. How many times have you moved in the last 10 years? _____

INSTRUCTIONS: Below are several characteristics that may or may not apply to you. Please circle a number next to each statement to indicate the extent to which you agree or disagree with that statement. For example, do you agree that you are someone who likes to spend time with others?

<i>I am someone who...</i>	1 Disagree strongly	2 Disagree a little	3 Neutral, no opinion	4 Agree a little	5 Agree strongly	6 Prefer not to respond
Tends to be quiet.	1	2	3	4	5	6
Worries a lot.	1	2	3	4	5	6
Is fascinated by art, music, or literature.	1	2	3	4	5	6
Is dominant, acts as a leader.	1	2	3	4	5	6
Tends to feel depressed, blue.	1	2	3	4	5	6
Has little interest in abstract ideas.	1	2	3	4	5	6
Is full of energy.	1	2	3	4	5	6
Is emotionally stable, not easily upset.	1	2	3	4	5	6
Is original, comes up with new ideas.	1	2	3	4	5	6

INSTRUCTIONS: The following statements are about how you feel about your efforts in life. Please circle a number next to each statement to indicate the extent to which each statement is true or false for you.

	1 Completely false	2 Somewhat false	3 Somewhat true	4 Completely true	5 Prefer not to respond
I've always felt that I could make of my life pretty much what I wanted to make of it	1	2	3	4	5
Once I make up my mind to do something, I stay with it until the job is completely done	1	2	3	4	5
I don't let my personal feelings get in the way of getting a job done	1	2	3	4	5
It's important for me to be able to do things in the way I want to do them rather than in the	1	2	3	4	5

way other people want me to do them					
	1 Completely false	2 Somewhat false	3 Somewhat true	4 Completely true	5 Prefer not to respond
Sometimes I feel that if anything is going to be done right, I have to do it myself	1	2	3	4	5
I like doing things that other people thought could not be done	1	2	3	4	5
I feel like I am the kind of individual who stands up for what they believe in, regardless of the consequences	1	2	3	4	5
Hard work has really helped me to get ahead in life	1	2	3	4	5
When things don't go the way I want them to, that just makes me work even harder	1	2	3	4	5
It's not always easy, but I manage to find a way to do that things I really need to get done	1	2	3	4	5
Very seldom have I been disappointed by the results of my hard work	1	2	3	4	5
In the past, even when things got really tough, I never lost sight of my goals	1	2	3	4	5

INSTRUCTIONS: The next questions focus on your experiences related to your ethnicity *in the past 30 days*. As you answer these questions, think about the ethnic group that you feel most a part of. There are no right or wrong answers, we just want to know more about your opinions and experiences. Please circle one response for each item.

	1 Does not describe me at all	2 Describes me a little	3 Describes me well	4 Describes me very well	5 Prefer not to respond
I am clear about what my ethnicity means to me.	1	2	3	4	5
I have attended events that have helped me learn more about my ethnicity.	1	2	3	4	5
I have read books/magazines/newspapers or other materials that have taught me about my ethnicity.	1	2	3	4	5
I know what my ethnicity means to me.	1	2	3	4	5
I have participated in activities that have taught me about my ethnicity.	1	2	3	4	5
I have a clear sense of what my ethnicity means	1	2	3	4	5

to me.					
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INSTRUCTIONS: The following questions ask about your physical health in general or *in the last 30 days*. Please circle the answer that best describes you or write a response when a blank space is provided.

