

APPENDIX

Appendix 1

Survey Research

- A. Nantucket Community Survey - 2006
- B. Methodology
- C. Survey Sample: Detailed Descriptions

Appendix 1.A

Nantucket Community Survey - 2006

Nearly thirteen hundred Nantucket Community Survey 2006 questionnaire packets were distributed by mail to individuals all across Nantucket during the last two weeks of April 2006. Survey recipients were selected at random from Residents Lists provided by the Nantucket Town Clerk. All adults age 18 years and older were equally eligible to participate in the survey.

Over six hundred additional survey packets were hand distributed by community volunteers to individuals across Nantucket during April and May 2006. Recipients of hand delivered surveys were designated by members of the Island's human services provider community as individuals traditionally hard-to-reach with mail surveys. Survey questionnaires were made available in both English and Spanish. All told, a total of more than 1,900 survey questionnaires were distributed to year-round Nantucket residents.

The Nantucket Community Survey – 2006 was designed to collect needs information concerning five major topics, as follows:

- Basis Needs (employment, health, housing, income security, transportation),
- Children/Family (children ages 0 - 17 years, parents/guardians),
- Quality of Life (disability, chronic illness, care giving, discrimination),
- Lifelong Learning (educational attainment, English language proficiency) and,
- Youth substance abuse (alcohol, tobacco, marijuana, inhalants, and prescription medications).

Recipients were selected at random to receive the survey questionnaire. They were asked to fill-out the questionnaire and to return it by mail or directly to a community volunteer.

Cover Letters: Nantucket Community Survey - 2006

- Mail Survey Cover Letter Sample
- In-The-Field Survey Cover Letter Samples:
 - o English-language version
 - o Spanish-language version

**NEED A LARGE PRINT SURVEY?
CALL: 508-325-7559**



TOWN OF NANTUCKET
COUNCIL FOR HUMAN SERVICES

NANTUCKET COMMUNITY
STUDY STEERING
COMMITTEE

**"Nantucket Community Survey"
Improving the Human Environment on Nantucket**

Dear Neighbor,

We need your help and advice.

The Nantucket Council For Human Services is conducting a study to help identify health and human service needs of Islanders. This survey concerns: affordable housing, health-care, children, youth, and families, employment, disabilities, education and literacy, and transportation, as well as the overall quality of life in our community.

Answers to these brief survey questions will help inform citizens, public officials, health and human service planners, and service provider organizations about the Island's present and future needs for human services.

Along with just over one thousand others across Nantucket Island, your name has been randomly selected from Nantucket's year-round resident list to participate in this important study. You are one of only a select sample of Islanders chosen, thus your participation is especially critical to our research. **Please participate by filling-out the enclosed survey.**

Your responses to the survey are completely **anonymous** (no one will be able to tell who filled out your survey) and all survey answers will be kept strictly **confidential**.

We ask that you support this important effort by taking 10 minutes to answer this brief survey. And, if you are a parent, please take an extra few moments to fill-out the special section on young people and families. Please return your filled-out survey in the **enclosed, postage paid envelope by FRIDAY, MAY 12, 2006.**

Thank you,

Nantucket Council For Human Services, Study Steering Committee

Patty Roggeveen,
Chair

Maryanne Worth,
Coordinator of Human Services



TOWN OF NANTUCKET
COUNCIL FOR HUMAN SERVICES

NANTUCKET COMMUNITY
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"Nantucket Community Survey" Improving the Human Environment on Nantucket

Dear Neighbor,

We need your help and advice.

The Nantucket Council For Human Services is conducting a study to help identify health and human service needs of Islanders. This survey concerns: affordable housing, health-care, children, youth, and families, employment, disabilities, education and literacy, and transportation, as well as the overall quality of life in our community.

Answers to these brief survey questions will help inform citizens, public officials, health and human service planners, and service provider organizations about the Island's present and future needs for human services.

Folks from all across the Island are being asked to participate in this study by answering a brief survey. **We ask that you support this important study by taking about 10 minutes to answer the survey questions.** And, if you are a parent, please take an extra few moments to fill-out the special section on young people and families.

Your responses to the survey are completely **anonymous** (no one will be able to tell who filled out your survey) and all survey answers will be kept strictly **confidential**.

Please return your filled-out survey to one of our Volunteers in the envelope provided.

Thank you,

Nantucket Council For Human Services, Study Steering Committee

Patty Roggeveen,
Chair

Maryanne Worth,
Coordinator of Human Services



PUEBLO DE NANTUCKET
CONSEJO PARA SERVICIOS
HUMANOS

COMUNIDAD DE NATUCKET
COMITE DIRECTIVO DE
ESTUDIOS

Mejorando la Condición Humana y el Medio Ambiente de Nantucket.

Querido Vecino,

Nosotros necesitamos de su ayuda y consejo.

Consejo de Nantucket para Servicios Sociales, esta estudiando las diferentes maneras, de como identificar las necesidades de Servicios en la comunidad. Este estudio contiene preguntas para ayudar a identificar las necesidades de servicios y condiciones de servicios sociales, como el costo de vivienda, servicios médicos, los niños, la familia y sus condiciones de vida, empleo, incapacidad, educación o falta de ésta, y transporte, así como también, y sobre todo la cualidad de vida de nuestra comunidad en las quince colonias.

Los habitantes de toda la comunidad de Nantucket, están siéndo invitados para participar en contestar estas preguntas ésta semana. **Nosotros les estamos pidiendo que nos apoyen en contestar este importante estudio, tome unos minutos para contestar este cuestionario.** Y sí usted es un padre de familia por favor tome unos momentos extras para llenar la sección especial de jóvenes y familias.

Sus respuestas, a este estudio, **son completamente anónimas** (nadie conocerá, quién contestó este cuestionario), y todas las respuestas se mantendrán estrictamente de manera **confidencial**.

Por favor regrese este cuestionario contestado, para uno de nuestros voluntarios en el sobre adjunto.

Gracias.

Consejo de Nantucket para Servicios Sociales, Comité Directivo de Estudios

Patty Roggeveen
Presidente

Maryanne Worth
Coordinadora de Servicios Humanos

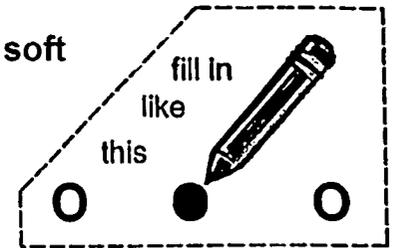
Survey Questionnaire: Nantucket Community Survey - 2006

- Survey Instrument Samples:
 - English-language version
 - Spanish-language version

NANTUCKET COMMUNITY SURVEY

INSTRUCTIONS:

Please answer every question by **FILLING IN THE CIRCLE** with a soft lead pencil. If you are unsure about how to answer a question, please give the best answer that you can.



ABOUT YOUR HOUSEHOLD: ["the people you live with"]

1. In which Island region do *you* live? Eel Point/Dionis/Madaket Cottage Hosp.to Cisco
 Downtown Surfside/Airport Area Monomoy/Shimmo/Shawkemo Quaise/Polpis
 Pocomo/Wauwinet Quidnet/Hoicks Hollow Siasconset/Tom Nevers Other _____

2. How would you describe *your household*? (fill in only one)
 One adult living alone
 Single parent family
 Single parent *with extended family* (grandparents, aunts, uncles, etc.)
 Two adults with or without children living in the house
 Two adults *with extended family* (grandparents, aunts, uncles, etc.) living in the house
 Unrelated group of people (singles living together, doubled-up, living in a group home, etc.)
 Other (explain) _____

3. *Including yourself*, how many adults, live in your household? (fill one per line)
Number ages 18-44 years None 1 2 3 4 or more
Number ages 45-54 years None 1 2 3 4 or more
Number ages 55-64 years None 1 2 3 4 or more
Number age 65 or older None 1 2 3 4 or more

EMPLOYMENT

4. *Including yourself*, how many adults (age 18+) in your household are retired?
(fill in all that apply)

None All 1 2 3 4 or more

5. *Including yourself*, how many adults in your household are employed?
(fill in all that apply))

