



Booklet ID Label

4/10/00
NEIGHBORHOOD OBSERVATION
COVER PAGE

Interviewer ID No.: _____
Interviewer Name: _____

Tract Number: _____
Block Number: _____

No. of Block Faces: [][] -> See attached Master List of Block Faces
No. of Alleys: [] or None.....0

Record of Block Visit:

a. Date: ___/___/___
Mo Day Yr
b. Day of Week: (CIRCLE ONE)
Monday.....1
Tuesday.....2
Wednesday.....3
Thursday.....4
Friday.....5
Saturday.....6
Sunday.....7
c. Start Time: _____ : _____
1 AM
2 PM
d. End Time: _____ : _____
1 AM
2 PM

Your Experiences on Block

1. What experiences have you had on this block?
(CIRCLE ALL THAT APPLY)
None.....0
Screened or interviewed households.....1
Validated household screening or interviews.....2
Listed.....3
Validated listings.....4
Familiar with area.....5
Have friends/relatives in area.....6
Live in area or near by.....7
2. How many [hours/minutes] did you spend on this block face this visit?
[][] hours [][] minutes
3. How many times have you visited this block face?
[][] visits
4. Have you visited this block during any of the following times?
(CIRCLE ALL THAT APPLY)
Weekday evening/night.....1
Weekend days.....2
Weekend evening/night.....3
5. Notes: Were there any special situations or circumstances that may have affected how you filled out this form (e.g., unusual weather, trash day, etc.)? (CIRCLE ONE)
Yes.....1 -> Describe on back of this form.
No.....5

COMMENTS FOR Q5.
