

Evaluation of the Section 811  
Project Rental Assistance Program – Phase II

Recruitment Materials, Proxy Screen, Informed Consent, and  
PRA/PRAC Resident Survey

## RESIDENT SURVEY – INTRODUCTORY LETTER

Date

Dear [RESIDENT NAME],

I am writing to ask for your help with a voluntary research study. I am part of a team at Abt Associates. We are working with the Department of Housing and Urban Development (HUD) to conduct a survey for people in some of HUD's housing programs, like [PROPERTY NAME]. We will use this survey to learn how you feel about your housing, your neighborhood, your daily life, and the services you may receive here.

We will try to call you in the next two weeks to talk more about this study. If you do not hear from us, might be interested or have questions, please call Abt's study team at [toll free number to be established].

If you agree to participate in this study, we will schedule a time to come to your home, or to meet in another place that is convenient for you. We will ask you the survey questions and write down your answers. We will not report your name to HUD or the public.

It will take about 30 to 45 minutes to complete the survey. We can find a time that fits with your schedule. If you do agree to take part, we will give you a gift card for \$40 to thank you for your time. If you choose not to take part, it will not affect any benefits or services you receive, now or in the future. If you have a legally-authorized representative, we would like to speak with your representative about your participation in this study.

Public reporting burden for this collection of information is estimated to average 1.25 hours per response, including the time for scheduling the call, conducting prescreening questions, and completing the survey. HUD may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number 2528-0309, expiring xx-xx-xxxx.

Thank you in advance for your help.

Sincerely,

[NAME]

## RESIDENT SURVEY – TELEPHONE RECRUITMENT

### Phone Script

My name is [CALLER NAME] and I'm calling from Abt Associates. You should have received a letter from us in the last week or two. We are working with [LOCAL GRANTEE AGENCY] and the Department of Housing and Urban Development [HUD] on a voluntary research study about the health, housing, community and services for people in some of HUD's programs. We are interested in learning more about your home and neighborhood. We are also interested in learning how living in your current home affects your quality of life, your health and your ability to access the services you need in your home and community. You are not required to take part in this study. If you decide not to take part, it will not affect your housing or services now or in the future.

If you are willing to take part, we will come to your home or another place that is convenient for you to survey you in person. After we complete the survey will give you a \$40 gift card as a thank you for your time. It should not take more than forty five minutes. We can find a time that is convenient for you. We will be in [GEOGRAPHIC AREA] from [SITE VISIT DATE START] to [SITE VISIT DATE END].

Would you be willing to participate?

Yes [*Participant indicates they are willing to participate. Proceed to **Legally-Authorized Representative question.***]

No [*Participant declines*]

Do you have a legally-authorized representative or someone else you need to talk to before taking the survey?

Yes [*Inform participant that legally-authorized representatives must provide verbal consent for the participant*]

No [*Proceed to **Cognitive Screen.***]

Thank you for your time today.

### Cognitive Screen

Before we continue, I'd like to ask you a few questions to make sure you understand what I have said so far.

1. Can you tell me in your own words what the survey is about:
2. This survey is completely voluntary. Completely voluntary means you can choose whether or not to take part. If you decide to take part, you can refuse to answer any questions you do not like and you can stop at any time. Whether you choose to participate or not, your services will not be affected in any way. When I say your participation is completely voluntary, what does that mean to you?
3. All of your answers will be kept confidential and used only for the research purposes of the study. When I say that your answers will be kept confidential, what does that mean to you?

*Results:*

*[If respondent answers correctly proceed to **Scheduling.**]*

*[If participant does not answer all three questions accurately:]* Thank you for answering those questions. I would also like to get more information for our study. If you are willing to participate, do you think there is someone who could meet with us and help you answer questions about your housing, the services you receive, your health and your daily life?

**Scheduling**

I'd like to set up a time to meet with you in person to go through the survey. We can come to your home, or we can meet you somewhere else, such as a common area in your building if you would prefer. This should not take more than 45 minutes. We will be in [GEOGRAPHIC AREA] from [SITE VISIT DATE START] to [SITE VISIT DATE END]. Is there a day of the week or time of day that works best for us to come to your house?

*[Circle Day(s) indicated by respondents.]*

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

**Wrap-Up**

Thank you for agreeing to participate. I will be in touch again when our schedule is final to let you know when we will be coming.