None All 1 2 3 4 or more

5.a Is *any adult* employed full-time, year-round? Yes No

5.b Is *any adult* gainfully self-employed? (at least 1/2 of his/her income) Yes No

5.c Is *any adult* employed by a small firm with 1-9 permanent employees?
 Yes No

6. Does *your household* require childcare services in order for an adult (age 18+) to be available for employment?

Yes No

HEALTH AND HEALTHCARE:

- 7. How many *household members* are currently covered by health insurance** (including coverage by MassHealth, Medicare, or private health insurances): (complete both lines as needed)
- Number of **Adults** covered by health insurance is: _____ (write in number)
- Number of **Children** (age 17 and under) covered by health insurance is: _____ (write in number)
(including coverage by Children's Medical Security Plan-CMSP) No Children (fill in)
- 8. If you or members of your household have health insurance coverage, how is it obtained?** (fill in all that apply)
- Insurance purchased directly from an insurance company (privately purchased)
 - Medicare A B
 - MassHealth (Medicaid)
 - Through a retirement health insurance plan
 - Through an employer's health insurance plan
 - Through Children's Medical Security Plan or Healthy Start Program
 - Veteran's Administration (VA)
 - Other (explain) _____
- 8.a Do any of these insurances provide for dental care coverage?**
- Yes No
- 8.b Do any of these insurances pay for prescription drugs?**
- Yes, with Co-Payment Yes, with NO Co-Payment No
- 9. Including yourself, is any member of your household disabled or chronically ill?**
- Yes No
- 10. Is any adult (age 18+) in Fair-to-Poor health?**
- Yes No
- 11. Is any child (age 17 or younger) in Fair-to-Poor health?**
- Yes No No Children in Household
- 12. Are you or any household member a PRIMARY caregiver for an aged, disabled, or chronically ill person?** (including a parent, spouse, other relative, or friend/neighbor)
- Yes No
- 13. Do you or any household member receive healthcare or other home aide services in your home?**
- Yes No
- 14. How many times during the past 12 months have you or any household member used a hospital emergency room?** (fill in ONLY ONE)
- None-did not use 1-2 times 3-5 times 6 or more times

HOUSING:

15. How would you describe *your housing situation*? (fill in only one)

- Own house or condo
- Rent a house, apartment, or room
- Living in a covenant house
- Living in "affordable" housing (Miacomet Village, Landmark House, renting from family/relative, etc.)
- Living in Senior Housing or an Assisted Living Unit
- Living on-the-street (in a car/truck, vacant building, tent, etc.)
- Living temporarily with friends or relatives
- Other (explain) _____

16. Is *your housing* now in need of major repairs to make it truly habitable? (Is it sub-standard due to physical problems such as: heating, plumbing, lack of a kitchen sink, refrigerator, stove burners, etc?)

- Yes No

17. Have you or any member of your household been homeless for more than a day or two in the past 24-months?

- Yes No

18. How much does *your household* pay for housing each month? (either rent or mortgage payment) (fill in only one)

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="radio"/> Less than \$300 | <input type="radio"/> \$1,500-\$1,999 | <input type="radio"/> \$2,800-\$2,999 |
| <input type="radio"/> \$300-\$699 | <input type="radio"/> \$2,000-\$2,299 | <input type="radio"/> \$3,000-\$3,499 |
| <input type="radio"/> \$700-\$999 | <input type="radio"/> \$2,300-\$2,499 | <input type="radio"/> \$3,500-\$4,999 |
| <input type="radio"/> \$1,000-\$1,499 | <input type="radio"/> \$2,500-\$2,799 | <input type="radio"/> \$5,000 or more |

18.a If RENT, does payment include? Electricity Heat Other _____

JOB SKILLS & CAREERS

19. Is any adult (age 18+) in your household considering UPGRADING their job skills or CHANGING THEIR CAREER? Yes No

19.a. If YES, what specialty or career area(s) is he/she CONSIDERING?

- Carpentry Electrician Healthcare Landscaping Plumbing/Heating
- Other (explain) _____

19.b. If YES, what additional EDUCATION or TRAINING would he/she need?

- English Lang. GED Supervisor Trade License (plumber/electrician, etc)
- Other (explain) _____

19.c. If YES, what might PREVENT him/her from upgrading skills or making a change?

- Childcare Issues Lack of Education Off-Island Travel Training Costs
- Lack of Training Opportunities Other (explain) _____

HOUSEHOLD ISSUES:

Some of the following list of issues may have been a **problem for you or someone else in your household**. If a listed item **has been a problem** in your household **over the past 12-months**, please tell us if it has been a **minor** problem or a **major** problem.

(fill in **only one circle** on each line)

<u>Type of Problem</u>	<u>NOT a Problem</u>	<u>Minor Problem</u>	<u>Major Problem</u>	<u>Don't Know</u>
Adult substance abuse (alcohol, drugs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A lot of depression in the household.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discrimination (due to HIV, AIDS, TB, etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discrimination (due to race, age, language, sexual identity/orientation, etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discrimination toward mentally ill person(s).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't have a working car/truck when needed.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiencing an alcohol and/or drug problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiencing physical conflict in the household.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a lot of anxiety or stress in household.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration status or visa dispute.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate opportunities to learn new skills or for advancement at work.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not able to afford nutritious food.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not able to find appropriate senior (65+) housing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not always having enough money for food.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to afford legal help.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to afford recreational activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough room in your house for all the people who live there.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having enough money to pay for housing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having enough money to pay the doctor, the dentist, or to buy prescription medications.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying for a mental health counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying for or getting dental insurance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seriously overweight person(s) in household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (explain)_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If NO CHILDREN Live With You - SKIP THESE QUESTIONS - - - - Go On To NEXT Page - - - - >

Children or teenagers experiencing behavioral or emotional problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to find or afford after-school child care.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to find or afford child day care.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Underage drinking.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Underage smoking or other tobacco use.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SERVICE BARRIERS:

We are interested in learning about difficulties people have when they try to find help for their problems. If ***you or someone in your household*** has had difficulty when looking for help with any of the above problems ***in the past 12 months***, please tell us ***how serious*** that difficulty was.

(fill in only one circle on each line)

<u>Type of Difficulty</u>	<u>Not Serious</u>	<u>Moderately Serious</u>	<u>Very Serious</u>	<u>So Serious Did NOT Get Help</u>
Cost of taking time away from work.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Could not afford fees or costs for services.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of discrimination.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hours of service were not convenient.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance not accepted for services.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lacked handicap access.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lacked information on available services.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of information on where to go for services.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of transportation.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying insurance deductible/co-payment.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services not in appropriate place or part of town ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services located too far away.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services not accepting new patients/clients.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to take time away from work to go to services.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (explain)_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



EDUCATION and TRAINING:

20. Including yourself, how many adults (age 18+) in your household have reached the following educational levels: (write in number of adults)

- | | |
|---------------------------------------|----------------------------|
| Still attending high school_____ | Some college_____ |
| Left high school without diploma_____ | 2-year college degree_____ |
| High school diploma _____ | 4-year college degree_____ |
| GED_____ | Graduate-level degree_____ |

21. If adult(s) living in your household are NOT working, are they: (fill in all that apply)

- Does Not Apply
- In Job Training
- In School or College
- Retired
- Other (explain)_____
- Unable to work (disabled, on medical leave, etc.)
- Unemployed, looking for work
- Unemployed, NOT looking for work

FOR RENTERS ONLY: If NOT a Renter – SKIP THIS PAGE - - - Go On To NEXT Page - - - >

22. How many BEDROOMS are in your current rental unit? (Fill-In ONE)

- Studio/Efficiency (no separate bedroom) 1 bedroom 2 bedrooms 3 bedrooms 4+ bedrooms

23. Is your current rental HOUSING a ? (Fill-In ONE)

- Detached, single-family house Multi-family dwelling (duplex, apartment, condo, etc.)
 Mobile home (permanent trailer) Room (in hotel/motel/inn or private home)

24. Is your household living in any sort of SUBSIDIZED rental housing?

- Yes No

24.a If YES, what TYPE of RENT SUBSIDY? (Fill-In ALL THAT APPLY)

