

## **“Asian American Quality of Life (AAQoL) Project”**

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You are invited to participate in the Asian American Quality of Life (AAQoL) Project. The purpose of the project is to explore the challenges experienced by the members of Asian American communities in Austin.

If you agree to participate in this study, you will be asked to complete a paper and pencil format of survey, which will take less than 30 minutes. The project will include about 3,000 participants.

Your participation is voluntary, and there are no foreseeable risks to participating in this study.

You will receive no direct benefit from participating in this study; however, you may be psychologically benefited from having an opportunity to talk about community issues, to think about your health and well-being, and to make contributions to the research project. Given the growth of the Asian American population in Austin, the project will provide benefits to society by informing social policies and services. You will also receive \$10 for your participation. Payments will occur at the end of the survey.

The survey is anonymous. As part of the survey, your residential address will be asked. Please note that your privacy and the confidentiality will be protected by using randomly assigned identification numbers and geo-coded information (Census tract and block codes). If it becomes necessary for the Institutional Review Board to review the study records, information that can be linked to you will be protected to the extent permitted by law. Questionnaires and data files will be securely kept for the next 5 years.

Prior, during or after your participation you can contact the researcher **[Yuri Jang, Ph.D.]** at **[512-471-1702]** or send an email to **[yjang12@austin.utexas.edu]** for any questions or if you feel that you have been harmed.

This study has been reviewed and approved by The University Institutional Review Board and the study number is **[XXXX-XX-XXXX]**. For questions about your rights or any dissatisfaction with any part of this study, you can contact, anonymously if you wish, the Institutional Review Board by phone at (512) 471-8871 or email at [orsc@uts.cc.utexas.edu](mailto:orsc@uts.cc.utexas.edu).

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The University of Texas at Austin  
School of Social Work

♠ The project is part of the City of Austin’s Asian American Quality of Life Initiative.

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|---|-----------|---|---|---|---|---|----------------------|---|---|----|----|----|----------------------|----|----|----|-------------------|
| 0 | 1         | 2 | 3 | 4 | 5 | 6 | 7                    | 8 | 9 | 10 | 11 | 12 | 13                   | 14 | 15 | 16 | 17+               |
|   | (primary) |   |   |   |   |   | (middle/high school) |   |   |    |    |    | (college/university) |    |    |    | (graduate school) |

6. Including yourself, how many people live in your household? \_\_\_\_\_
7. Who lives with you (check all applicable)?
- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> No one          | <input type="checkbox"/> Spouse       | <input type="checkbox"/> Children                     |
| <input type="checkbox"/> Parents         | <input type="checkbox"/> Grandparents | <input type="checkbox"/> Brothers/sisters             |
| <input type="checkbox"/> Other relatives | <input type="checkbox"/> Friends      | <input type="checkbox"/> Other (please specify) _____ |
8. What is your religious affiliation?
- |                                 |                                     |   |                                |
|---------------------------------|-------------------------------------|---|--------------------------------|
| <input type="checkbox"/> None   | <input type="checkbox"/> Protestant | <input type="checkbox"/> Catholic                     | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Buddhist   | <input type="checkbox"/> Other (please specify) _____ |                                |
9. How often do you attend religious services?
- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Never                 | <input type="checkbox"/> Seldom      | <input type="checkbox"/> A few times a year    |
| <input type="checkbox"/> Once or twice a month | <input type="checkbox"/> Once a week | <input type="checkbox"/> More than once a week |
10. How important is religion in your life?
- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Not at all important | <input type="checkbox"/> Not very important | <input type="checkbox"/> Somewhat important | <input type="checkbox"/> Very important |
|---|---|---|---|
11. Are you currently working? ☐ Yes ☐ No ☐ Looking for job
12. How much was your household income for the past year?
- |                                     |  |  |                                     |
|-------------------------------------|--|--|-------------------------------------|
| <input type="checkbox"/> < \$20,000 | <input type="checkbox"/> \$20,000 – < \$40,000 | <input type="checkbox"/> \$40,000 – < \$60,000 | <input type="checkbox"/> > \$60,000 |
|-------------------------------------|--|--|-------------------------------------|
13. How would you rate your personal financial situation?
- |  |                                  |  |
|--|----------------------------------|--|
| <input type="checkbox"/> Below average | <input type="checkbox"/> Average | <input type="checkbox"/> Above average |
|--|----------------------------------|--|
14. Do you use computers and the Internet? ☐ Yes ☐ No
15. Do you use a cellphone? ☐ Yes ☐ No
16. Do you have a home phone? ☐ Yes ☐ No

