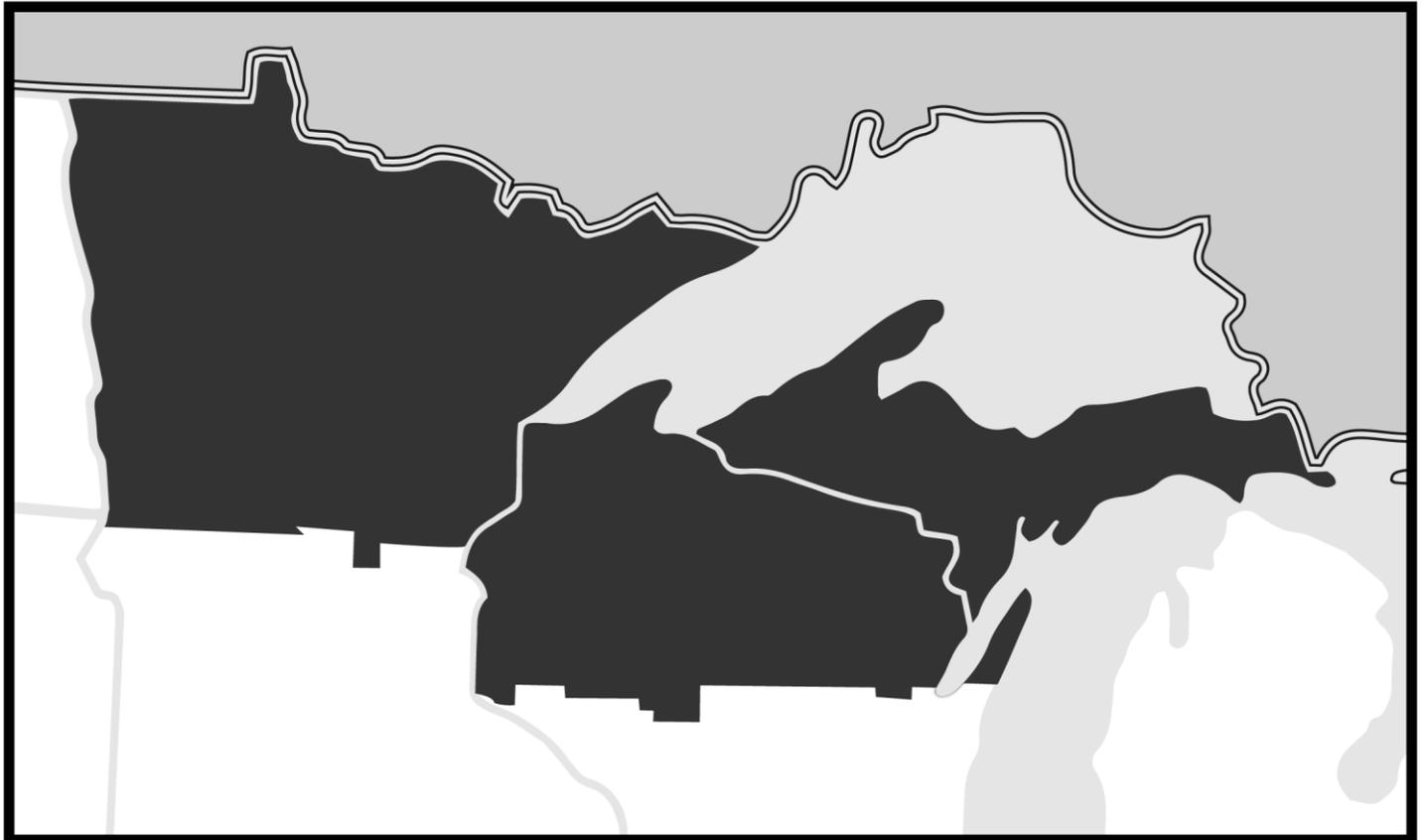


NORTHWOODS COMMUNITY SURVEY

<<ID#>>



<<COMMUNITY, ST>>

Complete and return this survey for a chance to
WIN A \$500 VISA GIFT CARD
OR ONE OF FIVE \$100 VISA GIFT CARDS OR ONE OF TWENTY \$50 GIFT CARDS

Center for Rural Communities
NORTHLAND COLLEGE

••• OTTO
••• BREMER
••• TRUST™

ABOUT <<COMMUNITY>>

<p>1. How many years have you lived in <<COMMUNITY>>? <input style="width: 50px; height: 20px;" type="text"/></p>	<p>2. Are you a....?</p> <p><input type="checkbox"/> Permanent resident</p> <p><input type="checkbox"/> Seasonal resident</p>
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3. Please rate the QUALITY of the following public and private services available within the city limits or boundaries of <<COMMUNITY>>. If the service is not available in your community, check "Not available." If you are unsure about the quality of a service, check "Don't know."