- Living in a Town Housing Authority or Senior Housing unit
 MUST provide household income info in order to renew the lease
 Part of rent is paid by a government agency
 Part of rent is paid by a NON-government source (charity/church, a non-profit, etc.)
 Section 8 Voucher
 Other (explain) _____

25. Do you consider your household NOW to be FINANCIALLY AT RISK?

- Yes No

25.a If YES, which of these is TRUE for your household? (Fill-In ALL THAT APPLY)

- Forced to move ____ times in past 12-months due to rent increase(s)
 Household does not have a usable car/truck for local trips (to work, shopping, doctors, etc.)
 Household member(s) have low/poor credit rating(s)
 Household member(s) sometimes go without adequate food
 Household member(s) sometimes go without appropriate clothing
 Household member(s) sometimes go without NEEDED medical care or dental work
 Household often needs FREE food (from food pantry, charity kitchen, or friends/relatives)
 It is often VERY DIFFICULT to pay the monthly rent
 One or more critical bill goes unpaid each month
 Other (explain) _____

26. How does your household NOW cope with HOUSING COSTS—CURRENT situation?

26.a If NO financial assistance; (Fill-In ONE)

- Currently NOT meeting our housing costs (rent/mortgage, real estate taxes, utilities are overdue)
 Pay housing costs from employment income(s) or other resources (Social Security, etc.)
 Pay housing costs with borrowed money (from credit cards/loans, friends, relatives, etc.)
 Other (explain) _____

26.b If receiving any EMPLOYMENT-RELATED HOUSING assistance; (Fill-In ONE)

- Employer pays SOME of our housing costs Employer provides our housing FREE

MORE ABOUT YOUR HOUSEHOLD:

- - - > 28. How many *children* (age 17 or younger) live in your household?

- None 1 2 3 4 5 6 7 or more

29. Is *anyone in your household* age 75 or older? Yes No

30. What is the primary race, national origin, and ethnicity of *you and members of your household*? (fill in all that apply)

- | | | |
|---|--|---|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Brazilian | <input type="radio"/> Other (explain) _____ |
| <input type="radio"/> Asian | <input type="radio"/> Cape Verdean | _____ |
| <input type="radio"/> Black or African American | <input type="radio"/> Haitian | _____ |
| <input type="radio"/> Native Hawaiian or Other Pacific Islander | <input type="radio"/> Hispanic or Latino | _____ |
| <input type="radio"/> White/Caucasian | <input type="radio"/> Portuguese | _____ |
| | <input type="radio"/> Wampanoag | |

31. If the primary language spoken in your household is not English, does *any adult* (age 18+) there read, understand, and speak English?

- Yes No Does Not Apply

32. How many *persons in your household* receive PUBLIC financial assistance such as; Temporary Aid To Families With Dependent Children (TAFDC), Food Stamps, fuel assistance, Supplemental Security Income (SSI), SSDI, or housing vouchers? (fill in one)

- None 1 2 3 4 5 6 7+

33. Have *you or anyone in your household* received any of the following PRIVATE assistance or cash grants in the past 12 months? (If YES, fill in all that apply)

- Yes, For: Food/Clothes Housing (rent, repairs, etc.) Heating Utilities
 No Other (explain) _____

34. Counting income from all sources (including earnings from jobs, pensions, unemployment compensation, public financial assistance, interest, etc.) and counting income from *everyone in your household*, what was the *combined* household income last year?

(fill in only one)

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$10,000 | <input type="radio"/> \$35,000 - \$49,999 | <input type="radio"/> \$125,000 - \$149,999 |
| <input type="radio"/> \$10,000 - \$14,999 | <input type="radio"/> \$50,000 - \$74,999 | <input type="radio"/> \$150,000 - \$174,999 |
| <input type="radio"/> \$15,000 - \$24,999 | <input type="radio"/> \$75,000 - \$99,999 | <input type="radio"/> \$175,000 - \$199,999 |
| <input type="radio"/> \$25,000 - \$34,999 | <input type="radio"/> \$100,000 - \$124,999 | <input type="radio"/> \$200,000 or above |

THANKS FOR ANSWERING THIS IMPORTANT NANTUCKET COMMUNITY SURVEY

=====

INSTRUCTIONS:

Please fold your survey, place it in the postage paid, self-addressed envelope provided, and **DROP IN ANY MAILBOX OR** if survey not received by mail, return questionnaire to Survey Volunteer.

YOUR COMMENTS, IDEAS, AND SUGGESTIONS: (OPTIONAL, OF COURSE)

A. What do you especially like about Nantucket?

B. What do you especially like about the PEOPLE of Nantucket?

C. What do you dislike most about Nantucket?

D. Please write in *your* ideas or suggestions for making Nantucket a better place to live?
(Use as much space as you like. Attach an additional sheet if needed.)

For PARENTS ONLY – if NO CHILDREN – DISCARD THIS PAGE

CHILDREN (17 or Younger) IN YOUR HOUSEHOLD? TELL US ABOUT THEM:

For a moment, let's talk about just *the Youngest and Oldest* children now living in your household.
(if only one child, show him/her as the "YOUNGEST")

Please tell us about these *TWO* children: (if young child, ANSWER only questions that apply)

	<u>YOUNGEST</u>		<u>OLDEST</u>		DOES NOT APPLY
	Write-in age(s) → (Age: _____)		(Age: _____)		
This school year, child is <i>enrolled in</i> :	<u>YES</u>	<u>No</u>	<u>YES</u>	<u>No</u>	
- Pre-Kindergarten or Kindergarten.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Elementary school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Middle school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- High school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Almost always has transportation to youth activities.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During working hours, is in daycare or after-school care.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has access to safe and appropriate youth programs, clubs, etc.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a chronic illness (asthma, diabetes, ADHD, depression, etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a disability (vision, hearing, physical, mental/emotional, etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare covered by Children's Medical Security Plan or MassHealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is covered by <u>BOTH</u> medical and dental care insurance.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does *any child in your household (age 17 or younger)* arrive home from school to a house where NO ADULT is present? Yes No

And now for some pretty TOUGH questions (Answers Optional)

Now, let's think about *the children (age 17 and younger) now living in your household*. If there is **ANY** child with any of the following difficulties, please say how often these statements apply.

(if only young children, please **SKIP** this section of questions)

<u>Type of Difficulty</u>	<u>Does Not Occur</u>	<u>Sometimes</u>	<u>Often</u>	<u>Not Sure</u>
Acts disrespectfully toward others (adults, friends, peers, etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acts stubbornly at home or in school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appears overly sad, discouraged, or depressed.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attends an unsafe school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feels a lack of community support for him/herself or friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fights with or hurts a sibling or adult household member.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hangs with kids known to use drugs or drink alcohol.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has experienced teen dating violence (date rape, etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In anger, hits or hurts a boyfriend, girlfriend, or another kid.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is disobedient or defies adults.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is involved in physical fights at school or in neighborhood.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seems stressed out, nervous, or worried.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbally abuses members of his/her household.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



For PARENTS ONLY – If NO CHILDREN – DISCARD THIS PAGE

Nantucket Parents & Teens: Conversations about Tobacco, Drugs, and Alcohol

Parents know that conversations with their pre-teens and teens can be difficult and trying. It's often hard for real communication to occur. This is especially true when attempting to discuss ILLEGAL substances.

We want to hear your experiences about talking with your pre-teens and teenagers

1. Have you talked in the past few months with your pre-teens or teenagers

About Smoking Cigarettes?

Yes No

About Underage Drinking?

Yes No

About Smoking Marijuana?

Yes No

2. Circle the FIVE words that BEST describe a typical conversation with your pre-teen or teenager about tobacco, alcohol, or drug use by Nantucket youth--how do YOU feel when talking about these subjects?

Never had such a conversation

Don't care to answer

Don't know

comfortable	frustrated	not heard	angry	understood	used up
It's endless	open	sensible	bored	hopeful	depressed
embarrassed	considerate	warm	respectful	confused	tense
controlled	hurried	uncomfortable	anxious	repetitive	concerned

3. Do you trust your pre-teens or teenagers to make safe and responsible decisions about using tobacco, alcohol, and illegal drugs? Yes Somewhat No Don't Know

4. It is perfectly okay for parents to "check out" a child's room when they suspect tobacco, alcohol, or drug use. Do you agree ?

