

## Healthy Housing Outcomes Survey

Thank you for taking the time to complete this survey. We are conducting this survey to learn more about the health and well-being of residents in this community. This survey will take about 10-15 minutes to complete. We are asking for your name so we can track who has completed the survey and so we can follow up with you a year from now. Please be assured, however, that the information you provide is confidential.

### RESIDENT SATISFACTION

**We'd like to start out by asking you a few questions about your experiences and feelings about the property.**

1. How long have you lived in this property?

- Less than a year
- 1-3 years
- 4-5 years
- 6-10 years
- 10+ years

2. Overall, how satisfied are you with the following aspects of your property:

|                                | Very satisfied        | Somewhat satisfied    | Not at all satisfied  | N/A                   |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Your apartment                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Common areas of your building  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Outside spaces on the property | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Services and events            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Upkeep and maintenance         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. Right now, how likely are you to recommend this property to someone else as a good place to live?

- Definitely would
- Probably would
- Probably would not
- Definitely would not

4. How safe would you say you feel walking in the community near the property during the day time?

- Very safe
- Somewhat safe
- Somewhat unsafe
- Very unsafe

5. How safe would you say you feel walking in the community near the property at night?
- Very safe
  - Somewhat safe
  - Somewhat unsafe
  - Very unsafe

**YOUR HEALTH**

The following are questions about your health and well-being. They include general questions about your overall health.

6. Would you say that in general your health is ...?
- Excellent
  - Very good
  - Good
  - Fair
  - Poor
7. During the past 30 days, for about how many days have you felt healthy enough to do your usual activities?
- All the time
  - A little more than half the time
  - Half the time
  - Less than half

**OVERALL LIFE SATISFACTION**

For the next three questions please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

8. Please tell me where on the ladder you feel you personally stand right now.

|    |                       |
|----|-----------------------|
| 10 | <input type="radio"/> |
| 9  | <input type="radio"/> |
| 8  | <input type="radio"/> |
| 7  | <input type="radio"/> |
| 6  | <input type="radio"/> |
| 5  | <input type="radio"/> |
| 4  | <input type="radio"/> |
| 3  | <input type="radio"/> |
| 2  | <input type="radio"/> |
| 1  | <input type="radio"/> |
| 0  | <input type="radio"/> |

9. Please tell me on which step do you think you will stand about five years from now?

|    |                       |
|----|-----------------------|
| 10 | <input type="radio"/> |
| 9  | <input type="radio"/> |
| 8  | <input type="radio"/> |
| 7  | <input type="radio"/> |
| 6  | <input type="radio"/> |
| 5  | <input type="radio"/> |
| 4  | <input type="radio"/> |
| 3  | <input type="radio"/> |
| 2  | <input type="radio"/> |
| 1  | <input type="radio"/> |
| 0  | <input type="radio"/> |

10. Now imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you.

Please indicate where on the ladder you stand right now.

|    |                       |
|----|-----------------------|
| 10 | <input type="radio"/> |
| 9  | <input type="radio"/> |
| 8  | <input type="radio"/> |
| 7  | <input type="radio"/> |
| 6  | <input type="radio"/> |
| 5  | <input type="radio"/> |
| 4  | <input type="radio"/> |
| 3  | <input type="radio"/> |
| 2  | <input type="radio"/> |
| 1  | <input type="radio"/> |
| 0  | <input type="radio"/> |

11. How strongly do you agree with this statement? "I lead a purposeful and meaningful life." Do you...

- Strongly agree
- Agree
- Slightly agree
- Neither agree nor disagree
- Slightly disagree
- Disagree
- Strongly disagree

## MEDICAL CONDITIONS

These questions relate to specific medical conditions you may be managing.

12. Has a doctor or nurse ever told you that you had any of the following:

|   | Yes                   | No                    | I don't know          |
|---|-----------------------|-----------------------|-----------------------|
| High cholesterol  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Angina or coronary heart disease  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Depression or anxiety   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Arthritis   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| An autoimmune disease, such as fibromyalgia, lupus, or other autoimmune disease | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Diabetes (Type 1 or 2)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| High blood pressure/hypertension  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

13. If you answered YES to any of the questions above, has your ability to manage these conditions improved in the last year?

- Yes
- No
- NA

## EATING HABITS

The following are questions about food and your eating habits. There are no right or wrong answers.

14. In general, would you say that your eating habits are...?

- Excellent
- Very good
- Good
- Fair
- Poor

15. On a typical day, how many times do you eat fruit (not including juice)?

- Three or more times a day
- About twice a day
- About once a day
- Less than once a day
- Never

16. On a typical day, how often do you include vegetables of any type (either cooked or raw) in the meals you eat?

- Three or more times a day
- About twice a day
- About once a day
- Less than once a day
- Never

17. If you wanted to eat fresh fruits and vegetables, how easy would it be for you to do so?
- Very easy (**skip to Question 19**)
  - Somewhat easy (**skip to Question 19**)
  - Somewhat difficult
  - Very difficult

18. If it's not so easy, why is it difficult? *Check all that apply.*

- Too expensive
- Too far away
- Not able to prepare fresh foods
- Don't know how to prepare fresh foods
- Other \_\_\_\_\_

### PHYSICAL ACTIVITY

The following the questions are about how you get physical activity on the property and how easy it is to get around.

