Impact Monterey County Youth Survey

Welcome

Impact Monterey County is a collaborative community planning effort. We all want Monterey County to be the best possible place to live; by taking this survey, you will be able to tell us what that looks like to you. Your answers will help local nonprofits, businesses, and public agencies identify the most effective ways to improve our County. Thank you for agreeing to participate!

Things to Keep in Mind:

- The survey should take you 15 20 minutes to complete.
- There are no right answers! All you have to do is draw from your own experiences, views and perspectives.
- Your responses will remain anonymous. The survey will NOT collect any information that could identify you. Your responses cannot be linked with your name or email address. Results from this survey will only be presented in aggregate form.
- Your completed survey will help ensure we have input from a broad range of people in our community. The few questions about demographics are to help ensure all communities are represented.
- If there's a question you don't want to answer, just skip it and go on to the other questions.
- The survey submission deadline is February 15, 2015 at 5:00 p.m.

For more information about Impact Monterey County, please go to www.impactmontereycounty.org.

Survey Instructions

Instructions for Online Survey Participants:

Please use the PREV and NEXT buttons at the bottom of each page to move through the survey. Once you have completed all of your responses, please click DONE on the last page of the survey which will record your responses and direct you to a "Thank you" message on the "Impact Monterey" website.

IMPORTANT! Your responses will only be recorded when you click "DONE" on the last page of the survey. Closing your browser or exiting the survey before clicking the "DONE" button on the last page of the survey will result in your responses being deleted.

If at any time you have questions or need assistance taking the survey, please contact Kate Mitchell-Mehle at kate.mitchellmehle@unitedwaymcca.org and she will be happy to assist you.

Instructions for Paper Survey Participants:

Please complete the paper survey by circling or checking off your selected choices and/or writing your answers in the comment boxes provided. Once you complete the survey, please give it to an Engagement Team member (if they are assisting you) or insert the survey into the self-addressed/stamped envelope provided and mail to: United Way of Monterey County, 60 Garden Ct # 350, Monterey, CA 93940.

If at any time you have questions or need assistance entering the information, please contact Kate Mitchell-Mehle at kate.mitchellmehle@unitedwaymcca.org and she will be happy to assist you.

Tell us a little bit about yourself.

| *1. What is your | zip code (where you live)? |
|------------------|----------------------------|
| ZIP: | |