<i>In the last 30 days</i> , would you say in general your health is ...	Poor	Fair	Good	Very good	Excellent	I don't know	Prefer not to respond
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<i>During the past 30 days</i> , for how many days did poor physical health keep you from doing your usual activities, such as self-care, work, or recreation?	_____
	Write in number of days

<i>In the last seven days</i> , on how many days did you exercise for 30 or more minutes?	0	1	2	3	4	5	6	Everyday	Prefer not to respond
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On average, how many hours of sleep do you get in a 24-hour period?	_____
	Write in number of hours

Has a doctor, nurse, or other health professional ever told you that you had any of the following or experienced any of the following?				
Angina or Coronary Heart Disease	No	Yes	I don't know	Prefer not to respond
Stroke	No	Yes	I don't know	Prefer not to respond
Asthma	No	Yes	I don't know	Prefer not to respond
Skin Cancer	No	Yes	I don't know	Prefer not to respond
Cancer/Other types of cancer	No	Yes	I don't know	Prefer not to respond
COPD	No	Yes	I don't know	Prefer not to respond
Pre-diabetes	No	Yes	I don't know	Prefer not to respond
Diabetes	No	Yes	I don't know	Prefer not to respond
Arthritis	No	Yes	I don't know	Prefer not to respond
Gout	No	Yes	I don't know	Prefer not to respond
Lupus	No	Yes	I don't know	Prefer not to respond
Fibromyalgia	No	Yes	I don't know	Prefer not to respond

INSTRUCTIONS: The following questions ask you about your access to healthcare. Please respond to each item by circling one box per row.

	1	2	3
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	Yes	No	Prefer not to respond
In the past 2 years, have you always had health insurance or other coverage for medical care?	1	2	3
Do you have a usual source of care? By that we mean the place you go if you need a checkup or if you are ill.	1	2	3

INSTRUCTIONS: Please respond to each item by circling one box per row. *In the past 7 days...*

	1 Never	2 Rarely	3 Sometimes	4 Often	5 Always	6 Prefer not to respond
I felt fearful in the past 7 days.	1	2	3	4	5	6
I found it hard to focus on anything other than my anxiety in the past 7 days.	1	2	3	4	5	6
My worries overwhelmed me in the past 7 days.	1	2	3	4	5	6
I felt uneasy in the past 7 days.	1	2	3	4	5	6
I felt nervous in the past 7 days.	1	2	3	4	5	6
I felt like I needed help for my anxiety in the past 7 days.	1	2	3	4	5	6
I felt anxious in the past 7 days.	1	2	3	4	5	6
I felt tense in the past 7 days.	1	2	3	4	5	6

INSTRUCTIONS: You are now going to read some statements about your neighborhood and the people who live there. For each statement, please indicate how likely it is that your neighbors would intervene in the following scenarios.

	1 Very unlikely	2 Unlikely	3 Neither likely nor unlikely	4 Likely	5 Very likely	6 I don't know	7 Prefer not to respond
If a group of neighborhood children were skipping school and hanging out on a street corner	1	2	3	4	5	6	7
If some children were spray-painting graffiti on a local building	1	2	3	4	5	6	7

		year or less	times a year	times a month	week	than once a week	not to respond
How often do you attend church, religious, or other spiritual meetings?	1	2	3	4	5	6	7

	1 Definitely not true	2 Tends not to be true	3 Unsure	4 Tends to be true	5 Definitely true of me	6 Prefer not to respond
In my life, I experience the presence of the Divine (i.e., God)	1	2	3	4	5	6
My religious/spiritual beliefs are what really lie behind my whole approach to life	1	2	3	4	5	6
I try hard to carry my religion/spirituality over into all other dealings in life	1	2	3	4	5	6

INSTRUCTIONS: For the following statements, think about the people who live in your neighborhood. Please write the answer to each question in the space provided.

How many people can you readily count on for real help in times of trouble or difficulty, such as watching over children or pets, giving a ride to the hospital or store, helping if you are sick, or even listening to you?	_____
How many people do you know by name who live in your neighborhood?	_____
How many people in your neighborhood have <u>you</u> talked to <u>within the past two weeks</u> ?	_____
How many people do you know in your neighborhood who you would be comfortable asking to participate in taking this survey?	_____

INSTRUCTIONS: Please *think about your life-as-a-whole*.

	1 Not at all satisfied	2 Not very satisfied	3 Somewhat satisfied	4 Very satisfied	5 Completely satisfied	6 Prefer not to respond
Taking all things together how satisfied are you with your <u>life as-a-whole</u> these days?	1	2	3	4	5	6

INSTRUCTIONS: Think about areas of greenspace (e.g., parks, wooded areas, gardens) that you or your family frequent in your neighborhood. Please indicate the degree to which you disagree or agree with the following statements.

