



Part I: Survey

Due: June 30, 2014 by 5pm

Attn: Hagu Solomon-Cary

Department of City Planning

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Please answer the questions in section 1, then skip down to the specific section that best describes your affiliation to Boyle Heights.

For example if you are a resident, please answer questions in section 1 and 2. If you are both employed and live in the Boyle Heights Study Area, please answer questions in sections 1, 2 and 4.

This questionnaire is anonymous.

1. Everyone:

- How did you hear about this meeting?
 - Flyer from Department of City Planning
 - Community Organization
 - Neighbor/Friend
 - Facebook
 - Advertisement
 - Other (Specify) _____

- What is your affiliation with, or role in, Boyle Heights?

- What does the phrase or concept, "Clean Up Green Up" mean to you?

- From your perspective, what are the most significant health concerns facing the Boyle Heights community and the people who live and work here?

- What are the key concerns you have for the Boyle Heights community as it relates to the environment?



- What types of industrial and/or commercial businesses do you frequent in the Study Area?

- Do industrial business within the Study Area employ Boyle Heights residents?
_____ Yes _____ No _____ Unsure

- Do you know of any residents of Boyle Heights who work in industrial businesses within the study area?
_____ Yes _____ No

- What, if any, impacts do industrial businesses have on residents within the Study Area?

- Are there any specific issues you think Clean Up Green Up **MUST** address in the Study Area? If so, please list or describe them below.

- Other comments:

2. Renters/Owners/Residents:

- Do you rent, own, or reside within the Study Area boundary?
_____ Rent _____ Own _____ Share with another household

- What do you like most about your neighborhood?

- What do you like least about your neighborhood?



- Do you or anyone in your extended family living in Boyle Heights have any respiratory issues, like asthma, or any other health issues? If yes, and you are comfortable disclosing them, please specify the health problem(s).

_____ Yes _____ No

Specific health problems (optional):

- What would you like to change with regards to the environment in the area?
- Other comments:

3. Business Owners:

- When did you open for business in Boyle Heights?
- Is your business within the Study Area?
_____ Yes _____ No
- What type of business do you operate?
- If you know, is your business in a commercial (C) zone, or in a Manufacturing (M) zone?
_____ Commercial (C) _____ Manufacturing (M)
- What type of business assistance would benefit your business?
- Have you heard of, or participated in, any business assistance programs sponsored by the City or any other agency? If so, which program(s)?
- What regulatory challenges do you face in doing business within the Study Area?



- Other comments:

4. Employees:

- Do you work within the Study Area?
_____ Yes _____ No
If yes, for how long? ____ Months ____ Years
- In what sector do you work? What type of work do you do?
- Do you also live within the Study Area?
_____ Yes _____ No
- How do you get to work?
 - Drive Alone
 - Drive with Others/Carpool
 - Bus
 - Train
 - Bicycle
 - Walk
 - Other or combination : Please describe:
- Do you work during the day or the night?
- Other comments:

5. Students:

- What school do you attend?



- Is your school or school yard close to industrial businesses?

_____ Yes _____ No

If yes, approximately how close? _____ft

- Is your school or school yard next to a freeway?

_____ Yes _____ No

If yes, approximately how close? _____ft

- Do you have operable windows in your classrooms/labs/workspaces?
- If you could change one thing about the environment in Boyle Heights, what would it be?
- Other comments:

6. Other (visit friends and/or family, recreate, shop, eat, etc)

- What brings you to the Boyle Heights area?
- How often do you visit the Boyle Heights Area?
- What is your favorite thing about the area?
- What is your least favorite thing about the area?
- Other comments?



Thank you!

Please turn form into the facilitator at your table.