## Section 2: Immigration and Acculturation

1. Were you born in the United States?     ☐ Yes    ☐ No
2. How long have you lived in the United States? \_\_\_\_\_ years
3. Is English your primary language?        ☐ Yes    ☐ No
4. How well do you speak English?  
☐ Not at all            ☐ Not very well        ☐ Pretty well            ☐ Very well
5. How much does your English speaking ability interfere with daily life?  
☐ Not at all            ☐ Not very much        ☐ Pretty much            ☐ Very much
6. How would you rate your level of familiarity with the culture and custom of mainstream America?  
☐ Very low            ☐ Low                    ☐ High                    ☐ Very high
7. How would you rate your level of familiarity with the culture and custom of your ethnic origin?  
☐ Very low            ☐ Low                    ☐ High                    ☐ Very high
8. Please indicate your personal experience below.

	Never	Rarely	Sometimes	Often
How often do people dislike you because you are Asian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do people treat you unfairly because you are Asian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often have you seen friends treated unfairly because they are Asian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please indicate your response to the following questions.

◆ How closely do you identify with other people who are of the same racial and ethnic descent as yourself?
<input type="checkbox"/> Not at all <input type="checkbox"/> Not very close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Very close
◆ How close do you feel, in your ideas and feelings about things, to other people of the same racial and ethnic descent?
<input type="checkbox"/> Not at all <input type="checkbox"/> Not very close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Very close
◆ If you could choose, how much time would you like to spend with other people who are of your same racial and ethnic group?
<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> Some <input type="checkbox"/> A lot
◆ How important do you think it is for people who are from your same racial and ethnic group to marry other people who are also from this group?
<input type="checkbox"/> Not at all <input type="checkbox"/> Not very important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Very important

### Section 3: Physical Health

1. How would you rate your overall health at the present time?

☐ Excellent      ☐ Very good      ☐ Good      ☐ Fair      ☐ Poor

2. How would you rate your mental/emotional health at the present time?

☐ Excellent      ☐ Very good      ☐ Good      ☐ Fair      ☐ Poor

3. How would you rate your dental/oral health at the present time?

☐ Excellent      ☐ Very good      ☐ Good      ☐ Fair      ☐ Poor

4. Do you need help with daily activities like bathing, dressing, eating, or using the toilet?      ☐ Yes      ☐ No

5. Have a doctor ever told you that you had any of the following conditions?

Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kidney problem	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Do you currently smoke?      ☐ Yes      ☐ No

7. Has anyone ever told you that you have a drinking problem?      ☐ Yes      ☐ No

8. Do you do regular exercise?      ☐ Yes      ☐ No

9. Is there a place that you USUALLY go to when you get sick?      ☐ Yes      ☐ No

10. Are you currently covered by any healthcare insurance?      ☐ Yes      ☐ No

11. Do you have dental insurance?      ☐ Yes      ☐ No

12. Please indicate if you have used each of the following services during the past 12 months.

A doctor, hospital or clinic for a routine physical check-up	<input type="checkbox"/> Yes <input type="checkbox"/> No
A dentist for a routine check-up	<input type="checkbox"/> Yes <input type="checkbox"/> No
A doctor, emergency room, or clinic for urgent care treatment (because of new symptoms, an accident, or something else unexpected)	<input type="checkbox"/> Yes <input type="checkbox"/> No
A folk medicine provider (e.g., herbalist, acupuncturist, etc.) for health concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Was there a time in the past 12 months when you needed medical care but couldn't get it? ☐ Yes ☐ No
14. Was there a time in the past 12 months when you needed dental care but couldn't get it? ☐ Yes ☐ No
15. For your medical visit, do you need someone who can provide a ride for you? ☐ Yes ☐ No
16. For your medical visit, do you need someone who can do interpretation for you? ☐ Yes ☐ No
17. Have you had an experience that you could not understand what the doctor/nurse said? ☐ Yes ☐ No
18. If you could choose, would you prefer to be treated by a doctor of your own ethnic group? ☐ Yes ☐ No
19. How much are you satisfied with the health care you received in the past 12 months?  
☐ Not at all ☐ Not very much ☐ Pretty much ☐ Very much