	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree	6 Prefer not to respond
I have access to greenspace(s)	1	2	3	4	5	6
	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree	6 Prefer not to respond
They are well-kept	1	2	3	4	5	6
I can relax in these spaces	1	2	3	4	5	6
I can use these spaces for recreation (e.g., to play, exercise)	1	2	3	4	5	6
There is a sufficient number of greenspaces in my neighborhood	1	2	3	4	5	6
I feel a sense of belonging in these spaces	1	2	3	4	5	6
I feel a sense of ownership of the greenspace	1	2	3	4	5	6
I know when these spaces are open and accessible to me	1	2	3	4	5	6
The events offered at these spaces feel culturally relevant or relevant to me	1	2	3	4	5	6

INSTRUCTIONS: Think about your experience in your neighborhood. Please indicate the degree to which you disagree or agree with the following statements.

	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree	6 Prefer not to respond
I feel safe walking in my neighborhood, day or night	1	2	3	4	5	6
Violence is not a problem in my neighborhood	1	2	3	4	5	6
My neighborhood is safe from crime	1	2	3	4	5	6

INSTRUCTIONS: *In the past 12 months*, has there been a time when you and your immediate family...

	1 No	2 Yes	3 Prefer not to Respond
Needed food but couldn't afford to buy it or couldn't afford to go out to get it?	1	2	3
Were without telephone service because you could not afford it?	1	2	3
<i>In the past 12 months</i> , has there been a time when you and your immediate family...	1 No	2 Yes	3 Prefer not to Respond
Didn't pay the full amount of the rent or mortgage because you could not afford it?	1	2	3
Were evicted from your home for not paying the rent or mortgage?	1	2	3
Had services turned off by the gas or electric company, or the oil company wouldn't deliver oil because payments were not made?	1	2	3
Had someone who needed to see a doctor or go to the hospital but didn't go because you could not afford it?	1	2	3
Had someone who needed a dentist but couldn't go because you could not afford it?	1	2	3

INSTRUCTIONS: The following questions are about how you use or do not use the DC Public Library. Please circle the answer that best describes you. For some questions, you can circle more than one answer.

How often do you visit a DC Public Library?	Weekly	Once a month	A few times a year	I haven't visited in the past year	I have never visited a DC Public library location	Prefer not to respond
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If you do NOT currently use the DC Public Library, please indicate the reason why (circle all that apply). Skip this question if you do use a DC Public Library.	Location is not convenient	Hours are not convenient	The library does not have the resources I need	I am not familiar with the library's resources	I access the library online	Other
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How do you normally travel to destinations in your neighborhood? (circle all that apply)	Car	Bus	Bike	Metro Rail	Walk	Prefer not to respond
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INSTRUCTIONS: Each of the statements on this page refers to the place that you now consider to be your home. Please select the answer that best matches your own personal response to each statement.

	1	2	3	4	5	6
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	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Prefer not to respond
I feel that this place is a part of me.	1	2	3	4	5	6
This place is very special to me.	1	2	3	4	5	6
I identify strongly with this place.	1	2	3	4	5	6
I am very attached to this place.	1	2	3	4	5	6
	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree	6 Prefer not to respond
Being at this place says a lot about who I am.	1	2	3	4	5	6
This place means a lot to me.	1	2	3	4	5	6

INSTRUCTIONS: Please respond to each item by circling one box per row. In *your day-to-day life* how often have any of the following things happened to you?