Services	QUALITY						Don't know
	Not available	Excellent	Good	Fair	Poor	Terrible	
Public library	<input type="checkbox"/>						
Public schools	<input type="checkbox"/>						
Public transportation	<input type="checkbox"/>						
Condition of streets	<input type="checkbox"/>						
Snow removal	<input type="checkbox"/>						
City drinking water	<input type="checkbox"/>						
Police protection	<input type="checkbox"/>						
Fire protection	<input type="checkbox"/>						
Emergency response	<input type="checkbox"/>						
Garbage collection	<input type="checkbox"/>						
Recycling service(s)	<input type="checkbox"/>						
Public parks	<input type="checkbox"/>						
Internet service(s)	<input type="checkbox"/>						
Cellular phone service(s)	<input type="checkbox"/>						
Television/cable service(s)	<input type="checkbox"/>						
Electrical/natural gas service(s)	<input type="checkbox"/>						
Medical service(s)	<input type="checkbox"/>						
Mental health service(s)	<input type="checkbox"/>						
Elderly care & assisted living options	<input type="checkbox"/>						
Child care options	<input type="checkbox"/>						

4. We would like to know about other features of your community. Please rate the QUALITY of the following features available within the city limits or boundaries of <<COMMUNITY>>. If a feature is not available in your community, check "Not available." If you are unsure about the quality of a feature, check "Don't know."

Community Features	QUALITY						Don't know
	Not available	Excellent	Good	Fair	Poor	Terrible	
Eating establishments (e.g., sit-down & fast food restaurants)	<input type="checkbox"/>						
Food shopping options (e.g., grocery stores, supermarket)	<input type="checkbox"/>						
Local food from farms (e.g., farmers market, CSA)	<input type="checkbox"/>						
Retail shopping options	<input type="checkbox"/>						
Walkability (e.g., sidewalks, paths)	<input type="checkbox"/>						
Bike routes & lanes	<input type="checkbox"/>						
Access to highways-freeways	<input type="checkbox"/>						
Downtown amenities (e.g., shops, services)	<input type="checkbox"/>						
Churches or places of worship	<input type="checkbox"/>						
Housing options	<input type="checkbox"/>						
Employment opportunities	<input type="checkbox"/>						
Arts & culture (e.g., plays, museums, music)	<input type="checkbox"/>						
Entertainment (e.g., movie theater, bowling, bars)	<input type="checkbox"/>						
Community events (e.g., festivals, parades)	<input type="checkbox"/>						

5. Please rate the QUALITY of the following natural and recreational amenities available surrounding and within <<COMMUNITY>>. If the amenity is not available in your area, check "Not available." If you are unsure about the quality of an amenity, check "Don't know."

Natural & Recreation Amenities	QUALITY						
	Not available	Excellent	Good	Fair	Poor	Terrible	Don't know
Natural landscape	<input type="checkbox"/>						
Air quality	<input type="checkbox"/>						
Water bodies (e.g., rivers, lakes)	<input type="checkbox"/>						
Non-motorized recreation (e.g., hiking, biking, skiing)	<input type="checkbox"/>						
Motorized recreation (e.g., ATV, snowmobiling)	<input type="checkbox"/>						
Water activities (e.g., swimming, kayaking, boating)	<input type="checkbox"/>						
Hunting opportunities	<input type="checkbox"/>						
Fishing opportunities	<input type="checkbox"/>						
Indoor recreation (e.g., gyms, pools, basketball)	<input type="checkbox"/>						
Built outdoor recreation (e.g., golf, tennis, baseball)	<input type="checkbox"/>						

6. Based on what you see of the situation today, do you think in five years from now <<COMMUNITY>> will be a better place to live, about the same, or a worse place?

