

NEW YORK CITY COLLEGE OF TECHNOLOGY

DEPARTMENT OF NURSING

COMMUNITY SURVEY OF YOUR NEIGHBORHOOD

NUR 1030: Foundations of Caring

Student's Name: _____

Name of Community: _____

Zip Code: _____

HOUSING

What is the quality of the housing? _____

How old are the houses? _____

How are they constructed? _____

What conditions are they in – do they need repairs? _____

Are they separate or connected? _____
(Single vs. Multi-family dwellings)

Are there vacant buildings? _____

Are there yards/gardens surrounding the houses? _____

Price range of homes for sale: \$ _____ - \$ _____ Rentals: \$ _____ - \$ _____

ENVIRONMENT

Green Space: _____ Parks? _____ Terrain? _____

Outdoor recreation facilities? _____ Safety hazards? _____

Major industrial areas with heavy industrial plants? _____

Toxic fumes? _____

Sounds and odors? _____ Pleasant? _____ Noxious? _____

Air and water quality? _____ Sources of pollution? _____

Boundaries – Natural/Manmade? _____

Where is the community located? Borough: _____ Section: _____

Is this a district neighborhood or section? _____

Are there geographic features that may pose a threat? _____

PEOPLE

Who is on the streets during the day? _____

How are they dressed? _____

What are they doing? _____

What evidence do you see of various ethnic groups, races, cultures? _____

What languages are they speaking? _____

How would you categorize these residents? (Check all that apply.)

Upper class? _____ Middle-class? _____ Lower class? _____

How did you come to this conclusion? _____

What is the median income of residents in your neighborhood? (Please use the internet and your zip code for information.) _____

Is there evidence of the following: (Check all that apply.)

Communicable diseases? _____ Alcoholism? _____ Drug Abuse? _____ Mental Illness? _____

How did you come to this conclusion? _____

Are there any animals on the street? _____

If so, what kind/ (Stray dogs, watchdogs, seeing-eye dogs, pets, wild animals, squirrels, rats, etc...) _____

Is the community growing, old, or established? _____

How did you come to your conclusion? _____

Are there places of worship? _____

Name the denominations: _____

How many? _____

TRANSPORTATION

Types? (Cars, trains, buses, walking...) _____

Availability and condition of streets and roads? _____

Are major highways nearby? Yes/No: _____ Please name: _____

Public transportation available nearby? _____

If so, describe: Subway lines: _____ Bus route #: _____

Transportation for those with special needs? _____

How do they access it? _____

What is the cost? _____

SHOPPING/COMMON AREAS

What types of stores are there? (Supermarkets, drugstores, etc...) _____

How do residents get to the stores? _____

How do the prices compare with other areas? _____

Where do the people gather? _____

Do they form groups? _____

Who are they? _____

What times of the day do they gather? _____

Are there movie theatres? _____ Bars? _____ Restaurants? _____

What kind of food do they serve? _____

Cost Range of food served (survey menus posted in restaurant windows). \$ _____ - \$ _____

SAFETY SERVICES

Police Precinct: #: _____ Location: _____

Fire Department: #: _____ Location: _____

EMS Service: #; _____ Location: _____

HEALTH

Are there hospitals, clinics, dentists, doctors, and other health care providers? _____

Name of hospital serving area: _____

Location of hospital: Address: _____

Level of Trauma Care of hospital: _____

Do the roads/public transportation allow easy access to health facilities? _____

Are the roads marked with easily read road signs? _____

Does this hospital have mental health resources? _____

Where is the nearest public health facility? _____

COMMUNITY DEVELOPMENT/SERVICES

What schools are in the area? (Check all that apply.)

Name of:

Private? _____ Public? _____ Grade School? _____ High School? _____ College? _____

Adult Education? _____

Are the schools in good repair? _____

Is transportation to the schools easily accessible? _____

Evidence of political parties? _____

Community groups? _____

Public official's offices? _____

Are there signs of community events? _____

Are there signs of community pride? _____

What is the name of your local NYC Council member? _____

Address of the council member's community office? _____

What is the name of your State assembly member? _____

What is the name of your State senator? _____

What is the name of your U.S. House of Representative member? _____

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COMMUNITY SURVEY REPORT
NUR 1030

1. Summarize your findings.
2. What conclusions can you draw about your neighborhood on the basis of the data provided?
 - Consider the disarray of the neighborhood, possible lack of employment or activities, age and conditions of the structures and so on.
 - Assess the needs to collect adequate facts before you draw conclusions that may be false or unsupported.
3. What further data are needed to support your conclusions?
 - Support your conclusions with actual data from sources on the internet.
 - Review your information.
 - Cluster data into released groups and identify patterns.
 - Determine what further facts are needed to validate your conclusions.
4. How can the nurse or agency address some of the potential problems noted in this neighborhood?
 - Identify possible neighborhood problems, such as teenage pregnancies, gangs, poor housing conditions, homelessness, and so on.
 - Rate problems on the basis of their difficulty to address.
 - Identify which problems the community health nurse can effectively address.
 - Explore services available in your community.
 - Decide if any of those services would benefit this community.
5. What are your own biases about your neighborhood?
 - Analyze your own reaction to this case.
 - Identify your feelings about the neighborhood.