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|------|------------------------------------|-------|---|
| 2. \ | What is your age? | | |
| 0 | Under 14 | | |
| 0 | 14 | | |
| 0 | 15 | | |
| 0 | 16 | | |
| 0 | 17 | | |
| 0 | 18 | | |
| 0 | 19 | | |
| 0 | 20 | | |
| 0 | Over 20 | | |
| 0 | Prefer not to answer | | |
| 3. \ | What is your gender? | | |
| 0 | Female | | |
| 0 | Male | | |
| 0 | Transgender | | |
| 0 | Prefer not to answer | | |
| 0 | Other (please specify) | | |
| | | | |
| 4. \ | What type of school do you attend? | | |
| 0 | Public | | |
| 0 | Public Charter | | |
| 0 | Private | | |
| 0 | Juvenile Institution | | |
| 0 | Other (please specify) | | |
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| 5. | How long have you lived in Monterey County? | |
| 0 | Less than 1 year | |
| 0 | 1-2 years | |
| 0 | 3-5 years | |
| 0 | 6-9 years | |
| 0 | 10+ years | |
| 0 | Other (please specify) | |
| | | _ |
| | | \forall |
| Em | ployment Information | |
| 6. | Do you currently have a paid job(s)? | |
| 0 | Yes | |
| 0 | No | |
| 0 | Prefer not to answer | |
| 7. | If yes, what type of work do you do? | |
| | | _ |
| | | V |
| 8. | Do you currently volunteer or participate in the community? | |
| 0 | Yes | |
| 0 | No | |
| 0 | Prefer not to answer | |
| 9. | If yes, what type of volunteer work do you do? | |
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| Edu | ucation Information | |
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|-------|---------------------------|--------------------------|-----------------------------|-------------------------|
| 10. | After high scho | ol do you plan to conti | nue your education? | |
| 0 | Yes | | | |
| 0 | No | | | |
| 0 | Don't know | | | |
| 11. | What is the high | est level of education | you would like to achieve | 97 |
| 0 | Associate's degree (for e | xample: AA, AS) | | |
| 0 | Bachelor's degree (for ex | xample: BA, BS) | | |
| 0 | Master's degree (for exa | mple: MA, MS, MSW) | | |
| 0 | Professional degree (for | example: MD, DDS, JD) | | |
| 0 | Doctorate degree (for ex | ample: PhD, EdD) | | |
| 0 | Don't know | | | |
| 0 | Prefer not to answer | | | |
| 0 | Other (please specify) | | | |
| | | | | ▲ |
| Edu | ıcational Goals | | | |
| 12. | Please indicate | if any of the following | is an obstacle to you ach | ieving your educational |
| goa | als: | | | |
| 0 | A - | Yes, this is an obstacle | No, this is not an obstacle | Prefer not to answer |
| | et of education | 0 | 0 | 0 |
| | ed to work | 0 | 0 | 0 |
| | k of transportation | 0 | 0 | 0 |
| | nigration status | O | 0 | O |
| Oth | er | 0 | 0 | 0 |
| If Ot | her (please specify) | | | |
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| 13. What motivates you to pursue your current educational goals? (Please check all that |
| apply.) |
| ☐ More job opportunities |
| Higher income/more money |
| ☐ More independence |
| Personal satisfaction |
| Make a difference in the world |
| My family's expectations |
| Other (please specify) |
| |
| ▼ |
| 14. What is your career goal? |
| 14. What is your career goal: |
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| 15. Please tell us what could be done to improve educational opportunities in our |
| community. |
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| Children and Child care |
| 46.5 |
| 16. Do you have any children? |
| O Yes |
| ○ No |
| C Prefer not to answer |
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| 17. | If so, who provides child care for your child/children? |
| | Family member |
| | Friend |
| | Licensed child care facility |
| | Other (please specify) |
| | |
| 18. | What kind of support do you need with your children? |
| | |
| Hea | alth Information |
| 19. | How do you usually get health information? (Please check all that apply.) |
| | Advice from nurse at doctor's office |
| | School nurse |
| | Contact family or friends for advice |
| | Health hotline (phone) |
| | Internet search |
| | Medical doctor/physician |
| | Radio |
| | Social media (for example: Facebook, Web MD, YouTube, etc.) |
| | Television |
| | Other (please specify) |
| | |
| 20 | What do you think are the most serious health concerns facing your generation? |
| | - Innat ab you think are the most serious health concerns facing your generation |
| | Y |
| | |
| 21. | Please tell us what could be done in your community to help teens delay pregnancy. |
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Nutrition and Physical Activity