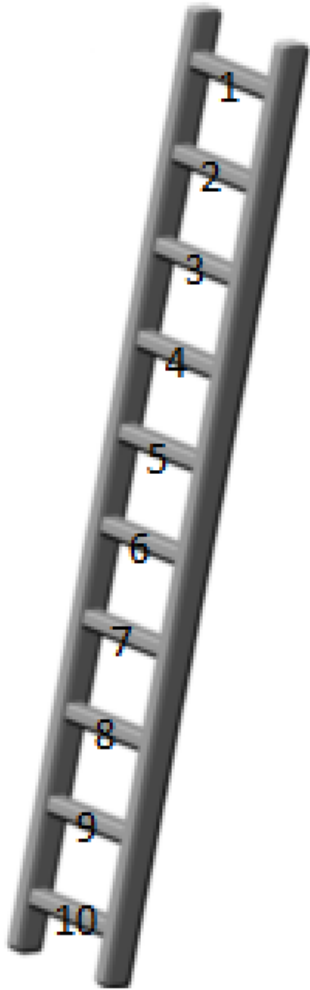
	1 Never	2 Less than once a year	3 A few times a year	4 A few times a month	5 At least once a week	6 Almost everyday	7 Prefer not to respond
You are treated with less courtesy than other people are	1	2	3	4	5	6	7
You receive poorer service than other people at restaurants or stores	1	2	3	4	5	6	7
People act as if they think you are not smart	1	2	3	4	5	6	7
People act as if they are afraid of you	1	2	3	4	5	6	7
You are threatened or harassed	1	2	3	4	5	6	7

If one of the experiences above happens to you “A few times per year” or more frequently, what do you think is the main reason for these experiences? You may circle more than one answer.

- | | |
|--------------------------------------|--|
| a. Your ancestry or national origins | f. Your weight |
| b. Your gender | g. Some other aspect of your physical appearance |
| c. Your race | h. Your sexual orientation |
| d. Your religion | i. Your education or income level |
| e. Your height | j. A physical disability |

INSTRUCTIONS: Please circle an answer choice for each question.

Are you registered to vote?	No	Yes	I don't know	Not applicable	Prefer not to respond
Are you eligible to vote?	No	Yes	I don't know	Not applicable	Prefer not to respond
Do you plan to vote in the November 2022 election?	No	Yes	I don't know	Not applicable	Prefer not to respond



INSTRUCTIONS: Think of this ladder as representing where people stand in the United States. At the top of the ladder are those who have the most money, the most education, and the most respected jobs. At the bottom are those who have the least money, least education, the least respected jobs, or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

Please place a large “X” on the rung where you think you stand at this time in your life relative to other people in the United States.

Now think of this ladder as representing where people stand in their neighborhoods. People define “neighborhood” in different ways; please define it in whatever way is most meaningful to you. At the top of the ladder are people who have the highest standing in their neighborhood. At the bottom are the people who have the lowest standing in their neighborhood.

Please place a large “O” on the rung where you think you stand at this time in your life relative to other people in your neighborhood.

STOP!

IF THERE IS NOT A CHILD BETWEEN THE AGE OF 10-17 LIVING AT THIS ADDRESS → SKIP TO LAST PAGE.

IF THERE IS ONE CHILD BETWEEN THE AGES OF 10-17 LIVING AT THIS ADDRESS → ANSWER THE QUESTIONS IN THE NEXT SECTION ABOUT THAT CHILD.

IF THERE IS MORE THAN ONE CHILD BETWEEN 10-17 LIVING AT THIS ADDRESS, PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THE CHILD WITH THE MOST RECENT BIRTHDAY.

1. What is the child's first name? _____

(If there is more than one child between the ages of 10 to

17 at this household, only think about the child with the most recent birthday)

2. How old is the child (in years)? _____

3. What is your relationship to the child?

a. Biological Mother

- c. Adoptive Mother
- d. Adoptive Father
- e. Grandmother
- f. Grandfather
- g. Sibling older than 18 years
- h. Other relative older than 18 years
- i. Close family friend living in the household
- j. Other

INSTRUCTIONS: The following questions are about your child's health. Please circle the answer that best describes them.