Agree strongly Agree somewhat Disagree somewhat Disagree Strongly Don't Know

5. The amount of UNDERAGE alcohol use on Nantucket is exaggerated. Do you agree ?

Agree strongly Agree somewhat Disagree somewhat Disagree Strongly Don't know

6. It would be okay for my teenager to attend a party where alcohol is served or available to teens.

Agree strongly Agree somewhat Disagree somewhat Disagree Strongly Don't know

7. Which TWO of these illegal items do you believe are the MOST harmful to Nantucket youth?

Beer/Coolers Cigarettes Inhalants Marijuana Stolen Prescriptions Don't know

8. There should be stiffer penalties for adults who knowingly buy for or serve alcohol to Nantucket youth. Do you agree ?

Agree strongly Agree somewhat Disagree somewhat Disagree Strongly Don't know

9. Using so-called "gateway" drugs ("pot," inhalants, etc.)—"drugs if exposed to, generally lead to the use of harder drugs"—poses a serious problem for Nantucket youth. Do you agree ?

Agree strongly Agree somewhat Disagree somewhat Disagree Strongly Don't know

10. Are there things that you would like to discuss with your pre-teen or teenager about the use of tobacco, alcohol, or drugs but have not yet? Yes No If YES,

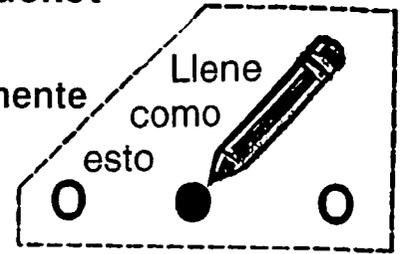
WHAT? _____

WHY NOT? _____

Cuestionario para la Comunidad de Nantucket

INSTRUCCIONES:

Por favor conteste cada pregunta, rellinando el circulo ligeramente con un lápiz. Si estuviera inseguro acerca de cómo contestar una pregunta, por favor de la mejor contestación que pueda.



ACERCA DE SU FAMILIA: [acerca de todas las personas con las que vive en su casa.]

- ¿En qué región de la isla vive? En Eel Point Area del Hospital a Cisco
 Centro Surfside/Area del aeropuerto Monomoy/Shimmo/Shawkemo
 Pocomo/Wauwinet Quidnet/Hoicks Hollow Siasconset/Tom Nevers Otro _____
- Como puede describir de cuantos se compone su familia con los que vive? (llene sólo una)
 Un adulto viviendo solo
 Padre o Madre soltera con una familia
 Padre o Madre soltera viviendo con familiares inmediatos
 Dos adultos con niños (as) o sin niños viviendo en la misma casa.
 Dos adultos *con familiares inmediatos* viviendo en la misma casa.
 Grupo de personas no relacionadas (solteros viviendo juntos, doblados, viviendo en casa como grupo, etc.)
 Otra (explique) _____
- Incluyéndose usted mismo, cuantos adultos viven en su casa? (llene una por linea)
Edades 18-44 Ninguno 1 2 3 4 o mas
Edades 45-54 Ninguno 1 2 3 4 o mas
Edades 55-64 Ninguno 1 2 3 4 o mas
Edad 65 or viejo..... Ninguno 1 2 3 4 o mas

EMPLEO

- Incluyéndose usted mismo, cuantos adultos viven en su casa que están Jubilados?**
(llene todas las que se aplican)
 ninguno todos 1 2 3 4 o mas
- Incluyéndose usted mismo, cuántos adultos (edad 18+) que viven en su casa están empleados?**
 ninguno todos 1 2 3 4 o mas
 - Algún adulto esta empleado todo el año?** Si No
 - Algún adulto adinerado (rico) con propio negocio** (por lo menos ½ de su salario).
 Si No
 - Algún adulto esta empleado por una pequeña compañía con 1-9 empleados permanentes?** Si No
- Algún miembro adulto (edad 18+) de su familia requiere los servicios de guardería para poder estar disponible para trabajar?** Si No

SALUD Y CUIDADO DE SALUD:

7. **Cuántos miembros de su familia están actualmente cubiertos por un Seguro Médico**
(incluyendo cobertura bajo Masshealth, Medicare, Seguro Médico Privado.) (complete las dos líneas si necesita)
Numero de **Adultos** cubiertos por un Seguro Médico son: ____ (escriba el número).
Numero de **Niños(as)** (menores de 17 años) cubiertos por un Seguro Médico ____ (escriba el número)
(incluyendo cobertura por Children's Medical Security Plan-CMSP) No hay niños (as)
8. **Si usted o miembros de su familia están cubiertos por un Seguro Médico, como lo ha obtenido?** (llene todas las que necesite)
- Seguro Médico comprado directamente de una compañía de Seguro Médico (compra privada)
 - Medicare Part A Part B
 - Masshealth (Medicaid)
 - A través de un Seguro Médico en un Plan de Jubilación
 - A través de su empleador (lugar de trabajo), le ofrecen Seguro Médico
 - A través de Children's Medical Security Plan o el Programa Healthy Start
 - A través de la Administración de Veteranos (VA)
 - Otra (explique) _____
- 8.a. **Alguno de estos Seguros Médicos le proporciona cobertura de cuidado Dental?**
 Si No
- 8.b. **Alguno de estos Seguros Médicos paga por Recetas Médicas?**
 Si, con pago Deductible Si, SIN pago Deductible No cubre recetas médicas
9. **Incluyéndose usted mismo, hay algún miembro de su familia, discapacitado o crónicamente enfermo?**
 Si No
10. **Hay algún adulto (edad 18 +) moderadamente enfermo o poco saludable?**
 Si No
11. **Algún niño(a) menor (de 17 años) se encuentra con alguna enfermedad o poco saludable?**
 Si No No hay niños en la familia
12. **Usted o algún miembro familiar es la principal persona en cuidar a un adulto discapacitado o una persona crónicamente enferma?** (incluya padres, esposo(a), u otro familiar, amigo o vecino)
 Si No
13. **Usted o algún miembro familiar esta recibiendo Seguro Médico u otros servicios de cuidados de salud en su casa?**
 Si No
14. **Cuántas veces durante los pasados 12 meses, usted o algún miembro familiar, uso el servicio de emergencia en el Hospital?** (llene sólo una)
 ninguna/no uso 1-2 veces 3-5 veces 6 o más veces

CASA HABITACIONAL:

15. **Cómo puede describir su situación de vivienda?** (llene sólo una)

- Casa propia o Condominio
- Renta de Casa, Apartamento o Cuarto
- Viviendo en una casa de convenio
- Viviendo en una casa de bajos recursos (Miacomet Village, Landmark House, renta de algun familiar, etc...)
- Viviendo en un Asilo o en una Unidad con Asistencia para Ancianos
- Viviendo en la calle (en un carro/camion, edificio vacante, tienda de campaña, etc...)
- Viviendo temporalmente con amigos o familiares
- Otra (explique) _____

16. **Actualmente su casa se encuentra en necesidad de mayores reparaciones para hacer ésta verdaderamente habitable?** (ésta no está cubriendo las condiciones principales, necesitando de eparar algún problema físico como: calefacción, plomería, falta de un fregadero en la cocina, refrigerador, estufa, etc.)