- Better place
- About the same
- Worse place

7. Please tell us your opinions about your <<COMMUNITY>> by indicating the extent to which you AGREE or DISAGREE with each of the following statements.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
I feel "at home" in <<COMMUNITY>>	<input type="checkbox"/>				
If you do not look out for yourself in this community, no one else will	<input type="checkbox"/>				
I feel free to express my political views in <<COMMUNITY>>	<input type="checkbox"/>				
I am afraid to disagree with others in this community for fear of being called prejudiced	<input type="checkbox"/>				
If I had an emergency, even people I don't know here would help me out	<input type="checkbox"/>				
People who live here are willing to accept people from different racial and ethnic groups	<input type="checkbox"/>				
I know most people in this community on a first name basis	<input type="checkbox"/>				
I would feel sorry if I had to leave <<COMMUNITY>>	<input type="checkbox"/>				
Men and women are treated differently in this community	<input type="checkbox"/>				
<<COMMUNITY>> is a safe place	<input type="checkbox"/>				

8. Please tell us your opinions about the local political leaders of your <<COMMUNITY>> by indicating the extent to which you AGREE or DISAGREE with each of the following statements. If you are unsure, please select "Don't know."

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
My local public officials are trustworthy	<input type="checkbox"/>					
My local public officials are effective at getting things done	<input type="checkbox"/>					
If I called a city office here with a complaint, I would likely get a quick response	<input type="checkbox"/>					
My interests are represented by at least one local elected official	<input type="checkbox"/>					
People like myself have little impact on important community decisions	<input type="checkbox"/>					

9. Here is a list of activities that some people might do in your <<COMMUNITY>>. Have you done any of these activities in the past year?

	Yes	No
Written or spoken to your elected official(s)	<input type="checkbox"/>	<input type="checkbox"/>
Attended a public meeting on town or school affairs	<input type="checkbox"/>	<input type="checkbox"/>
Served as an officer of a club or organization	<input type="checkbox"/>	<input type="checkbox"/>
Performed local volunteer work for any organization or group	<input type="checkbox"/>	<input type="checkbox"/>
Voted in the local election	<input type="checkbox"/>	<input type="checkbox"/>
Donated money to help a local organization	<input type="checkbox"/>	<input type="checkbox"/>
Donated food or supplies to a local organization	<input type="checkbox"/>	<input type="checkbox"/>

YOUR PERSONAL WELL-BEING

This section are about your individual well-being. Please answer according to your personal experience.

10. Please tell us how SATISFIED you are currently with each aspect of your life listed below. After identifying your level of satisfaction, tell us how IMPORTANT each aspect is to you, personally.

How SATISFIED are you with this aspect of your life?						How IMPORTANT is it to you?		
Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Your...	Very important	Somewhat important	Not at all important
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Income level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retirement savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Religion or spirituality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal possessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amount of spare time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time spent volunteering or giving back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing affordability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amount of debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amount of sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social networks or friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition and overall diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Imagine a ladder with steps numbered from zero at the bottom to ten at the top. Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. On which step of the ladder would you say you personally feel you stand at this time? *(Please circle a number.)*

0	1	2	3	4	5	6	7	8	9	10
Worst possible life					Best possible life					

12. Looking ahead to the next five years, please tell us if you think your well-being will IMPROVE or DECLINE in the following ways.

	Improve a lot	Improve a little	Stay the same	Decline a little	Decline a lot
Income level	<input type="checkbox"/>				
Formal educational or training opportunities	<input type="checkbox"/>				
Enjoying hobbies	<input type="checkbox"/>				
Learning new skills or knowledge	<input type="checkbox"/>				
Stress level	<input type="checkbox"/>				
Amount of debt	<input type="checkbox"/>				
Physical health	<input type="checkbox"/>				
Personal relationships	<input type="checkbox"/>				
Religion or spirituality	<input type="checkbox"/>				
Volunteering or giving back	<input type="checkbox"/>				
Mental and emotional well-being	<input type="checkbox"/>				

13. Some people feel they have complete control over their lives, while other people feel that what they do has no real effect on what happens to them. Please use this scale where 0 means "no control at all" and 10 means "a great deal of control" to indicate how much control you feel you have over the way your life turns out:

0	1	2	3	4	5	6	7	8	9	10
No control at all					A great deal of control					

You're almost done. We just have a few more questions.

