



NEIGHBORHOOD HEALTH AND SAFETY LIVABILITY ASSESSMENT

On a scale of 1 to 5 rate how the following statements relate to your neighborhood livability. A 1 indicates the statement does not describe your neighborhood at all, a 5 indicates the statement describes your neighborhood very well. If a statement is not applicable to your neighborhood check the N/A column.

	SCORE 1-5	N/A
1. Motorists in my neighborhood obey the speed limit and are respectful of the safety of pedestrians and cyclists.	<input type="checkbox"/>	<input type="checkbox"/>
2. My neighborhood feels safe and neighbors look out for one another's wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>
3. My neighborhood has an emergency preparedness plan in place.	<input type="checkbox"/>	<input type="checkbox"/>
4. My neighborhood has a Block Watch program in place to prevent crime.	<input type="checkbox"/>	<input type="checkbox"/>
5. My neighborhood is free of hazardous waste sites.	<input type="checkbox"/>	<input type="checkbox"/>
6. My house is free of lead-based paint.	<input type="checkbox"/>	<input type="checkbox"/>
7. My yard is free of toxic chemicals (pesticides used to kill bugs and weeds in the garden).	<input type="checkbox"/>	<input type="checkbox"/>
8. My neighborhood infrastructure (streets, street lights, sidewalks, curbs, trees, garbage pickup, etc.) is well maintained.	<input type="checkbox"/>	<input type="checkbox"/>
9. People in my neighborhood participate in physical exercise activities together.	<input type="checkbox"/>	<input type="checkbox"/>