- Sí No

17. **Usted o algún miembro de su familia, ha estado sin lugar dónde vivir, por más de un día o dos en los pasados 24 meses?**

- Sí No

18. **Su familia cuánto paga de renta cada mes?** (de cualquier modo en renta o pagos de su propiedad) (llene solo una)

- | | | |
|--|---|---|
| <input type="radio"/> Menos de \$300 | <input type="radio"/> \$1,500 - \$1,999 | <input type="radio"/> \$2,800 - \$2,999 |
| <input type="radio"/> \$300 - \$699 | <input type="radio"/> \$2,000 - \$2,299 | <input type="radio"/> \$3,000 - \$3,499 |
| <input type="radio"/> \$700 - \$999 | <input type="radio"/> \$2,300 - \$2,499 | <input type="radio"/> \$3,500 - \$4,999 |
| <input type="radio"/> \$1,000 - \$ 1,499 | <input type="radio"/> \$2,500 - \$2,799 | <input type="radio"/> \$5,000 o más |

18.a **Sí está rentando, su renta incluye?** utilidades calor otra _____

HABILIDADES DE TRABAJO Y CARRERAS

19. **¿Hay algún adulto (edad 18 +) en su casa que considere actualizar sus habilidades de trabajo o cambiar su carrera.** Sí No

19.a. **Sí, si ¿qué especialidad o carrera está él o ella considerando?**

- Carpintería Electricidad Salud Jardinería Plomería/Calefaccion
 Otro (explique) _____

19.b. **Sí, si, ¿qué educación especial o entrenamiento necesaria?**

- Idioma inglés GED Supervisor Licencia de Ocupación
 Otro (explique) _____

19.c. **Sí, si ¿qué podría prevenirle de actualizar sus habilidades o de hacer algún cambio?**

- Problemas de cuidado de niños Falta de educación Viajar fuera de la isla
 Costo de entrenamiento Falta de oportunidades de entrenamiento
 Otro (explique) _____

CUESTIONES FAMILIARES:

Alguna de la siguiente lista de cuestiones, puede estar siendo un problema para usted o alguien más en su familia. Si algo del listado está siendo *un problema*, en su familia en los pasados 12 meses, por favor díganos si está siendo un **menor** problema o un problema **mayor**.

(llene sólo un círculo en cada línea)

<u>Tipo de Problema</u>	<u>NO Problema</u>	<u>Menor Problema</u>	<u>Mayo Problema</u>	<u>No Conosco</u>
Adulto, abuso de sustancias alcohólicas o drogas, etc.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mucha depresión Familiar.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discriminación por SIDA, Tuberculosis, etc.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discriminación por su origen, edad, language, identidad/orientación sexual.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discriminación hacia una persona mentalmente enferma.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No tiene un carro o camion para trabajar cuando lo necesita.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adquiriendo un problema con bebidas alcohólicas o drogas.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adquiriendo conflicto físico en su familia.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teniendo mucha ansiedad o tensión emocional en la familia.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disputa de su estado del inmigración o visa.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadecuadas oportunidades para aprender o tener entrenamientos para promoción en el trabajo.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No poder tener comida nutriente.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No poder encontrar vivienda apropiada para adulto (65+).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No contar siempre con suficiente dinero para alimentos.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No poder tener la habilidad de pagar por ayuda en servicios legales.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No poder tener la habilidad para pagar por actividades recreativas.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No contar con suficientes habitaciones para todas las personas viviéndo en casa.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No tener sufuciente dinero para pagar por una casa o habitación.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No tener suficiente dinero para pagar a un doctor, dentista o para comprar medicamentos recetados.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pagando para ver a un counselor de salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pagando para tener Seguro Dental.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<u>Tipo de Problema</u>	<u>NO Problema</u>	<u>Menor Problema</u>	<u>Mayo Problema</u>	<u>No Conosco</u>
Miembros familiares con serio problema de sobrepeso	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otro (explique)_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sí NOTIENE NIÑOS(AS) Viviendo con usted – EVITE ESTAS PREGUNTAS---Pase a la **SIGUIENTE Página-----▶**

Niños(as) o jóvenes menores de 17 años adquiriendo mala conducta o con problemas...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No poder encontrar o poder pagar para el cuidado de los niños después de la escuela....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No poder encontrar o pagar por guardería.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menores de edad tomando bebidas alcohólicas.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menores de edad fumando o usando tabaco....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OBSTÁCULO EN SERVICIOS:

Estamos interesados en conocer acerca de las dificultades que la gente tiene, cuando tratan de encontrar ayuda para resolver sus problemas. Sí usted o alguien en su familia ha tenido alguna dificultad en encontrar ayuda con alguno de los siguientes problemas en los pasados 12 meses, pór favor, díganos **que tan seria fue esa dificultad.** (llene sólo un círculo en cada línea)

<u>Tipo de Dificultad</u>	<u>No Seria</u>	<u>Moderadamente Seria</u>	<u>Muy Seria</u>	<u>No encontró Ayuda</u>
Cósto al tomar tiempo fuera del trabajo.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No pudo pagar o cubrir costos de servicios.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sintiéndose discriminado (a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No conveniente los horarios de servicios.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seguro no aceptado por servicios.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deficiencia de acceso para personas discapacitadas..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deficiencia de información para servicios disponibles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deficiencia de información a dónde ir por servicios.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deficiencia de transportación.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pagando deducible de seguro.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios en lugar no apropiado o parte de la ciudad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios localizados muy lejos.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No aceptando nuevos pacientes o clientes en servicios	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sin poder tomar tiempo del trabajo para poder ir por servicios	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otro (explique) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EDUCACION Y ENTRENAMIENTO:

20. **Incluyéndose usted mismo, cuantos adultos** (edad 18 +) **en su familia, tienen alcanzado el siguiente nivel de educación:** (escriba número de adultos)

Atendiendo Preparatoria _____	Algún tiempo Educación Superior _____
Suspendió Preparatoria sin recibir diploma _____	2 años Educación Superior _____
Diploma Preparatoria _____	4 años Educación Superior _____
GED _____	Graduado Educación Superior _____

21. Si **hay adultos** viviendo en su casa, que **NO** están trabajando, ellos están: (llene todas las que se apliquen)

- | | |
|---|--|
| <input type="radio"/> Hace No aplicar | <input type="radio"/> Indispuesto para trabajar (discapacitado, permiso por condiciones médicas, etc.) |
| <input type="radio"/> En entrenamiento de trabajo | <input type="radio"/> Desempleado, buscando por trabajo |
| <input type="radio"/> En Escuela o Colegio | <input type="radio"/> Desempleado, NO buscando por trabajo |
| <input type="radio"/> Jubilado | |
| <input type="radio"/> Otra (explique) _____ | |

Si **NO RENTA** su Casa – **EVITE ESTA PÁGINA** --- Vaya para la **PRÓXIMA PÁGINA** ----->

Las preguntas **DE ÉSTA PÁGINA SON PARA PERSONAS** que **RENTAN SOLAMENTE:**

22. Cuántas recámaras tiene la unidad **rentada**?

- Estudio/Cuarto Sólo 1 Recámara 2 Recámaras 3 Recámaras 4 o más
(no recámaras separadas)

23. SU CASA actualmente **rentando** es una? (llene una)

- Detallada para una sólo familia Múltiples Familias edificada (duplex, apartamento, condominio, etc.)
 Casa móvil (acoplado permanente) Cuarto (en Hotel/Motel o casa privada)

24. Alguna persona se encuentra **rentando** en algún tipo DE SUBSIDIO?

- Si No

24.a. Si tiene, en que TIPO de SUBSIDIO se encuentra, **RENTANDO**? (llene las que se apliquen)

- Viviendo en una Unidad Habitacional por parte de una Autoridad local de la ciudad.
 Debe presentar información de su salario familiar para renovar su contrato.
 Parte de la Renta es pagada por una agencia de gobierno.
 Parte de la Renta es pagada por otro recurso No Gubernamental (caridad, Iglesia, organización "NGO," etc.)
 Sección 8-Cupón
 Otra (explique) _____

25. Usted considera su familia Actualmente en estado **DE RIESGO FINANCIAL**?

- Si No

25.a Si se encuentra, cuál de éstas se aplica para ser verdadera en su situación familiar?
(llene las que se apliquen)

- Forzado(s) para moverse ____ veces en los últimos 12 meses por el incremento de la Renta.
 En su familia no cuentan con un carro/camioneta usable, para transportarse localmente (para trabajar, ir de compras, ir al doctor, etc.)
 Miembro(s) familiares no tienen crédito o bajo nivel de crédito.
 Miembro (s) familiares, algunas veces sin adecuados alimentos.
 Miembro(s) familiares sin apropiada ropa.
 Miembro(s) familiares, algunas veces Necesitan Cuidado Médico o Servicio Dental.
 Frecuentemente, la familia necesita de comida gratuita (dispensario de alimentos, cocina de caridad o familiares/amigos)
 Continuamente tiene dificultad para pagar la mensualidad de la Renta?
 Críticamente sin pagar una o más cuentas cada mes?
 Otra (explique) _____