14. We would like to understand how you spend your time. On average, HOW MANY HOURS do you spend on the following EACH WEEK? (You might do some of these activities at the same time.)

	None	1-5 hours	6-10 hours	11-20 hours	21-30 hours	31-40+ hours
Paid work	<input type="checkbox"/>					
Formal education or training	<input type="checkbox"/>					
Unpaid child care	<input type="checkbox"/>					
Unpaid elderly or disabled person care	<input type="checkbox"/>					
Cooking or preparing food	<input type="checkbox"/>					
Playing group sports	<input type="checkbox"/>					
Working out or doing physical activity	<input type="checkbox"/>					
Spending time in nature	<input type="checkbox"/>					
Watching television	<input type="checkbox"/>					
Playing video games or gaming	<input type="checkbox"/>					
On the internet or a mobile device	<input type="checkbox"/>					
Spending time with family	<input type="checkbox"/>					
Spending time with friends	<input type="checkbox"/>					
Doing a hobby	<input type="checkbox"/>					
Participating in arts, music, or cultural groups (e.g., book club, plays, crafts)	<input type="checkbox"/>					
Church-related activities	<input type="checkbox"/>					
Volunteering	<input type="checkbox"/>					

15. What is your present employment status? *(Please check all that apply.)*

- Unemployed
- Student
- Retired
- Full-time caretaker
- Part-time caretaker
- Self-employed on a full-time basis
- Self-employed on a part-time basis
- Employed by others on a full-time basis
- Employed by others on a part-time basis

16. How satisfied are you with your employment status?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied

If you are **NOT** employed by others and you are **NOT** self-employed, please go to question 19 on the last page. 

If you **ARE** employed by others or are self-employed, please answer questions 17 and 18 on the next page. 

****Only answer if you are employed by others or self-employed.****

17. If you are employed by others or are self-employed, please choose the option that best describes your primary occupation.

- Agriculture
- Construction, installation, or maintenance
- Food services or personal services
- Healthcare support or public safety
- Management, professional, or education
- Production, transportation, or warehousing
- Sales or office support
- Other:

18. Please tell us your opinions about your current employment by indicating the extent to which you AGREE or DISAGREE with each of the following statements.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
I enjoy going to work	<input type="checkbox"/>				
I have opportunities for professional growth	<input type="checkbox"/>				
I feel I have job security	<input type="checkbox"/>				

DEMOGRAPHICS

In this last section, we would like to learn more about you to understand who responded to our survey. As a reminder, your responses will remain confidential.

19. How many persons, including yourself, live in your household? <input type="text"/>	20. How many of the persons living in your household are under 18 years of age? (write 0 if none) <input type="text"/>
21. What is your age? <input type="text"/>	22. What is your sex? <input type="text"/>
23. Which race or races do you best identify with? (Select all that apply.) <input type="checkbox"/> Asian American/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: <input type="text"/>	26. What is your military status? <input type="checkbox"/> Active duty <input type="checkbox"/> Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> Retired <input type="checkbox"/> None
24. Are you Hispanic/Latino/a? <input type="checkbox"/> Yes <input type="checkbox"/> No	27. What is your highest level of education? <input type="checkbox"/> Less than 9th grade <input type="checkbox"/> Some high school, no diploma <input type="checkbox"/> High school graduate (includes equivalency) <input type="checkbox"/> Some college (no degree) <input type="checkbox"/> Associate's degree (including occupational or academic degrees) <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate or professional degree
25. What was your approximate gross (before taxes) household income from all sources for 2018? <input type="checkbox"/> \$9,999 or less <input type="checkbox"/> \$10,000-19,999 <input type="checkbox"/> \$20,000-29,999 <input type="checkbox"/> \$30,000-39,999 <input type="checkbox"/> \$40,000-49,999 <input type="checkbox"/> \$50,000-64,999 <input type="checkbox"/> \$65,000-74,999 <input type="checkbox"/> \$75,000 or more	

THIS IS THE END OF THE SURVEY. THANK YOU FOR YOUR TIME!

Please fold the survey, place it in the enclosed addressed and stamped envelope, and drop it in the mail. Once we have received your completed survey, you will be entered into a drawing for a chance to **win 1 of 20 \$50 Visa gift cards, OR 1 of 5 \$100 Visa gift cards, OR a \$500 Visa gift card.**