

In the last 12 months have you or your other members of your current household made use of any of the following non-Jewish sponsored services and programs? (Check as many as apply)

<input type="checkbox"/> NURSERY SCHOOL	26/
<input type="checkbox"/> DAY CARE CENTER	27/
<input type="checkbox"/> CHILDREN'S DAY CAMP	28/
<input type="checkbox"/> "Y" OR SIMILAR ORGANIZATION	29/
<input type="checkbox"/> HEALTH CLUB, GYM, COUNTRY CLUB	30/
<input type="checkbox"/> EMPLOYMENT OR VOCATIONAL GUIDANCE SERVICE	31/
<input type="checkbox"/> FAMILY OR INDIVIDUAL COUNSELING SERVICE	32/
<input type="checkbox"/> SENIOR CITIZEN'S CENTER	33/
<input type="checkbox"/> HOME FOR AGED OR NURSING HOME	34/
<input type="checkbox"/> SPECIAL PROGRAMS FOR DISABLED, HANDICAPPED AND RETARDED	35/
<input type="checkbox"/> OTHER (SPECIFY) _____	36/

How important is it for you and your household to have the Manchester Jewish community provide each of the following services and programs? (Circle the numbers of your answers)

	VERY IMPORTANT	IMPORTANT	NOT TOO IMPORTANT	
SPECIAL PROGRAMS FOR DISABLED, HANDI- CAPPED AND RETARDED.....	1	2	3	37/
PEOPLE IN CRISIS; NEED FOR EMERGENCY FOOD, CLOTHING AND OTHER KINDS OF HELP.....	1	2	3	38/
HOMES FOR THE AGED AND NURSING HOMES.....	1	2	3	39/
HOUSING FOR ELDERLY JEWS.....	1	2	3	40/
ADULT DAY CARE.....	1	2	3	41/
SENIOR CITIZEN GROUPS.....	1	2	3	42/
INFORMATION AND REFERRAL SERVICES.....	1	2	3	43/
PROGRAMS TO HELP WITH PROBLEMS LIKE DRUG ADDICTION AND ALCOHOLISM.....	1	2	3	44/
HOMEMAKER SERVICES.....	1	2	3	45/
COUNSELING FOR PEOPLE WITH FAMILY OR PERSONAL PROBLEMS.....	1	2	3	46/
CHILDREN'S DAY CARE.....	1	2	3	47/
CHILDREN'S DAY CAMP.....	1	2	3	48/
NURSERY SCHOOL.....	1	2	3	49/
EMPLOYMENT SERVICES.....	1	2	3	50/
JEWISH EDUCATION.....	1	2	3	51/
SPORTS, RECREATION AND OTHER PROGRAMS FOR TEENAGERS.....	1	2	3	52/
SPORTS, RECREATION AND OTHER PROGRAMS FOR CHILDREN IN GRADES ONE TO EIGHT.....	1	2	3	53/
ADULT EDUCATION, CULTURAL AND SPECIAL PROGRAMS.....	1	2	3	54/
SPORTS AND RECREATION PROGRAMS FOR ADULTS...	1	2	3	55/
HEALTH CLUB.....	1	2	3	56/

BACKGROUND

Your sex: (Circle the number of your answer)

57/

- 1 MALE 2 FEMALE

Your present marital status: (Circle the number of your answer)

58/

- 1 NEVER MARRIED 3 DIVORCED 5 WIDOWED
2 MARRIED 4 SEPARATED

If you are not currently married, ignore the columns for your spouse in the next questions.

Highest level of education completed: (Circle the number of the answer for you and your spouse)

59/
60/

- | YOU | YOUR SPOUSE | |
|-----|-------------|--------------------------------------|
| 0 | 0 | GRADE SCHOOL |
| 1 | 1 | SOME HIGH SCHOOL |
| 2 | 2 | HIGH SCHOOL GRADUATE |
| 3 | 3 | SOME COLLEGE |
| 4 | 4 | COMPLETED COLLEGE |
| 5 | 5 | SOME GRADUATE OR PROFESSIONAL SCHOOL |
| 6 | 6 | MASTER'S DEGREE |
| 7 | 7 | LAW DEGREE (LL.B OR J.D.) |
| 8 | 8 | M.D., D.D.S., O.D. |
| 9 | 9 | PH.D., ED.D., OR OTHER DOCTORATE |

Current employment: (Circle the number of the answer for you and your spouse)

61/
62/

- | YOU | YOUR SPOUSE | |
|-----|-------------|---------------------|
| 1 | 1 | EMPLOYED FULL-TIME |
| 2 | 2 | EMPLOYED PART-TIME |
| 3 | 3 | FULL-TIME STUDENT |
| 4 | 4 | FULL-TIME HOMEMAKER |
| 5 | 5 | RETIRED |
| 6 | 6 | UNEMPLOYED |

What is your and your spouse's main occupation(s)? Please add a description if one is needed for clarity:

63/
64/

YOU: _____
SPOUSE: _____

Current religion: (Circle the number of the answer for you and your spouse)

65/
66/

- | YOU | YOUR SPOUSE | |
|-----|-------------|------------|
| 1 | 1 | PROTESTANT |
| 2 | 2 | CATHOLIC |
| 3 | 3 | JEWISH |
| 4 | 4 | OTHER |
| 5 | 5 | NONE |

Have you or your spouse ever formally converted from one religion to another? (Circle the number of the answer for you and your spouse)

67/
68/

- | YOU | YOUR SPOUSE | |
|-----|-------------|-----|
| 1 | 1 | YES |
| 2 | 2 | NO |

Using the following list, please enter the number of people in each category who presently reside in your household, including those individuals away at school or in the military.