26. Que hace su familia ahora, para cubrir las cuentas de la RENTA DE SU CASA, con la **ACTUAL situación?**

26.a. Si NO tiene Asistencia Financiam (llene una)

- Actualmente, NO cubriendo las cuentas de pago de renta habitacional (renta, cuentas de utilidades, etc. están atrasados los pagos)
- Pagando las cuentas de la casa, con el salario de trabajo(s) u otras fuentes (Seguro Social. etc.)
- Pagando las cuentas de la casa con dinero prestado (tarjetas de crédito, préstamo(s), amigos, familiares, etc.)
- Otra (explique) _____

26.b. Si está recibiendo algún empleo relacionado con asistencia de su vivienda? (llene una)

- Su empleador, paga ALGO de los costos de su vivienda?
- Su empleador, le provee vivienda GRATUITA

Díganos más acerca de todas las personas que viven en su casa:

---> 28. Cuántos *niños* (17 años o menores) **viviendo en su casa?**

- ninguno 1 2 3 4 5 6 7 o más

29. **Alguna persona de 75 años o más viviendo en su casa?** Si No

30. **Cuál es el primer origen racial y étnico de usted y sus miembros familiares?**

(llene los que se apliquen)

- | | | |
|--|--|---|
| <input type="radio"/> Indio Americano o Nativo de Alaska | <input type="radio"/> Brasileño | <input type="radio"/> Otro (explique) _____ |
| <input type="radio"/> Asiático | <input type="radio"/> Cabo Verdiano | _____ |
| <input type="radio"/> Negro o Africano Americano | <input type="radio"/> Hispano o Latino | _____ |
| <input type="radio"/> Hawaiano o de otra Isla del Pacífico | <input type="radio"/> Portugués | _____ |
| <input type="radio"/> Blanco (oroginario) | <input type="radio"/> Wampanoag | _____ |

31. Si el primer language hablado **no** es Inglés, algún adulto (18 +) **entiende, lee y habla inglés?**

- Si No No se aplica

32. Cuántas personas en su familia reciben **Asistencia Financiam PÚBLICA (TAFDC), Cupones para Comida, Asistencia de descuento para aceite, Salario Suplemental (SSI), SSDI, o recibo de dinero para vivienda?**

- ninguno 1 2 3 4 5 6 7 o más

33. **Usted o *alguien en su familia*, está recibiendo alguno de las siguiente Asistencia PRIVADA o dinero en fondos en los pasados 12 meses?** (si por, llene todas las que se aplique)

- Si, por: Comida/Ropa Vivienda (renta, reparaciones, etc) Calefacción
 Utilidades (luz, gas, teléfono) Otra (explique) _____
- No

34. **Contando con el salario de todos los ingresos** (incluyendo entradas de trabajos, pensiones, desempleo, compensación, pública asistencia financiera, interés, etc.) **Y contando todos los salarios de todos los *miembros de la familia viviendo en su casa*, cuál fue el salario total de todos los *integrantes* familiares el año pasado?** (llene sólo una)

- | | | |
|---|---|---|
| <input type="radio"/> Menos de \$10,000 | <input type="radio"/> \$35,000 - \$49,999 | <input type="radio"/> \$125,000 - \$149,999 |
| <input type="radio"/> \$10,000 - \$14,999 | <input type="radio"/> \$50,000 - \$74,999 | <input type="radio"/> \$150,000 - \$174,999 |
| <input type="radio"/> \$15,000 - \$24,999 | <input type="radio"/> \$75,000 - \$99,999 | <input type="radio"/> \$175,000 - \$199,999 |
| <input type="radio"/> \$25,000 - \$34,999 | <input type="radio"/> \$100,000 - \$124,999 | <input type="radio"/> \$200,000 o más de ésta |

GRACIAS POR CONTESTAR ESTE IMPORTANTE CUESTIONARIO PARA LA COMUNIDAD DE NANTUCKET

=====

INSTRUCCIONES:

Por favor, ponga su cuestionario en el sobre, **CIERRELO** y devuélvalo a la voluntaria.

SUS COMENTARIOS, IDEAS Y SUGERENCIAS: (Preguntas Opcionales)

A. Que es lo que le gusta especialmente de Nantucket?

B. Que le gusta especialmente de la GENTE de Nantucket?

C. Que es lo que más le disgusta acerca de Nantucket?

D. Por favor escriba sus ideas o sugerencias para hacer Nantucket el mejor lugar para vivir? (Use el espacio que más pueda. Use el reverso de ésta página si necesita.)

COMENTARIOS ADICIONALES

Para PADRES DE FAMILIA SOLAMENTE- sí NO HAY NIÑOS – IGNORE ESTA PAGINA

Niños menores de 17 años en su familia? Díganos acerca de ellos

Por un momento, hablemos acerca de sus *niños Menores y Mayores* viviendo ahora en su casa. (si sólo un niño(a), preséntalo como el “menor”).

Por favor díganos acerca de éstos ambos niños: (Para niño menor, conteste sólo lo que se aplique)

	<u>MENOR</u>		<u>MAYOR</u>		<u>No Se Aplica</u>
	<u>SI</u>	<u>NO</u>	<u>SI</u>	<u>NO</u>	
Escriba la edad o edades → (Edad _____)					
Este año escolar, el niño esta inscrito en:					
Guardería o Kinder	<input type="radio"/>				
Primaria.....	<input type="radio"/>				
Secundaria	<input type="radio"/>				
Bachillerato	<input type="radio"/>				
Casi siempre tiene transportación para actividades de jóvenes	<input type="radio"/>				
Durante horas de trabajo, están guardería o en cuidado después de clases	<input type="radio"/>				
Tiene apropiado acceso para protección y programas para jóvenes, clubs, etc.....	<input type="radio"/>				
Tiene alguna enfermedad crónica (asma, diabetes, ADHD, depresión, etc)	<input type="radio"/>				
Tiene discapacidad (visión, sordo, física, emocional, etc.).....	<input type="radio"/>				
Protección de Seguro Médico por Children's Medical Security Plan o Masshealth.....	<input type="radio"/>				
Tiene ambos seguros, médica y dental protecciones..	<input type="radio"/>				

¿Hay algún niño/a en su casa (edades 17 o menor) llegan a casa de la escuela donde no hay un adulto presente? Si No

Y AHORA POR ALGUNAS PREGUNTAS COMPLICADAS (Respuesta Opcional)

Ahora pensemos acerca de los niños (menores de 17 años y jóvenes) viviendo ahora en su familia.

Si hay **ALGÚN** niño(a) con alguna de las siguientes dificultades, por favor, díganos que tan frecuente éstas actitudes se manifiestan. (Si sólo niños menores, por favor **EVITE** esta sección de preguntas)

<u>Tipo de Dificultad</u>	<u>No Ocurre</u>	<u>Algunas Veces</u>	<u>Seguido</u>	<u>Inseguro</u>
Actúa irrespetuosamente hacia otros (adultos, amigos, compañeros, etc).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actúa obstinado en casa y en la escuela.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aparenta excesivamente triste, desanimado o deprimido.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atiende a la escuela con inseguridad.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No siente soporte de la comunidad para el/ella o amigos.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peléa o agrede adultos o miembros familiares.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Se reúne con niños conocidos para usar drogas o bebidas alcohólicas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuvo experiencia de noviazgo juvenil violento (abuso sexual, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enojado, golpea o lástima a amigos, a novia o a otro niño.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Es desobediente o desafía adultos.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Está envuelto en pleitos físicos en la escuela y con vecinos..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Se observa con tensión nerviosa, estrezado o preocupado....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abusa verbalmente para sus miembros familiares.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PARA PADRES SOLAMENTE- SÍ NO HAY NIÑOS –IGNORE ESTA PAGINA...

PARA PADRES Y JOVENES DE NANTUCKET: Conversaciones sobre tabaco, Drogas y Alcohol

Los padres de familia saben que conversaciones con sus adolescentes y jóvenes pueden ser difíciles al tratar. Frecuentemente es difícil para que una comunicación real ocurra.

Queremos escuchar sus experiencias sobre pláticas con sus adolescentes y jóvenes.

1. ¿Ha hablado en los meses pasados con su adolescente o joven?