## **RESIDENT SURVEY – FOLLOW UP FOR NON-RESPONDERS**

### **Post card**

Dear [PARTICIPANT NAME]:

We have been trying to contact you about participating in a survey about how you like the home where you live and your neighborhood. Your participation in this survey is optional, but we would like to understand how your current house affects your health, your experience in the community and your ability to access the services and supports you need.

We will be in [GEOGRAPHIC AREA] from [SITE VISIT START DATE] to [SITE VISIT END DATE] and would like to find a time to go through the survey you. If you have questions about the survey or would like to set up a time for us to come to your home, please call us at [CONTACT PHONE NUMBER].

Thank you again for taking part in this important project.

-Abt Associates

### **Voicemail**

*For participants who provide phone numbers in response to survey letters or post-cards.*

Hi [PARTICIPANT NAME]:

My name is [CALLER NAME] and I'm calling from Abt Associates. We have been trying to contact you about participating in a survey about how you like your home where you live and your neighborhood. We would like to find a time between [SITE VISIT START DATE] and [START VISIT END DATE] to survey you about your experience in the program. If you are interested in participating or would like to hear more about the project please call us back at [CONTACT PHONE NUMBER].

Thank you.

## **RESIDENT SURVEY – INTRODUCTORY LETTER TO PROPERTY MANAGER**

### **Property Manager of Properties with PRA-Subsidized Units**

Date:

Dear [PROPERTY MANAGER NAME]:

I am part of a research team at Abt Associates that is under contract to the U.S Department of Housing and Urban Development (HUD) to conduct a study on HUD's Section 811 Project Rental Assistance (PRA) program. The goal of the study is to track the implementation of the program and examine overall housing costs, healthcare utilization and the quality of life of program residents. As part of this study we are conducting an in-person survey with residents who live in PRA-subsidized units in six states, including [STATE].

I am writing to let you know that we will be contacting residents at [PROPERTY ADDRESS] to ask if they may be willing to participate in the survey in the next few weeks. The purpose of the survey is to document residents' feedback on their housing and neighborhood, daily life, and access to the services they need.

We will be in [STATE] between [DATE] and [DATE] and will schedule surveys during this time period with residents at their convenience and in a location of their choosing. We expect each survey to take about 30 to 45 minutes.

This study is completely voluntary for the residents at [PROPERTY ADDRESS]. We are not conducting an audit; however, we will be asking residents for their perspectives on the quality of their housing and neighborhood. All responses will be kept private, and all findings will be reported back to HUD in aggregate form

If you have any questions about the study, you may contact Katharine Witgert, Abt Survey Manager, at (617) 520-2624 or HUD's project officer for this study, Teresa Souza, at (202) 402-5540.

Thank you in advance for your assistance.

[SITE VISIT LEAD]

## PRAC Property Manager

Date:

Dear [PROPERTY MANAGER NAME]:

I am part of a research team at Abt Associates that is under contract to the U.S Department of Housing and Urban Development (HUD) to conduct a study on HUD's Section 811 Project Rental Assistance (PRA) and Section 811 Project Rental Assistance Contract (PRAC) programs. The goal of the study is to track the implementation of the program and examine overall housing costs, healthcare utilization and the quality of life of program residents. As part of this study we are conducting an in-person survey with residents of PRA and PRAC properties in six states, including [STATE].

I am writing to let you know that we will be contacting residents at [PROPERTY ADDRESS] to ask if they may be willing to participate in the survey in the next few weeks. Properties were selected based on their location, size, and other characteristics. The purpose of the survey is to document residents' feedback on their housing and neighborhood, daily life and access to the services they need. We would like to recruit residents at [PROPERTY ADDRESS] to take the survey, and will also be reaching out to them directly.

This study is completely voluntary for the residents at [PROPERTY ADDRESS]. We are not conducting an audit; however, we will be asking residents for their perspectives on the quality of their housing and neighborhood. All responses will be kept private, and all findings will be reported back to HUD in aggregate form.

We would like to coordinate with you regarding the best way to schedule and conduct surveys with residents at [PROPERTY ADDRESS]. We expect each survey to take about 30 to 45 minutes. We will be in [STATE] between [DATE] and [DATE] and will schedule surveys during this time period with residents who volunteer and who meet participation criteria. We will call you in a few days to discuss the project further, discuss visit scheduling, and ask for your recommendations regarding when and where to conduct surveys with residents living at [PROPERTY ADDRESS].

If you have any questions about the study, you may contact Katharine Witgert, Abt Survey Manager, at (617) 520-2624 or HUD's project officer for this study, Teresa Souza, at (202) 402-5540.