19. How physically fit do you feel?

- Very fit
- Somewhat fit
- Somewhat unfit
- Very unfit

20. How often do you exercise in ways that are appropriate to your level of ability?

- Often
- Sometimes
- Rarely
- Never

21. This question asks about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground. In the past 12 months, how many times have you fallen in your apartment or around the building or property?

- None
- 1-2
- 3-4
- 5 or more

### RESPIRATORY HEALTH

Now we'd like to ask you some questions about your respiratory health.

22. Does your building have a no-smoking policy?

- Yes
- No
- I don't know

23. Do you or anyone living in your home experience the following? *Check all that apply.*
- Breathlessness
  - Coughing
  - Chest tightness
  - Wheezing
  - Other allergic reactions
  - None **(Skip to Question 25)**
24. Do those symptoms go away when you leave your apartment for an hour or more?
- Yes, within a few hours
  - Yes, if gone a few days
  - No, they stay the same
25. Has a doctor, nurse, or other health professional ever told you that you had: *Check all that apply*
- Asthma
  - Chronic obstructive pulmonary disease (COPD)
  - Emphysema
  - Other respiratory disease (for example chronic allergies, chronic bronchitis, pneumonia)
  - None **(skip to Question 28)**
26. During the past 12 months, have your respiratory symptoms become more intense or occurred more frequently?
- Yes
  - No
  - Don't know
27. During the past 12 months, how many times did you visit the emergency room because you had trouble breathing?
- None
  - 1-2
  - 3-4
  - 5-6
  - 7 or more

#### **CHILDREN'S HEALTH**

**The following questions ask about the health of children 18 years and younger currently living with you.**

28. How many children under 18 years of age currently live in your household?
- None **(skip to Question 36)**
  - 1
  - 2
  - 3
  - 4 or more

29. Has a doctor, nurse, or other health professional ever told you a child currently living in your household has asthma?
- Yes
  - No **(skip to Question 36)**
  - Don't know **(skip to Question 36)**
30. During the past 12 months, have their asthma symptoms become more intense or occurred more frequently?
- Yes
  - No
  - Don't know
31. During the past 12 months, how many times did they visit the emergency room because of their asthma?
- None
  - 1-2
  - 3-4
  - 5-6
  - 7 or more
32. Has a doctor or nurse ever told you that a child currently living in your household have either of the following? *Check all that apply.*
- Diabetes (Type 1 or 2)
  - Allergies
  - High blood pressure/hypertension
33. Has a doctor or nurse ever told you that a child currently living in your home has a problem with lead in their blood?
- Yes
  - No **(skip to Question 36)**
34. Are they being treated?
- Yes
  - No
35. What has happened to this child's lead level over the past 12 months?
- Increased
  - Decreased
  - Remained the same
  - Don't know

**BUILDING MAINTENANCE**

The next two questions ask about your reactions to strong odors related to building maintenance.

36. Have you or anyone in your household noticed strong odors from the use of pesticides or cleaning products in your home or common areas of your property?

- Yes
- No
- Don't know

37. Have you or anyone in your household experienced symptoms (such as headaches, difficulty breathing, coughing) from the use of pesticides or cleaning products in your home or common areas of your property?

- Yes
- No
- Don't know

**SOCIAL CONNECTIONS**

Now we'd like to ask you about the social aspects of living in the property.

38. Thinking about your relationships with people in your property, please indicate the degree to which you feel each of the following statements describes you.

|   | Very much             | Somewhat              | Not at all            |
|---|-----------------------|-----------------------|-----------------------|
| If I need support, I know who I can call on.      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have people I feel close to.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I know there are people who really understand me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel a part of a group of friends.              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



39. The following is a list of ways in which neighbors sometimes interact with each other. Please indicate how often neighbors in this property do each of them.

|  | Often                 | Sometimes             | Rarely                | Never                 | Don't Know            |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Stop to talk when they see each other          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Watch sports or other entertainment together   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Prepare or share a meal                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Watch their children or grandchildren together | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have a neighbor over to talk                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Call or text a neighbor                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**YOUR HOUSEHOLD**

Now, we'd like to ask a few questions about you and your household.

40. Including yourself, how many adults 18 years of age or older live in your household?

- 1
- 2
- 3
- 4 or more

41. Do you smoke tobacco or use tobacco products?

- Yes
- No

42. What language is most often spoken in your household?

- English
- Spanish
- Other : \_\_\_\_\_

43. What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 and older

44. How do you define your gender? *Check all that apply.*
- Male
  - Female
  - Trans
  - Other : \_\_\_\_\_
45. Do you consider yourself as Hispanic, Latino, Latina, or of Spanish origin?
- Yes, Hispanic/Latino/Latina/Spanish origin
  - No, not Hispanic/Latino/Latina/Spanish origin
  - Prefer not to answer
46. What is your race?
- Black/African American
  - Caucasian/White
  - American Indian/Aleut/Eskimo/Alaska Native
  - Asian
  - Native Hawaiian/Pacific Islander
  - Mixed race
  - Prefer not to answer
47. What is the highest degree or level of school you have completed? *If currently enrolled, highest degree received.*
- No schooling completed
  - Elementary (1st grade to 8th grade)
  - Some high school, no diploma
  - High school graduate, diploma or the equivalent (for example: GED)
  - Some college credit, no degree
  - Trade/ technical/ vocational training
  - Associate degree
  - Bachelor's degree
  - Master's degree
  - Professional degree
  - Doctorate degree

**Thank you for completing this survey! We appreciate your time.**