

**PROBLEM IDENTIFICATION INTERVIEW**

<b>LOCATION &amp; RESPONDENTS PROFILE</b>		<b>GRID</b>
ADDRESS/LOCATION OF PERSON INTERVIEWED		Num. Per. Interviewed
YEARS RESIDENT IN NEIGHBORHOOD	AGE GROUP OF RESPONDENT(S)	
<input type="checkbox"/> Less Than 1 <input type="checkbox"/> 1 to 2 <input type="checkbox"/> 3 to 5 <input checked="" type="checkbox"/> More Than 5	<input type="checkbox"/> Less Than 18 <input type="checkbox"/> 18 to 29 <input type="checkbox"/> 30 to 39 <input type="checkbox"/> 40 to 49 <input type="checkbox"/> 50 to 59 <input type="checkbox"/> 60 OR MORE	
SEX OF RESPONDENTS)	RACE OF RESPONDENT^)	
<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ORIENTAL <input type="checkbox"/> HISPANIC <input checked="" type="checkbox"/> OTHER	

**INTERVIEW QUESTIONS**

1 I When you think of Neighborhood problems or crime, what are your concerns ?  
 Drugs ~~Drugs~~ - **BURGLARY**

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2: I How often does this problem occur ?  
 Constantly  
  Frequently  
  Periodically  
  Isolated Incident

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3 ) Does this problem cause you to feel fear, worry or feel unsafe? (& J Yes [ N o  
 (If Yes) How Often?  
  Constantly  
  Frequently  
  Sometimes

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4 I Has this problem inconvenienced or caused a change in the daily life/routine of you or your family?  
 " Yes   No How? **FEAR FOR MY GRAND CHILDREN**

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5 ] What do you feel is the cause of the problem?  
**Outsiders - Strangers**  
 coming into our street park in front of home  
 walk to home in question to do their business

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6 I What do feel should or could be done to correct this problem? What do feel the police could do?

**COMMENTS/OBSERVATIONS CONCERNING THE ABOVE INTERVIEW**