We greatly appreciate your cooperation and help on this important study. Thank you in advance for your assistance.

[SITE VISIT LEAD]

## **RESIDENT SURVEY – INFORMED CONSENT**

*Instructions for individual conducting informed consent process:*

*Once you've conducted the proxy screen and determined that the participant is able to consent to the study, proceed with the consent form below. If the resident has a proxy or a legally-authorized representative who will be assisting them in the consent process and survey administration, the proxy or legally-authorized representative can sign this document as well. Provide one clean copy of consent form for participant to keep with your name and signature.*

### **Introduction:**

Thank you for talking with me today. I work for Abt Associates. I am working with the U.S. Department of Housing and Urban Development (HUD) to conduct a survey for people in one of HUD's programs. I want to learn how you feel about your housing, your neighborhood, and the services you may receive here. I will ask you the survey questions and write down your answers. Once we have completed the research study we are working on, any paper documents you have completed will be shredded and the electronic records of your survey responses will be deleted.

Before we begin, I want to tell you a few things about the survey.

- It will take about half an hour to take the survey.
- Your participation is voluntary. You can choose to stop at any time, for any reason.
- You can choose not to answer any question. Just let me know and I will skip to the next question.
- If you choose not to participate, it will not have any effect on your housing or services you may receive.
- Your answers will be kept private. We will not share any personal information about you including but not limited to your name, contact information, and survey responses with anyone outside of the study team. However I need to let you know that if I see or hear something that makes me very worried for your health or safety I may have a legal responsibility to let someone know.
- Your name or other personal information will not be shared with HUD. HUD will receive your de-identified responses.
- It is possible that your property manager or service provider may know that you participated in this survey but we will not share any of your survey responses.
- This is a minor risk of a loss of confidentiality but the study team has procedures in place to reduce this risk.
- You will be provided a \$40.00 gift card to thank you for your time.

### **Study Information:**

If you have any questions about the study, you may contact Katharine Witgert, Abt Survey Manager at (617) 520-2624 or HUD's project officer for this study, Teresa Souza, at (202) 402-5540.

If you have any questions about your rights as a study participant, please contact the Abt Associates Institutional Review Board at (877) 520-6835.



Do you have any questions before we start?

**Certificate of Consent:**

I have read the above information, or it has been read to me. I have had the chance to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this survey.

Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_  
DAY/MONTH/YEAR

Name of Participant Proxy or Legally-Authorized Representative (ONLY IF NECESSARY)

\_\_\_\_\_

Signature of Participant Proxy or Legally-Authorized Representative

\_\_\_\_\_

Date \_\_\_\_\_  
DAY/MONTH/YEAR

**Statement by the Researcher/Person Taking Consent**

I confirm that the participant was given an opportunity to ask questions about the survey, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent has been provided to the participant.

Name of Researcher/person taking the consent \_\_\_\_\_

Signature of Researcher /person taking the consent \_\_\_\_\_

Date \_\_\_\_\_  
DAY/MONTH/YEAR

## **RESIDENT SURVEY – VERBAL CONSENT FOR LEGALLY-AUTHORIZED REPRESENTATIVE**

### ***Instructions for individual conducting verbal informed consent process:***

*If you determine that the sampled participant has a legally-authorized representative, consent must be obtained from the representative. Below is a script for obtaining verbal consent.*

Thank you for talking with me today. I work for Abt Associates. I am working with the U.S. Department of Housing and Urban Development (HUD) to conduct a survey for people in one of HUD's programs. The purpose of the survey is to learn directly from residents in these programs how they feel about their housing, their neighborhood, and the services they receive at home. The survey will be conducted in person in their home by myself or one of my colleagues from Abt Associates. We will schedule the survey at a time that is most convenient for [Name]. We will ask [Name] a series of questions, document their answers, and then delete their responses once our project is complete.

Before we begin, I want to tell you a few things about the survey.

- It will take about half an hour to take the survey.
- [Name]'s participation is voluntary. S/he can choose to stop at any time, for any reason.
- [Name] can choose not to answer any question.
- If [Name] decides not to participate, it will not have any effect on their housing or services.
- [Name]'s answers will be kept private. We will not share any personal information about [Name] including but not limited to their name, contact information, or survey responses with anyone outside of our study team here at Abt Associates. However it is possible that if I see or hear something that makes me very worried for [Name] I may have the legal responsibility to let someone know.
- His/Her name or other personal information will not be shared with HUD. HUD will receive de-identified survey responses.
- It is possible that [Name]'s property manager or service provider may know that s/he participated in this survey but we will not share any of [Name]'s survey responses.
- This is a minor risk of a loss of confidentiality but the study team has procedures in place to reduce this risk.
- [Name] will be provided a \$40.00 gift card as a thank you for his/her time.