<input type="checkbox"/> YOU	<input type="checkbox"/> OTHER RELATIVE(S)	5/	10/
<input type="checkbox"/> SPOUSE	<input type="checkbox"/> ROOMMATE(S)	6/	11/
<input type="checkbox"/> CHILD(REN)	<input type="checkbox"/> PARTNER	7/	12/
<input type="checkbox"/> YOUR PARENT(S)	<input type="checkbox"/> OTHERS (SPECIFY) _____	8/	13/
<input type="checkbox"/> SPOUSE'S PARENT(S)		9/	

...and how many of them are Jewish? _____ 14-15/

How old are you? _____ and your spouse? _____ 16-17/
18-19/

Using the following age groupings, please enter in the appropriate column(s) the number of children who presently live with you, or are away at school or in the military.

CHILDREN LIVING IN HOUSEHOLD	CHILDREN NOT PRESENTLY LIVING IN HOUSEHOLD		
___ 0-2	___ 0-2	20/	26/
___ 3-5	___ 3-5	21/	27/
___ 6-9	___ 6-9	22/	28/
___ 10-13	___ 10-13	23/	29/
___ 14-17	___ 14-17	24/	30/
___ 18-21	___ 18-21	25/	31/

Excluding you and your spouse, please enter in the appropriate age groupings the number of senior adults who presently live with you.

SENIOR ADULTS PRESENTLY LIVING IN HOUSEHOLD	
___ 55-59	32/
___ 60-64	33/
___ 65-69	34/
___ 70-74	35/
___ 75 and OVER	36/

Using the following list of people who may reside in your household, please enter in each category the number of individuals with physical, mental or emotional disabilities requiring special services.

<input type="checkbox"/> YOU	<input type="checkbox"/> OTHER RELATIVE(S)	37/	42/
<input type="checkbox"/> SPOUSE	<input type="checkbox"/> ROOMMATE(S)	38/	43/
<input type="checkbox"/> CHILD(REN)	<input type="checkbox"/> PARTNER	39/	44/
<input type="checkbox"/> YOUR PARENT(S)	<input type="checkbox"/> OTHERS (SPECIFY) _____	40/	45/
<input type="checkbox"/> SPOUSE'S PARENT(S)		41/	

What was your approximate family income from all sources, before taxes, in 1982? (Circle the number of your answer) 46-47/

1 LESS than \$5,000	5 \$20,000-24,999	9 \$50,000-74,999
2 \$5,000-9,999	6 \$25,000-29,999	10 \$75,000-99,999
3 \$10,000-14,999	7 \$30,000-39,999	11 \$100,000 and OVER
4 \$15,000-19,999	8 \$40,000-49,999	

JEWISH BACKGROUND, ATTITUDES AND PRACTICES

What is the major type of Jewish education you and your spouse received when growing up? (Circle the number of the answer for you and your spouse) 48/
49/

YOU	YOUR SPOUSE	
1	1	NO FORMAL JEWISH EDUCATION
2	2	ONCE-A-WEEK RELIGIOUS SCHOOL
3	3	HEBREW SCHOOL, TALMUD TORAH, OTHER PART-TIME JEWISH PROGRAM
4	4	YESHIVA, DAY SCHOOL, OTHER FULL-TIME JEWISH SCHOOL
5	5	PRIVATE TUTOR
6	6	OTHER TYPE OF FORMAL JEWISH EDUCATION

Do you and your spouse think of yourselves as Orthodox, Conservative, Reform, secular or something else? (Circle the number of the answer for you and your spouse)

50/
51/

YOU	YOUR SPOUSE	
1	1	ORTHODOX
2	2	CONSERVATIVE
3	3	REFORM
4	4	SECULAR
5	5	SOMETHING ELSE (SPECIFY) _____

How many of your and your spouse's closest friends are Jewish? (Circle the number of the answer for you and your spouse)

52/
53/

YOU	0	1	2	3	4	5	YOUR SPOUSE	0	1	2	3	4	5
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How frequently do you yourself attend temple services and how frequently does your spouse? (Circle the number of the answer for you and your spouse)

54/
55/

YOU	YOUR SPOUSE	
1	1	NEVER
2	2	ONLY ROSH HASHANAH, YOM KIPPUR
3	3	A FEW TIMES A YEAR
4	4	ABOUT ONCE A MONTH
5	5	A FEW TIMES A MONTH
6	6	WEEKLY
7	7	MORE THAN WEEKLY

Do you or your spouse belong to a synagogue, temple, or havurah? (Circle the number of your answer)

56/

1 YES 2 NO

Do you or your spouse belong to any of these Jewish organizations? (Check as many as apply)

<input type="checkbox"/> A TEMPLE-RELATED GROUP, SUCH AS SISTERHOOD OR BROTHERHOOD	57/
<input type="checkbox"/> THE JEWISH COMMUNITY CENTER	58/
<input type="checkbox"/> AN ADULT EDUCATION CLASS OR STUDY GROUP	59/
<input type="checkbox"/> HADASSAH, ZOA, OR OTHER ZIONIST GROUP	60/
<input type="checkbox"/> OTHER JEWISH GROUPS (SPECIFY) _____	61/

How many of the children in your household now attend each of the following types of Jewish school? If none, write "0" in each appropriate space.

