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**I'd like to get out of my neighborhood.**

- |                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | NO!       |
| <input type="checkbox"/> | no        |
| <input type="checkbox"/> | yes       |
| <input type="checkbox"/> | YES!      |
| <input type="checkbox"/> | No Answer |

**I like my neighborhood.**

- |                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | NO!       |
| <input type="checkbox"/> | no        |
| <input type="checkbox"/> | yes       |
| <input type="checkbox"/> | YES!      |
| <input type="checkbox"/> | No Answer |

**If I had to move, I would miss the neighborhood I now live in.**

- |                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | NO!       |
| <input type="checkbox"/> | no        |
| <input type="checkbox"/> | yes       |
| <input type="checkbox"/> | YES!      |
| <input type="checkbox"/> | No Answer |