#### Section 4: Emotional Health

1. The next questions are about how you have been feeling during the past 30 days.

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
How often did you feel nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did you feel hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did you feel restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did you feel so depressed that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did you feel that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did you feel worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. During the past 12 months, have you ever felt that you might need to see a professional because of a problem with your emotional or mental health? ☐ Yes ☐ No
3. Please indicate if you have used each of the following professionals during the past 12 months about a problem with your emotional or mental health.

A psychiatrist	<input type="checkbox"/> Yes <input type="checkbox"/> No
A general practitioner or other medical doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
A psychologist, professional counselor, marriage therapist, or social worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
A minister, priest, rabbi, or other spiritual advisor	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Was there a time in the past 12 months when you needed emotional or mental care but couldn't get it? ☐ Yes ☐ No

5. Please indicate your experience or opinion for the questions below.

◆ Do you think depression is a sign of personal weakness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Do you think having a depressed family member brings a shame to the whole family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Do you think if you had depression, your family would be disappointed with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Do you think keeping emotional troubles to oneself is a virtue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Do you think antidepressant medicines are addictive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Do you think people with mental problems are dangerous to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Do you think people with mental problems will never recover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Have you ever received psychological counseling or treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ If you have depression, would you be willing to use counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ If you use counseling, would you prefer a counselor of your own ethnic group?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 5: Social Resources and Quality of Life

#### 1. Thinking about your **FAMILY/RELATIVES**.....

◆ How many family/relatives do you see or hear from at least once a month?

☐ 0    ☐ 1    ☐ 2    ☐ 3-4    ☐ 5-8    ☐ 9 or more

◆ How many family/relatives do you feel at ease with that you can talk about private matters?

☐ 0    ☐ 1    ☐ 2    ☐ 3-4    ☐ 5-8    ☐ 9 or more

◆ How many family/relatives do you feel close to such that you could call on them for help?

☐ 0    ☐ 1    ☐ 2    ☐ 3-4    ☐ 5-8    ☐ 9 or more

#### 2. Thinking about your **FRIENDS**.....

◆ How many of your friends do you see or hear from at least once a month?

☐ 0    ☐ 1    ☐ 2    ☐ 3-4    ☐ 5-8    ☐ 9 or more

◆ How many friends do you feel at ease with that you can talk about private matters?

☐ 0    ☐ 1    ☐ 2    ☐ 3-4    ☐ 5-8    ☐ 9 or more

◆ How many friends do you feel close to such that you could call on them for help?

☐ 0    ☐ 1    ☐ 2    ☐ 3-4    ☐ 5-8    ☐ 9 or more



6. Please indicate how much you agree with each statement.

	Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
In most ways my life is close to my ideal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The conditions of my life are excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
So far I have gotten the important things I want in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I could live my life over, I would change almost nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Over the last 2 weeks, how often have been bothered by any of the following problems:

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 6: Special Interest

1. How much do you know about Alzheimer's disease?

☐ Nothing at all      ☐ Not very much      ☐ Pretty much      ☐ Very much

2. Do any of your family members or friends have Alzheimer's disease?

☐ Yes      ☐ No

3. Please indicate your response to the following questions.

	Not at all	Not very much	Pretty much	Very much
How concerned are you that YOU may have Alzheimer's disease someday?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How concerned are you that you may someday have to provide care for someone with Alzheimer's disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How important do you think it is to plan for the possibility of getting Alzheimer's disease in the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



4. Have you made plans for the possibility of you or your family getting Alzheimer's disease? ☐ Yes ☐ No
5. Do you know any educational programs on Alzheimer's disease? ☐ Yes ☐ No
6. Do you know any local services and programs for Alzheimer's disease patients and family? ☐ Yes ☐ No
7. Do you think your language and/or culture would interfere with your participation in such programs? ☐ Yes ☐ No
8. Please indicate whether you agree with each of the following statements.