In general, how would you describe your child's health?	Excellent	Very good	Good	Fair	Poor	Prefer not to respond
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Have you ever been told that your child has Asthma?	No	Yes	I don't know	Prefer not to respond
Has your child ever been tested for lead poisoning?	No	Yes	I don't know	Prefer not to respond

What were the results (of lead poisoning test)?	Normal	Borderline-treatment not required	Too high-required treatment	I don't know	Prefer not to respond
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INSTRUCTIONS: Please respond to each item by circling one box per row. *In the past 7 days* my child...

	1 Not true	2 Somewhat true	3 Certainly true	4 Prefer not to respond
Felt like something awful might happen.	1	2	3	4
Felt nervous.	1	2	3	4
Felt scared.	1	2	3	4
Felt worried.	1	2	3	4
Worried about what could happen to them.	1	2	3	4
Worried when they went to bed at night.	1	2	3	4
Got scared really easily.	1	2	3	4
Worried when they were away from home.	1	2	3	4

INSTRUCTIONS: For each item, please circle the option for Not True, Somewhat True, or Certainly True. Please give your answers based on your child's behavior over the last 6 months.

<i>Over the last 6 months, my child has been...</i>	1 Not true	2 Somewhat true	3 Certainly true	4 Prefer not to respond
Considerate of other people's feelings	1	2	3	4
Restless, overactive, cannot stay still for long	1	2	3	4
<i>Over the last 6 months, my child has been...</i>	1 Not true	2 Somewhat true	3 Certainly true	4 Prefer not to respond
Often complains of headaches, stomach-aches or sickness	1	2	3	4
Shares readily with other youth, for example books, games, food	1	2	3	4
Often loses temper	1	2	3	4
Generally, well behaved, usually does what adults request	1	2	3	4
Many worries or often seems worried	1	2	3	4
Helpful if someone is hurt, upset or feeling ill	1	2	3	4
Constantly fidgeting or squirming	1	2	3	4
Has at least one good friend	1	2	3	4
Often fights with other youth or bullies them	1	2	3	4
Often unhappy, depressed or tearful	1	2	3	4
Generally liked by other youth	1	2	3	4
Easily distracted, concentration wanders	1	2	3	4
Nervous in new situations, easily loses confidence	1	2	3	4
Kind to younger children	1	2	3	4
Often lies or cheats	1	2	3	4
Picked on or bullied by other youth	1	2	3	4
Often offers to help others (parents, teachers, children)	1	2	3	4
Thinks things out before acting	1	2	3	4
Steals from home, school or elsewhere	1	2	3	4
Gets along better with adults than with other youth	1	2	3	4

Many fears, easily scared	1	2	3	4
Good attention span, sees work through to the end	1	2	3	4

Thank you for completing the CARE survey and for representing your neighborhood! Please indicate your answers to the following questions by adding a checkmark to the corresponding box.

Payment Options

- I would like a \$20 gift card to an online catalog of stores, restaurants, movies, etc emailed to me. (This email will only be used for payment purposes and deleted once your payment is received.) Please provide the email address you would like to receive your gift card link: _____
- I would like a \$20 VISA debit card mailed to my address.

We are aiming to reach as many members of the community as possible. **As part of these efforts, we will send you 5 survey coupons with a referral code in the mail that you can give to people in your neighborhood. There is no obligation to refer others into the study, but you will receive an additional \$5 sent to the payment option you selected above for every referral that completes the survey.** They follow a link to take the survey online or request a paper packet, and will receive \$20 for completing the survey (5 referrals max).

- If you would like to opt out of receiving this mailing, please check the box

Would the 10 - 17-year-old child that you answered questions about also be interested in participating in a similar version of the CARE survey? If yes, we will send another survey packet to this address to complete, along with a caregiver consent form (for you to review and sign) and a minor assent form (for them to review and sign). They would also receive \$20 for completing the survey – either as a gift card or debit card.

- **Yes, I would like my child to be given the opportunity to participate**

What language would you want the child to take the survey in?

- English
- Spanish
- Amharic

Would the child like to take the survey online or via a paper packet?

- Online
- Paper packet

If you chose online, would you like us to email you or mail you a code for the child to take the online survey?

- Email: _____
- Mail

- **No, I do not want my child to participate**