## **Bronx River Community Research Program**

## Sponsored by The School for Community Research and Learning (SCRL)

1980 Lafayette Avenue, Rm. 309, Bronx, New York 10473

## **Quality of Life Survey**

Q5. Age Group

Q6. Race/Ethnicity

2. Complete address

Q4. Address of community member (Optional)

1. Name of student

Please check and complete the following:

Q3. Community Member

Family member () Neighbor () Other () PRINT		30-39 ( ) 3 Hispanic 40-49 ( ) 4 Asian Pa	panic black () 2	
7. Problem and Address of Problem	8. Cause(s) of the problem	9. How does the problem affect you, your neighbors, or others	10. What can we do to solve the problem?	11. Rank problem (1, 2, 3)
P1 – P1 location	P1 – cause(s)	P1 – Affect(s)	P1 – Solution(s)	P1 Rank
P2 – P2 location	P2 – cause(s)	P2 – Affect(s)	P2 – Solution(s)	P2 Rank
P3 – P3 location	P3 – cause(s)	P3 – Affect(s)	P2 – Solution(s)	P3 Rank
12. List positive changes and improvemen	ts in the neighborhood or community:			