◆ Alzheimer's disease is a cause of fate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Alzheimer's disease is a normal process of aging.	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ It is embarrassing to have a family member with Alzheimer's disease.	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Social interactions with an Alzheimer's disease patient should be avoided.	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Scientists will find cure for Alzheimer's disease soon.	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ It is not right to place a family member with Alzheimer's disease in a nursing home.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Do you have a living will? ☐ Yes ☐ No
10. Have you heard about advance directives? ☐ Yes ☐ No
11. An advance directive is a type of legal document that designates someone who can make medical decisions in the event that you are unable to do so. Do you have such a document? ☐ Yes ☐ No
12. How much do you agree with the following statement?: *"One should avoid speaking about bad things (e.g., disease and death) because it might cause them to happen."*
- ☐ Strongly disagree ☐ Somewhat disagree ☐ Somewhat agree ☐ Strongly agree

## Section 7: Housing and Community Resources

1. What kind of housing do you live in?
- ☐ Mobile house ☐ One-family house ☐ Two-family house/duplex
- ☐ Apartment/Townhouse/Condominium ☐ Other (please specify) \_\_\_\_\_
2. Do you (and your family) own your home, rent it, or what?
- ☐ Own ☐ Rent ☐ Other (please specify) \_\_\_\_\_
3. How much are you satisfied with your current housing condition?
- ☐ Not at all ☐ Not very much ☐ Pretty much ☐ Very much

4. Please indicate how you feel about your community.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
This is a close-knit community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People around here are willing to help their community members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in this community don't share the same values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in this community generally don't get along with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in this community can be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What is your address and zip code? PLEASE note that this information will only be used to identify the Census tract and block codes of your residence.

Street address: \_\_\_\_\_ Zip code: \_\_\_\_\_

6. How long have you lived in Austin? \_\_\_\_\_ years

7. Please rate your satisfaction with the following.

	Not at all satisfied	Not very much satisfied	Pretty much satisfied	Very much satisfied
The City of Austin as a place <b>to live</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The City of Austin as a place <b>to raise children</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The City of Austin as a place <b>to work</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The City of Austin as a place <b>to retire</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of <b>safety</b> in the City of Austin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of <b>life</b> in the City of Austin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of <b>services</b> provided by the City of Austin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Below is a selected list of city services. Please rate your satisfaction with the following.

	Not at all satisfied	Not very much satisfied	Pretty much satisfied	Very much satisfied	Never used
Parks and recreational services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public safety services (i.e. police, fire and ambulance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Austin-Bergstrom International Airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking water provided by Austin Water Utility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Municipal court services (i.e. traffic, fine collection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of city streets and sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social services/ public health services provided by the City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal Services (shelter, adoptions, animal control, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please indicate if you have done any of the following during the past 12 months.

◆ Attended a City hosted public meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Attended a City Council meeting in person	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Watched a City Council meeting on live video stream	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Spoke at a City Council meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ E-mailed or phoned an elected City official	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ E-mailed or phoned an Executive City staff person	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ E-mailed or phoned a City staff person	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Voted in a City election (in the past 18 to 24 months)	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Participated in a City of Austin online survey	<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Submitted a Public Information Request	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Have you heard about the Asian American Resource Center (AARC) in Austin? ☐ Yes ☐ No

11. How often do you use AARC?

☐ Never ☐ Rarely ☐ Some of the time ☐ Often

12. How often do you participate in activities/events in **Asian communities in Austin?**

☐ Never ☐ Rarely ☐ Some of the time ☐ Often

13. How much are you satisfied with **Asian communities in Austin?**

☐ Not at all ☐ Not very much ☐ Pretty much ☐ Very much

14. In your opinion, what are the major concerns in **Asian communities in Austin?**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Thank you very much for your participation! You will be paid \$10 for your participation. We also would like to know what you think about this survey.

	Not at all satisfied	Not very much satisfied	Pretty much satisfied	Very much satisfied
Length of the survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$10 incentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance from bilingual and bicultural research team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If someone who speaks English calls you and asks for your participation in a survey, would you do it?

☐ Yes ☐ No

Thank You Very Much!