¿Sobre fumar cigarros? ¿Sobre tomar siendo menor de edad? ¿Sobre fumar marihuana?

Sí No

Sí No

Sí No

2. Encierre **CINCO** palabras que mejor describen una conversación típica con su adolescente o joven sobre tabaco, alcohol o uso de drogas por jóvenes de Nantucket--¿Cómo se siente al hablar de estos temas?

Nunca he tenido ese tipo de conversación No me importa responder No sé

cómodo	frustrado	no escuchado	enojado	entendido	usado
sin fin	abierto	sensible	aburrido	esperanzado	deprimido
avergonzado	considerado	caluroso	respetuoso	confundido	tenso
controlado	apurado	incómodo	ansioso	repetitivo	preocupado

3. ¿Confía usted en su adolescente o joven que tome decisiones seguras y responsables sobre el uso de tabaco, alcohol y drogas ilegales? Sí Mas o menos No No sé

4. Esta perfectamente bien que los padres chequen el cuarto de sus hijos cuando sospechan el uso de tabaco, alcohol, o drogas. ¿Está de acuerdo...?

Estoy de acuerdo fuertemente Estoy de acuerdo mas o menos No estoy de acuerdo mucho
 No estoy de acuerdo para nada No sé

5. La cantidad de uso de drogas por menores en Nantucket es exagerada. Está de de acuerdo?

Estoy de acuerdo fuertemente Estoy de acuerdo mas o menos No estoy de acuerdo mucho
 No estoy de acuerdo para nada No sé

6. ¿Estaría bien para un adolescente ir a una fiesta donde hay alcohol y está disponible para los adolescentes?

Estoy de acuerdo fuertemente Estoy de acuerdo mas o menos No estoy de acuerdo mucho
 No estoy de acuerdo para nada No sé

7. ¿Cuáles de estas dos cosas cree usted que sea más dañino para la juventud de de Nantucket?

Cerveza Cigarros Inhaladores Marihuana Medicinas recetadas robadas.

8. ¿Deberían haber penas más severas para adultos que compran o sirven alcohol a la juventud de Nantucket?

Estoy de acuerdo fuertemente Estoy de acuerdo mas o menos No estoy de acuerdo mucho
 No estoy de acuerdo para nada No sé

9. El uso de las llamadas "drogas de salida" (mota, inhalantes, etc..) -las drogas si son expuestas, generalmente llevan al uso de drogas mas fuertes. Esto es un problema para la juventud de Nantucket. ¿Está de acuerdo?

Estoy de acuerdo fuertemente Estoy de acuerdo mas o menos No estoy de acuerdo mucho
 No estoy de acuerdo para nada No sé

10. ¿Hay cosas que le gustaría hablar con su joven o adolescente sobre el uso de tabaco, alcohol o drogas pero aun no lo ha hecho? Sí No Sí, si

¿Qué? _____ ¿Por qué no? _____

Instrucciones: Doblar esta hoja y regresarla en el sobre con la encuesta de la comunidad.

Appendix 1.B Survey Research Methodology
• **Nantucket Community Survey - 2006**

Survey Research Methodology

Nantucket Community Survey - 2006

Survey Instrument: (see Appendix 1.A)

The Nantucket Community Survey – 2006 instrument comprises thirteen separate sections of questions, as follows:

1. About Your Household (demographic data)
2. Employment
3. Health and Healthcare
4. Housing
5. Transportation
6. Household Issues (problems)
7. Service Barriers (difficulties accessing services)
8. Education and Training
9. Rental Housing
10. Children and Family
11. More About Your Household (additional demographic data)
12. Parent/Teen Conversations and Parent Perceptions Concerning Use/Abuse of Tobacco, Alcohol, and Drugs by Nantucket Youth
13. Comments, Ideas, and Suggestions

Survey Questionnaire Packet:

A ten-page, survey questionnaire packet was developed. English- and Spanish language versions were printed and distributed.

Survey Cover Letters

Since survey questionnaires were distributed both by mail and by hand in the “field,” two separate cover letter versions were developed. The instructions for returning the completed survey questionnaire were different for each mode of distribution. These cover letters are referred to as “M” (for mailing), and “F” (for field distribution). “Field” cover letter versions were printed in English and Spanish.

Mailing List Development:

Thirteen hundred seventy-seven (1,377) survey questionnaire packets were mailed to adults (age 18 or older) randomly selected from the Nantucket Town Clerk’s residents list. The number of individuals selected in each Nantucket Census Tract was proportional to each Tract’s percentage of the Island’s population as defined by Census 2000 data. An equal number of males and females were mailed to in each Census Tract.

Sampling Procedure:

Sampling is a scientifically-valid and universally-accepted technique for streamlining the process of collecting survey data. Sampling reduces both the cost and time of conducting a 100% census of a target population, while at the same time, producing survey data that is reasonably representative of the entire population. In random sampling, each person in the target population has an equal chance of being selected for survey. Thus, this is a fair way of reducing the number of survey questionnaires produced, distributed, and processed.

The *random sampling* process employed in the mail distribution of the Nantucket Community Survey - 2006 proceeded as follows. The Nantucket town residents list provided by the Town Clerk was the source of names. Initially, all adults listed were assigned a random number between 0.0 and 1.0 using the Excel Random function. Then, those random numbers were sorted in ascending numerical order using the Excel Sort function. The first fourteen hundred names (i.e. those with the smallest random numbers) on that list were again sorted as to male and female. Finally, the appropriate number of residents (according to a formula based upon the Tract’s proportion of the Nantucket County population) were selected by choosing those starting with the smallest random number. Fifty percent (50%) of the individuals to whom survey packets were mailed were male and 50% were females.

The in-the-field distribution of the Nantucket Community Survey - 2006 utilized what is called a *convenience sample* technique—another universally accepted, but somewhat less scientific sampling methodology. In our convenience sampling, volunteers were trained to randomly approach adult Nantucket residents face to face at various designated community locations (churches, stores/businesses, community luncheons, Saltmarsh Center, senior activities, etc.) and to request that they participate in the Nantucket Community Survey. Participants filled out the survey on the spot, sealed their completed questionnaire in the envelope provided, and returned it to the volunteer. These envelopes were subsequently collected from volunteers and returned for processing.

Nantucket Community Survey – 2006 Packet Mailings:

Survey packets were mailed during the last two weeks of April 2006 to those residents randomly selected from the Nantucket Town Clerk’s residents list. Respondents were asked to return completed surveys by May 5, 2006. Survey packets were mailed in the quantities shown below:

<u>Census Tract</u>	<u>Number of Survey Packets Mailed</u>
9501	320
9502	560
9503	67
9504	230
9505	200

Total	1,377

Final Survey Return Tallies:

Mailed Nantucket Community Survey – 2006 Response Rate

A grand total of 1,377 survey packets were mailed. After several address corrections and re-mailing attempts, 99 of these packets were considered undeliverable by the U.S. Post Office. Thus, 1,278 mail survey packets are assumed to have reached their intended recipients. Completed, usable survey questionnaires returned totaled 441, yielding a mail survey response rate of 34.5% (441/1,278)

In-The-Field Distributed Nantucket Community Survey – 2006 Response Rate

Starting in third week of April 2006, a total of 645 survey packets were distributed in-the-field by trained volunteers. Completed, usable field-distributed survey questionnaires returned totaled 264, yielding an in-the-field survey response rate of 40.9% (264/645).

Overall Nantucket Community Survey – 2006 Response Rate:

Overall, 705 (see Note below) usable Nantucket Community Survey – 2006 questionnaires were returned for processing. Thus, the overall response rate (mail responses plus in-the-field responses) was 36.7% (705/1,923).

Note: Although 705 survey questionnaires were received for processing, after statistical weighting of response data, the findings shown in this Report imply a total of 704 cases. This apparent (very minor) case count discrepancy is due to the data weighting process. (See also, Data Weighting in Appendix 1.C)

Appendix 1.C Survey Sample: Detailed Description

- **Nantucket Community Survey - 2006**

Household Survey Sample

Responses:

In total, seven hundred and five Nantucket Community Survey - 2006 questionnaires were returned for processing. These surveys represent the views of a random sample of respondents living in approximately one in every five households on Nantucket (per US Census Bureau estimates). Over eighteen hundred persons live in the surveyed households—fourteen hundred-fifty adults (1,450) and three hundred-sixty (369) young people age 17 years or younger. Thus, responses to the Nantucket Community Survey - 2006 document the situation of almost twenty percent (19%) of the permanent, year-round Nantucket resident population. Also, virtually an equal percentage (20 %) of the Island's young people reside in the surveyed households.

