**NEIGHBORHOOD OBSERVATION COVER PAGE**

**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