### **Study Information:**

If you have any questions about this research study please contact Katharine Witgert, Abt Survey Manager at (617) 520-2624 or HUD's project officer for this study, Teresa Souza, at (202) 402-5540.

If you have any questions about [Name's] rights as a study participant, please contact the Abt Associates Institutional Review Board at (877) 520-6835.

Do you consent for [Name] to participate in this study?

**RESIDENT SURVEY – PROXY SCREEN**

*For use prior to informed consent process during and resident survey.*

**Proxy Screen:**

1. Can you tell me in your own words what this study is about:
2. This study is completely voluntary. Completely voluntary means you can choose whether or not to take part. If you decide to take part, you can refuse to answer any questions, and you can stop at any time. Whether you choose to participate or not, your housing and services will not be affected in any way. When I say your participation is completely voluntary, what does that mean to you?
3. All of your answers will be kept private and used only for the research purposes of the study. When I say that your answers will be kept private, what does that mean to you?

**Results:**

*[If resident fails to answer all three questions correctly:]* Thank you for answering those questions. I would also like to get more information for our study. Is there someone here who could help answer questions about the services you receive, your health, and your daily life?

*[If participant answers all three questions correctly, continue with **Informed Consent Form.**]*

**Certificate of Proxy (If Necessary):**

I, \_\_\_\_\_, hereby agree to serve as the proxy (representative) for \_\_\_\_\_ (“the subject”), with the power to answer survey questions for the subject if she/he is unable to do so her/himself. I bear the following relationship to the subject:

\_\_\_\_\_.

\_\_\_\_\_  
Signature of Proxy

\_\_\_\_\_  
Date

## RESIDENT SURVEY

### INTRODUCTION

*My name is \_\_\_\_\_ and I work for Abt Associates. We are doing a study about the experience of people with disabilities living in different types of housing settings, the effect of these settings on quality of life and how well they meet people's need for services and supports. Thank you again for letting me come talk with you. Your name and the information you give me will be kept private and taking part in this interview will not have any effect on your housing or other services you receive.*

*You can choose not to answer any of the questions I ask and please stop and ask me if you have any questions or anything doesn't make sense. After some questions I will give you possible responses, for you to choose the answer that fits best for you. I am also interested in hearing about your experience in your own words. Are you ready to begin?*

### Transition Process

1. How long have you lived here? Would you say

- Less than 3 months
- 3-6 Months
- 6-12 Months
- More than a year

2. Where did you live before you moved here? *(Note to survey administrator: Do not read below responses, record respondents' answer verbatim and code afterwards)*

- 
- Nursing Facility
  - ICF/DD
  - Other institution
  - Private residence with family or friends
  - Alone - private residence
  - Group Home (non-institution)
  - Homeless
  - Homeless Shelter
  - Other: \_\_\_\_\_

3. How long did you live there? Would you say

- Less than 1 year
- 1-2 years
- 2-5 years
- 5-10 years
- More than 10 years

4. How did you find out about the place that you live now? (Note to survey administrator: do not read responses –code to answers below and check all that apply)

- Family/Friends
- Case Manager
- Other Service Provider
- Physician/Hospital Staff/Other Medical Provider
- Homeless Shelter
- State/Local Housing Agency Staff
- State/Local Health Agency Staff (Including through MFP staff)
- Other: \_\_\_\_\_

5. Who made the decision you would live here? Would you say you decided by yourself, someone helped you decide or someone decided for you?

- Decided by myself
- Someone helped me decide
- Someone decided for me
- Don't Know
- Refused

6. Did you look at other places (besides this one) to live?

- Yes
- No → Skip to Q8
- Don't Know/Unclear Response → Skip to Q8
- Refused → Skip to Q8

7. Did you look at places to live in other neighborhoods or areas?

- Yes
- No
- Don't Know/Unclear Response
- Refused

8. Why did you choose to move here? (Note to survey administrator: do not read responses –code to answers below and check all that apply)

- Privacy
- Independence
- Availability of Services
- Quality of Services
- Quality of Property
- Neighborhood
- Location – Proximity to Family/Friends
- Location – Proximity to Services
- Timing/Availability of room at the right time
- No reason given
- Didn't have a choice
- Other: \_\_\_\_\_