Representativeness of Nantucket Community Survey - 2006 Response Data:

Researchers have evaluated the responses to the Nantucket Community Survey – 2006 and have statistically weighted the response data to adjust as well as possible for variations in the survey response sample (see also section entitled, Data Weighting). Responses to the Nantucket Community Survey - 2006 are considered to be generally representative of the permanent, year-round resident population of Nantucket County as recently reported by the US Census Bureau for the Census 2000 (see also the section entitled, Limitations of These Survey Data).

Characteristics of Surveyed Households:

The sampling design strategy for the Nantucket Community Survey – 2006 called for OVERsampling of those segments of the Nantucket Island population that are typically under-represented in population studies. These population segments include; individuals living in poverty and those in the lower income brackets, families, and especially larger families, those at risk of homelessness or are now homeless, renters, racial, linguistic, cultural, and ethnic minorities, and single-parent families. With the exception of the Downtown Nantucket area, it is believed that the goal of oversampling was successfully achieved.

Some Highlights of The Nantucket Community Survey - 2006 Sampling:

- The two mid-Island Census Tract households were very considerably under-sampled (43% of responses vs. 67% of the Island's population). Also, the Downtown Nantucket area was somewhat undersampled (19% vs. 23%).
- Three of the five Nantucket Census Tracts were either oversampled or were represented nearly exactly proportionally to Census 2000 statistics.
- Households with larger numbers of persons were considerably oversampled (average number of persons per household is 2.59 vs. 2.37 per Census 2000)
- Households with young people (age 17 or younger) were considerably over-sampled (0.53 child per household vs. 0.49 per the Census 2000 statistics)
- Households with senior/elder persons (age 65+) were very considerably oversampled (30% of households vs. 20% per Census 2000 statistics)

- Households with primarily American Indian, Hispanic/Latino, Asian, or Black members were either oversampled or represented exactly proportionally to Census 2000 statistics.

Socio-Demographic Characteristics of Households Surveyed By Mail:

The 441 mail survey respondents tend to live in Nantucket's higher income, older, two-adult, mostly childless, primarily white, non-minority, home-owner households.

Socio-Demographic Characteristics of Households Surveyed In-The-Field:

In-the-field respondents were surveyed through direct contact with volunteers in the community (in churches, at businesses, Laundromats, senior centers, etc.) The 264 in-the-field survey respondents tend to live in Nantucket's lower income, renter, younger-adult family, racial/cultural/ethnic and linguistic minority households.

Income Distribution of Surveyed Households

The median household income in surveyed households in the period 2005-2006 was reported to be in the range of \$75,000 - \$99,999. This range is very considerably above the Nantucket County Year 2003 median household income of \$55,428 recently estimated by the US Census Bureau.

Household Survey Sample As Compared With Official Census 2000 Statistics

(BELOW: Figures Compare Nantucket Community Survey – 2006 Response Percentage vs. US Census 2000 Percentages)

1. Geographic Distribution:

Census Tracts:

Three Census Tracts were Oversampled:

- 9503 (8% v. 4%)
- 9504 (32% vs. 16%)
- 9505 (16% vs. 13%)

Undersampled Downtown Nantucket [Census Tract 9501 alone, separate from the rest of the Island] 9501 (19% v. 23%)

Two Census Tracts Undersampled:

- 9501 (19% v. 23%)
- 9502 (24% vs. 43%)

2. Income Distribution:*

Median Household Income Range (weighted) Did Not Match:

- Household Income BELOW County Median (44% vs. 50%)
- Household Income ABOVE County Median (56% vs. 50%)

* Note: Household income ranges differ between the Census 2000 income statistics and those of the Nantucket Community Survey - 2006. Thus, income range comparisons are not currently possible.

3. Household Situation:

Undersampled (slightly) Single Parent Households (6% vs. 8%)

Undersampled Households With One Adult Living Alone (23% vs. 30%)

4. Race and Hispanic/Latino Origin Distribution:

Exactly Sampled:

- Primarily Asian Households (1% vs. 1%)

Oversampled:

- Primarily American Indian Households (2% vs. 0%)
- Primarily Black Households (3% vs. 8%)
- Primarily Hispanic or Latino Households (6% vs. 2%)

Undersampled Primarily White Households (85% vs. 88%)

5. Housing Ownership Situation:

Undersampled Home Owners and Renters;

- Household Member(s) OWN Home (61% vs. 63%)
- Household Member(s) RENT Home (30% v. 37%)

6. Household Size:

Exactly sampled Childless Households (73% vs. 72%)

Oversampled Larger Households;

- Average Number of Persons (2.59 per household vs. 2.37)
- Average Number of Children [age 17 or younger] (0.53 per household vs. 0.49)
- Households With Children [age 17 or younger] (29% vs. 28%)

7. Presence of Elders:

Oversampled Households With Adults Age 65+ (30% vs. 20%)

Data Weighting:

In a survey that is meant to represent the attitudes or opinions of a particular population it is important that key demographics of the sample be reasonably matched to the demographics of that population. That is, within a certain margin of error, the proportions of survey respondents with different income levels, ethnic backgrounds, genders, ages, etc. should match those of the population. If they do not match, then one particular subgroup may be over or under represented in the survey. If that subgroup tends to give different responses to survey questions than the population as a whole, then these responses will be given either more or less weight than they ought to be given, and the survey findings will be skewed.

When a sample does not match the population it is intending to represent on key demographic characteristics, individual cases are often deliberately given more or less weight (depending on whether a subgroup is under or over represented) in determining overall results. A weight is applied to each case whereby the contribution of a particular case to the analysis is weighted in proportion to the population units that the case represents in the sample.

For example, if 46% of those responding to a survey have income that is below the median (and by definition 50% of the population has income below the median), then the opinions of those respondents with below median income levels can be given slightly more weight than those with above median income levels in order to more accurately represent the opinions of the population. The exact weight to be given to these cases should be such that when the data is weighted, 50% of the sample will have below median income levels.

This is done by determining what the size of a subgroup would be if the sample characteristic matched that of the population, and dividing this number by the actual size of the subgroup. Thus, if the total sample is 200 and those with below median incomes number 92 (46% of the total) but they should number 100 (50% of the total), then these cases are given a weight of $100/92$ or 1.09 when tabulating results.

If a sample differs from the population it is intending to represent by more than one key variable, then weighting the data becomes a multi-step process. First, the data is weighted to align one demographic characteristic. Then the newly weighted sample and the population are compared on the second demographic characteristic. If the weighting has not also brought the sample and the population in alignment with regard to the second demographic, then new weights must be calculated and applied. Sometimes this has the unwanted effect of throwing off the alignment of the first demographic variable, and the weights may have to be readjusted. These steps are repeated in an iterative fashion until the demographic characteristics of the sample match those of the population as closely as possible.

It is important when weighting data that the responses of a subgroup do not receive too much (or too little) weight in order to match population proportions. A general rule of thumb is that if a group needs to be weighted up or down by more than one-third (weights of more than 1.33 or less than .67), the survey respondents are too different from the population. In this case, sampling technique should be evaluated and survey administration may need to be repeated.

Limitations of These Survey Data:

As noted in the Survey Research Methodology section (Appendix 1.B), Nantucket Community Survey – 2006 questionnaires were printed and distributed in English, and in Spanish. However, the quantity of Spanish-language surveys completed and returned for processing was quite small (46). Since an actual (or even well estimated) count of Spanish-speaking Nantucket residents is not available, it is not possible to determine the representativeness of the Spanish language survey sample. Thus, Nantucket Community Survey – 2006 response data cannot be considered representative of the Spanish-speaking population of Nantucket.

Users of Nantucket Community Survey - 2006 response data should not attempt to draw any specific conclusions regarding linguistic minority households from the minimal responses obtained from representatives of the Island's Spanish-speaking community

