



Participant ID:

Participant Initials:

Site:

Visit Number:

CRF Date:

RC ID:

NEIGHBORHOOD SAFETY

Display Name - 7 Days: Neighborhood Safety

For each of the following statements, please indicate whether you agree by choosing the best option. In answering these questions, please think of your neighborhood as the area within about a 20 minute walk (or about a mile) from your home.

	Strongly agree	Agree	Neutral (neither agree nor disagree)	Disagree	Strongly disagree
1. I feel safe walking in my neighborhood day or night.					
2. Violence is not a problem in my neighborhood.					
3. My neighborhood is safe from crime.					

Thank You for Completing this Questionnaire.

For Research Coordinator use only: CRF was: Self-administered Interviewer-administered