

Name: _____

Address: _____

Telephone (Day): _____ (Evening) _____

How long have you lived here? _____

Are you familiar with the White House Cafe? _____ Yes _____ No

How far away from the White House Café do you live? _____

Do you ever pass by the White House Cafe? _____ Yes _____ No
How?

_____ Walk _____ Drive _____ Bike

Can you see the White House Café from where you live? _____ Yes
_____ No

How? Window _____ Walking _____

Can you hear what goes on at the White House Café? _____ Yes _____ No

What do you see happening at the White House Café? _____

Do you see anyone drinking alcoholic beverages outside the White House Café?
_____ Yes _____ No

What did you see? _____

When did you see it? _____

How did you know it was an alcoholic beverage? _____

Did you see anyone use illegal drugs? _____ Yes _____ No

How did you know it was drugs? _____

How many times have you seen this? _____

PLEASE PUT ANY ADDITIONAL COMMENTS ON THE BACK OF THIS SHEET.