<input type="checkbox"/> YESHIVA, DAY SCHOOL OR OTHER FULL-TIME SCHOOL	62/
<input type="checkbox"/> MORE THAN ONCE-A-WEEK RELIGIOUS SCHOOL	63/
<input type="checkbox"/> ONCE-A-WEEK RELIGIOUS SCHOOL	64/
<input type="checkbox"/> OTHER (SPECIFY) _____	65/

CHARITY AND PHILANTHROPY

The Jewish Federation of Greater Manchester is the fundraising and planning organization for the Jewish community in this area. Are you and members of your household familiar with this organization? (Circle the number of your answer)

5/

1 YES 2 NO

In 1982, approximately how much did you and other members of your household give, in total, to various charities--Jewish, non-Jewish and non-sectarian? Do not count any dues or other contributions to a temple or any school tuition for your children. (Circle the number of your answer)

6/

1 \$0-25	4 \$100-299	7 \$1,000-1,999
2 \$26-49	5 \$300-499	8 \$2,000-4,999
3 \$50-99	6 \$500-999	9 \$5,000 and OVER

In the last 12 months did you or other members of your household contribute to any of the following causes? (Check as many as apply)

- UNITED WAY _____
- MEDICAL OR HEALTH-RELATED CAUSES _____ 7/
- ARTS, CULTURAL, EDUCATIONAL INSTITUTIONS _____ 8/
- COMBINED JEWISH APPEALS _____ 9/
- ISRAEL-RELATED CAUSES (SPECIFY) _____ 10/
- OTHER JEWISH CAUSES (SPECIFY) _____ 11/
- OTHER NON-SECTARIAN CAUSES (SPECIFY) _____ 12/
- _____ 13/

If you checked Combined Jewish Appeals, how much was your total household contribution last year? (Circle the number of your answer) 14/

- | | | |
|-----------|-------------|--------------------|
| 1 \$0-25 | 4 \$100-299 | 7 \$1,000-1,999 |
| 2 \$26-49 | 5 \$300-499 | 8 \$2,000-4,999 |
| 3 \$50-99 | 6 \$500-999 | 9 \$5,000 and OVER |

Suppose you had \$100 to give to Jewish causes, not counting your contribution to a temple, how much would your household want to go to: 15-17/
18-20/
21-23/

ISRAEL _____ NATIONAL JEWISH CAUSES _____ GREATER MANCHESTER AREA _____

When someone gives \$100 to the Jewish Federation of Greater Manchester, how much does your household think goes to the following areas: 24-26/
27-29/
30-32/

ISRAEL _____ NATIONAL JEWISH CAUSES _____ GREATER MANCHESTER AREA _____

How does your household feel services are being distributed--whether some people in the Greater Manchester area are getting more services or help than they should from the Jewish community, while others deserve more than they are getting? (Circle the numbers of the answers which most represent the feelings of your household)

GET TOO MUCH	RIGHT AMOUNT	NOT ENOUGH		
1	2	3	ELDERLY JEWS	33/
1	2	3	JEWISH YOUTH	34/
1	2	3	JEWISH SINGLE PARENT FAMILIES	35/
1	2	3	JEWISH FAMILIES WITH CHILDREN	36/
1	2	3	JEWS WITH PERSONAL & FAMILY PROBLEMS	37/
1	2	3	JEWISH SINGLE ADULTS	38/
1	2	3	JEWS WITH HIGH INCOMES	39/
1	2	3	JEWS WITH MIDDLE INCOMES	40/
1	2	3	JEWS WITH LOW INCOMES	41/
1	2	3	NON-JEWS	42/

Does your household think the services supported by the Jewish Federation of Greater Manchester help a lot of people, some people, or only a few people in the Jewish community? (Circle the number of your answer) 43/

1 A LOT OF PEOPLE 2 SOME PEOPLE 3 A FEW PEOPLE

What does your household think about the decisions made about how the Federation money is spent? (Circle the number of your answer) 44/

- 1 REPRESENTS THE INTERESTS OF ONLY A FEW PEOPLE
- 2 REPRESENTS THE BROADER INTERESTS OF MANY PEOPLE

Do you and your spouse want to have a say in how Federation money should be spent? (Circle the number of your answer) 45/

1 YES 2 NO

WE WISH TO THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. PLEASE RETURN IT TO US IN THE ENCLOSED, SELF-ADDRESSED, STAMPED ENVELOPE.