

# Data Mapping

La Crosse Area Community Foundation is conducting a community assessment focused on relationship mapping. The concept of social capital is crucial because it builds a network of support and shared resources across diverse groups. Strong relationships mean better information sharing, opportunities, and resources.

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**GOAL:** *Community members will have an improved communication channel and increase access to information and resources leading to a more welcoming place.*

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## Demographics *This information will be kept private and remain anonymous outside the one individual gathering and analyzing data.*

### AGE

- ☐ 15-18    ☐ 25-34    ☐ 45-54    ☐ 65+  
☐ 19-24    ☐ 35-44    ☐ 55-64

### ETHNICITY Select all that apply.

- ☐ Asian  
☐ American Indian or Alaska Native  
☐ Black or African American  
☐ Hmong  
☐ Native Hawaiian or Other Pacific Islander  
☐ White or Caucasian  
☐ Two or More Races  
☐ Other: \_\_\_\_\_

### EDUCATION Highest Level

- ☐ Some High School  
☐ High School Diploma/GED  
☐ Some College  
☐ Certificate  
☐ Associate's Degree  
☐ Bachelor's Degree  
☐ Master's Degree  
☐ Doctorate  
☐ None of the Above  
☐ Other: \_\_\_\_\_

### PRIMARY LANGUAGE

\_\_\_\_\_

### GENDER

- ☐ Male    ☐ Female  
☐ Non-Binary/ Third Gender  
☐ Prefer to Self Describe: \_\_\_\_\_

### MARITAL STATUS

- ☐ Married    ☐ Stable Union  
☐ Divorced    ☐ Single  
☐ Widowed    ☐ Rather Not Say

### PROFESSION

- ☐ Education and/or Childcare  
☐ Massage and/or Therapies  
☐ Commerce (Banking, Finance, Accounting)  
☐ Consulting and/or Facilitation  
☐ Art and/or Music  
☐ Services (Painting, Self-Employed, Locksmith, Construction, etc.)  
☐ Culinary Arts (Chef, Waitress, Bartender, Line Cook, Fast Food, etc.)  
☐ Retired  
☐ Farming  
☐ Medical (Nursing, Doctor, Dental, Physician, Behavioral Health)  
☐ Other: \_\_\_\_\_

# Demographics

*This information will be kept private and remain anonymous outside the one individual gathering and analyzing data.*

## PRIMARY MODE OF TRANSPORTATION

- |  |   |
|--|---|
| <input type="checkbox"/> Personal Car          | <input type="checkbox"/> Carpool          |
| <input type="checkbox"/> Walking               | <input type="checkbox"/> Motorcycle/Moped |
| <input type="checkbox"/> Public Transportation | <input type="checkbox"/> Bicycle          |
| <input type="checkbox"/> Rideshare or Taxi     | <input type="checkbox"/> Other:: _____    |

## IS THE PRIMARY ADULT IN THE HOUSEHOLD ABLE TO READ ENGLISH?

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Yes             | <input type="checkbox"/> No           |
| <input type="checkbox"/> Relies on Child | <input type="checkbox"/> Other: _____ |

## ARE YOU OR SOMEONE IN YOUR HOUSEHOLD A PERSON WITH A DISABILITY?

- ☐ Yes ☐ No

### IF YES, SELECT ALL THAT APPLY.

- |  |  |
|--|--|
| <input type="checkbox"/> Blind or Low Vision           | <input type="checkbox"/> Deaf or Hard of Hearing   |
| <input type="checkbox"/> Physical or Mobility Issues   | <input type="checkbox"/> Chronic Medical Condition |
| <input type="checkbox"/> Intellectual or Developmental | <input type="checkbox"/> Mental Health             |
| <input type="checkbox"/> Other:: _____                 |  |

## INCOME LEVEL

- ☐ Under \$15,000
- ☐ \$15,000 - \$24,999
- ☐ \$25,000 - \$34,999
- ☐ \$35,000 - \$49,999
- ☐ \$50,000 - \$74,999
- ☐ \$75,000 - \$99,999
- ☐ \$100,000 - \$149,999
- ☐ \$150,000 - \$199,999
- ☐ Over \$200,000

## HOUSEHOLD MAKEUP

- ☐ Single Individual
- ☐ Single Parent/Guardian Household
- ☐ Dual Parent/Guardian Household
- ☐ Multigenerational Household (# of generations)
- ☐ Multi-Guardian Household
- ☐ Multiple Adults
- ☐ Unaccompanied Youth
- ☐ Other: \_\_\_\_\_

## Please answer this section if you have children.

### CHILDREN IN HOUSEHOLD?

- ☐ Yes ☐ No

### SCHOOL SITUATION OF CHILDREN

Select all that apply.

- ☐ Attend Public School
- ☐ Attend Private School
- ☐ Attend Homeschool
- ☐ Do Not Attend School

### HOW MANY CHILDREN IN HOUSEHOLD?

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 1 child    | <input type="checkbox"/> 4 children           |
| <input type="checkbox"/> 2 children | <input type="checkbox"/> 5 children           |
| <input type="checkbox"/> 3 children | <input type="checkbox"/> More than 5 children |

### AGE RANGE OF CHILDREN

Select all that apply.

- ☐ Under 5 Years Old
- ☐ 5 to 10 Years Old
- ☐ 11 to 15 Years Old
- ☐ 16 to 20 Years Old
- ☐ Over 20 Years Old

# Open Ended Questions

**DO YOU FEEL YOU RECEIVE INFORMATION THAT IS RELEVANT TO YOU?**

☐ Yes

☐ No

**WHY DID YOU MOVE TO LA CROSSE?**

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**WHERE DO YOU GET YOUR INFORMATION? (AVAILABLE PROGRAMS, UPCOMING EVENTS, IMPORTANT COMMUNITY NEWS, ETC.)**

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**WHO DO YOU GO TO FOR INFORMATION? DO YOU HAVE TRUSTED INDIVIDUALS, ORGANIZATIONS OR BUSINESSES THAT YOU RELY ON FOR INFORMATION?**

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# Open Ended Questions

**IF YOU HAVE A TRUSTED INDIVIDUAL YOU GO TO FOR INFORMATION, WHO IS IT AND HOW ARE YOU CONNECTED?**

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**IS THERE INFORMATION YOU HAVE MISSED OUT ON BECAUSE YOU DIDN'T RECEIVE THE INFORMATION WITH ENOUGH TIME TO REACT OR RESPOND?**

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**WHAT GETS IN THE WAY OF GETTING INVOLVED? WHAT PREVENTS YOU FROM ACTING ON THE INFORMATION YOU RECEIVE? (CHILDCARE, TIME, LANGUAGE, LOCATION, TRANSPORTATION, ETC.)**

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# Open Ended Questions

**WHAT MOTIVATES YOU TO GET INVOLVED WITH INFORMATION YOU RECEIVE?**

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**WHAT TYPES OF INFORMATION ARE YOU LOOKING FOR AND NOT FINDING?**

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**WHAT TYPES OF INFORMATION ARE YOU LOOKING FOR AND UNSURE OF IT'S TRUSTWORTHINESS?**

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# Open Ended Questions

**WHAT TYPES OF INFORMATION ARE YOU LOOKING FOR AND IT'S TOO LATE OR YOU MISSED THE OPPORTUNITY?**

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**ANYTHING ELSE YOU WANT TO SHARE**

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**Thank you for taking the time to fill out the data mapping survey. We will be sharing results by December 2025.**

If you have any questions, please contact:  
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