| 22. Please tell us which of the following factors motivate you to exercise. (Please check all that apply.) | | | |
|--|--|--|--|
| | A safe neighborhood | | |
| | Exercise with family or friends | | |
| | Family or friends perception of my appearance | | |
| | My body image | | |
| | Access to a sports field | | |
| | Access to exercise classes | | |
| | Access to team sports at school | | |
| | Access to sports program in the community | | |
| | Access to nature (for example: parks, benches) | | |
| | Enough time | | |
| | Bike lanes, walking paths, streets with less traffic | | |
| | Affordable gym or exercise class fees | | |
| | Staying healthy | | |
| | Nothing | | |
| | Other (please specify) | | |
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| | Where do you access healthy foods such as fresh fruits and salad bars? (Please select nat apply.) |
| | School |
| | Home |
| | Family member's home |
| | Friend's home |
| | Local grocery store |
| | Restaurants |
| | Other (please specify) |
| | |
| | Do you have access to fresh drinking water at school? (E.g., water fountains, water ions or free bottled water) |
| | Yes |
| | No |
| | Prefer not to answer |
| Com | munity Safety |
| Cou | n the past 12 months, have you or any member of your family (living in Monterey nty) been threatened or harmed physically by someone in your community? |
| 0 1 | No |
| 0 1 | Don't know |
| 0 1 | Prefer not to answer |
| 26. F | Please tell us what could be done to make your community a safer place to live. |
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| C Don't know C Prefer not to answer 8. Please tell us what co cial Issues 9. In the past 12 months county) been treated unfablication C Religion C Prefer not to answer B Age C Race/ethnicity C Research C Research C Research C Religion | , have you or an | make your so | chool a safer place | e to be? |
|--|---|--------------------------------|---|--|
| O Don't know Prefer not to answer 28. Please tell us what co ocial Issues 29. In the past 12 months County) been treated unfa following? (Please check Age Race/ethnicity Language Gender Sexual orientation | , have you or an airly by someon all that apply.) Yes O O | ny member of ne in your cor | your family (living mmunity based on Don't know | g in Monterey any of the Prefer not to answer |
| 28. Please tell us what concial Issues 29. In the past 12 months County) been treated unfollowing? (Please check Age Race/ethnicity Language Gender Sexual orientation Religion | , have you or an airly by someon all that apply.) Yes O O | ny member of ne in your cor | your family (living mmunity based on Don't know | g in Monterey any of the Prefer not to answer |
| 28. Please tell us what co cocial Issues 29. In the past 12 months County) been treated unfi following? (Please check Age Race/ethnicity Language Gender Sexual orientation Religion | , have you or an airly by someon all that apply.) Yes O O | ny member of ne in your cor | your family (living mmunity based on Don't know | g in Monterey any of the Prefer not to answer |
| 28. Please tell us what co cocial Issues 29. In the past 12 months County) been treated unfa following? (Please check Age Race/ethnicity Language Gender Sexual orientation Religion | , have you or an airly by someon all that apply.) Yes O O | ny member of ne in your cor | your family (living mmunity based on Don't know | g in Monterey any of the Prefer not to answer |
| Cocial Issues 29. In the past 12 months County) been treated unformation following? (Please check Age Race/ethnicity Language Gender Sexual orientation Religion | , have you or an airly by someon all that apply.) Yes O O | ny member of ne in your cor | your family (living mmunity based on Don't know | g in Monterey any of the Prefer not to answer |
| 29. In the past 12 months County) been treated unfollowing? (Please check Age Race/ethnicity Language Gender Sexual orientation Religion | airly by someon all that apply.) Yes O O | No O | Don't know | Prefer not to answer |
| 29. In the past 12 months County) been treated unfollowing? (Please check Age Race/ethnicity Language Gender Sexual orientation Religion | airly by someon all that apply.) Yes O O | No O | Don't know | Prefer not to answer |
| 29. In the past 12 months County) been treated unfollowing? (Please check Age Race/ethnicity Language Gender Sexual orientation Religion | airly by someon all that apply.) Yes O O | No O | Don't know | Prefer not to answer |
| Age Race/ethnicity Language Gender Sexual orientation Religion | all that apply.) Yes C C C | No O O | Don't know | Prefer not to answer |
| Race/ethnicity Language Gender Sexual orientation Religion | o o o | 0 0 | o o | 0 |
| Race/ethnicity Language Gender Sexual orientation Religion | 0 0 | 0 | 0 | 0 |
| Language Gender Sexual orientation Religion | 0 | 0 | | |
| Gender Sexual orientation Religion | 0 | | O | 0 |
| Sexual orientation Religion | | 0 | | |
| Religion | \bigcirc | | O | 0 |
| - | | 0 | O | 0 |
| Class/income status | O | 0 | O | 0 |
| | O | 0 | O | 0 |
| Disability | 0 | 0 | O | 0 |
| Other | О | O | O | 0 |
| If Other (please specify) | | | | |
| | | | | |
| 30. Please tell us what co | uld be done in y | our commun | ity to ensure fair t | reatment for all |
| community members. | | | | |
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| 31. Please tell us what you like most about the community in which you | u live. |
| | <u>A</u> |
| | V |
| 32. Please tell us what are the most serious problems facing the comm | nunity in which you |
| | <u>A</u> |
| | V |
| 33. Please tell us how we could give teens a voice in the community. | |
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| 34. Please tell us how the community could best support teenagers? | |
| | <u>A</u> |
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| Demographics | |
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| Thank you for completing the Impact Monterey County Community Survey! |
| We look forward to working together towards solutions for Monterey County and are grateful that you have added your voice to the conversation. |
| To stay involved and to learn more about what happens next with Impact Monterey County, go to www.impactmontereycounty.org. |
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