Name:							
Address:							
OPD	OPDC Participant Survey						
To st	art, we would like to ask you	ս about չ	our inv	olvement wi	th the neighl	orhood.	
1.	With which of the following neighborhood improvement entities are you currently an active member? [check all that apply]						
	OPDC Board COR KICO Green Team Oakwatch My local neighborhood A Other:						
Tell u	s about how people in our o						
2.	How likely would you say it is	s that pec	ple in y	our communit	y would help	out if the follo	owing occurred?
			Very ikely	Somewhat Likely	Somewhat Unlikely	Very Unlikely	
	I needed a ride somewhere		0	0	0	0	
	A package was delivered whas not at home and it need to be accepted.		0	0	0	0	
	I needed a favor, such as pi up mail or borrowing a tool.	icking	0	0	0	0	
	I needed someone to watch home when I was away.	my	0	0	0	0	
	An elderly neighbor needed someone to periodically che on him or her.		0	0	0	0	
	A neighbor needed someon take care of a child in an emergency.	e to	0	0	0	0	
3.	With how many of your neigh	nbors do	you spe	ak regularly fo	or 5 minutes o	r more?	•
	 ○ None ○ 1—3 ○ 4—6 ○ 7—9 ○ 10 or more 						
4.					ree with the statement.		
		Strongly agree	Agree	Neither agree/disag	ree Disagre	Strongly disagree	
	People in this	0	0	0	0	0	

0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0

5. Do you think, as a community, we have the necessary relationships to change the critical issues affecting our community? Please rate the effectiveness of each of the following community relationships.

	Very Effective	Somewhat Effective	Not Very Effective	Not At All Effective
Local Elected Officials	0	0	0	0
Police	0	0	0	0
Building Inspectors	0	0	0	0
Other City Employees	0	0	0	0
Administrators at Local Hospitals and Universities	0	0	0	0
Private Developers	0	0	0	0
Other:	0	0	0	0

6.	Are you familiar with The Oakland 2025 Master Plan?
	○ Yes○ No○ Not Sure
7.	If yes, do you know where you can get information about The Oakland 2025 Master Plan?
	O Yes O No O Not Sure
8.	Are you aware of Coalition of Oakland Residents (COR)?
	○ Yes○ No○ Not Sure
9.	If yes, do you feel COR does a good job of representing your neighborhood with the implementation of The Oakland 2025 Master Plan?
	 Yes, I'm a delegate to COR. Yes, I hear about COR actions/activities at my neighborhood association. Yes, I understand the relationship between COR and my neighborhood association. No, Please explain: :
	to finish up, we have a few questions about you and your household to help us understand more about those that ctive in our community.
10.	How long have you lived in this community?
	 Less than 1 year 1—5 years 6—10 years 11—20 years 21—30 years More than 30 years
11.	Do currently own or rent your home?
	Own Rent Live with family/friend Other (please specify): :
12.	In which neighborhood do you live?
	Central Oakland North Oakland South Oakland West Oakland Oakcliffe Schenley Farms Other (please specify): :
13.	What is your gender?

	Female Male Other (please specify): :
14.	What is your age?
	 Under 18 years old 18-22 years old 23-29 years old 30-39 years old 40-49 years old 50-59 years old 60-69 years old 70-79 years old 80 years old or over
15.	Including yourself, how many people live in your household?
	○ 1○ 2○ 3○ 4○ 5 or more
16.	How do you identify?
	 American Indian or Alaska Native Asian Middle Eastern Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White Multiracial Other (please specify): :
17.	What Languages are spoken in your home?

Thank you for completing the survey.