9. Do you like the place where you live now?

- Yes
- No
- Sometimes
- Don't Know/Unclear Response
- Refused

10. Do you like the neighborhood or area where you live now?

- Yes
- No
- Sometimes
- Don't Know/Unclear Response
- Refuse

11. Do you want to move from here?

- Yes
- No
- Sometimes
- Don't Know/Unclear Response
- Refuse

12. Do you think you will move in the next three years?

13. If yes, why? [Note to interviewer: Do not read response options. Record respondent's response verbatim, then code to category listed below- check all that apply]

- Prefer a different neighborhood
- Prefer to live in a smaller building
- Prefer to live in a bigger building
- Would like to live in a different type of housing (change from a group home to ILF, or other way around)
- I have trouble navigating this building or apartment unit (it is not accessible enough)
- I don't feel safe here
- The building or apartment is not well maintained or managed (capture problems and potentially code)
- Transportation to and from my apartment is not good.
- Would like a better quality unit
- Would like to live in a place offering more services
- Would like to be closer to family or friends
- Would like to live by myself
- Lose subsidy/rent not affordable
- Other \_\_\_\_\_

14. Did you get any help on your application to move here?

- Yes
- No
- Don't Know/Unclear Response
- Refused

15. When you were getting ready to move here did you get any information about how to live on your own, such as how to pay bills or ask for repairs to be made or other independent living skills?

- Yes
- No
- Don't Know/Unclear Response
- Refused

16. When you moved here did you get any help getting settled in your home? Did anyone help you with things like buying furniture, household supplies, or setting up your gas and electric bills?

- Yes
- No
- Don't Know/Unclear Response
- Refused

17. Since you have been living here is there someone who helps you with things like paying bills, resolving conflicts with your landlord or neighbors or following the rules of the building about taking out the trash or collecting the mail?

- Yes → Skip to Q19
- No

- Don't know/Unclear Response
- Refused

18. Do you think you need help paying bills or with other parts of living here?

- Yes
- No
- Don't Know/Unclear Response
- Refused

### Housing Quality

19. How would you describe the condition of the place you live now? Would you say

- Excellent
- Good
- OK
- Not so Good
- Bad
- Don't know/Unclear response
- Refused

20. Do you feel safe living in this building?

- Yes
- No
- Sometimes
- Don't Know/Unclear Response
- Refused

21. Do you know who to contact when you need something fixed or repaired in your room, unit or building?

- Yes
- No → Skip to Q25
- Don't Know/Unclear Response → Skip to Q25
- Refused → Skip to Q25

22. Who would you contact when you need something fixed or repaired in your unit or building?

*(Do not read responses: Check all that apply)*

- Landlord/Property Manager
- Case Manager/Service Provider
- Staff
- Family member/friend
- Other, \_\_\_\_\_
- Refused

23. Has there been anything in your unit or building that has needed to be fixed or repaired since you moved in?

- Yes



- No
- Don't Know/Unclear Response
- Refused

24. Did your (*Insert response from Q22*) or someone else make sure these fixes or repairs got done?

- Yes
- No
- Don't know/Unclear Response
- Refused

Have you experienced persistent problems with any of the following since you've moved in:					If yes, has it been fixed?	
25. Problems with plumbing, such as water leaks or broken toilets?	Yes	No	Don't Know	Refused	Yes	No
26. Rats, mice, cockroaches or other pests in your apartment?	Yes	No	Don't Know	Refused	Yes	No
27. Broken appliances like your refrigerator or stove?	Yes	No	Don't Know	Refused	Yes	No
28. Broken heating or air conditioning when you needed it?	Yes	No	Don't Know	Refused	Yes	No

29. Where you live right now, can you be by yourself when you want to?

- Yes
- No
- Sometimes
- Don't know/Unclear Response
- Refused

30. When you are at home, can you eat when you want to?

- Yes
- No
- Sometimes
- Don't Know/Unclear Response
- Refused

**Neighborhood Quality**

31. When you are out in your neighborhood do you feel safe?

- Yes
- No
- Sometimes
- Don't Know
- Refused

32. How long does it take you to get to the nearest place where you can buy food from where you live now? Would you say ...

- Less than 15 minutes
- More than 15 minutes but less than an hour
- More than an hour
- Don't know/unclear
- Refused

33. How long does it take you to get to the nearest pharmacy from where you live now? Would you say...

- Less than 15 minutes
- More than 15 minutes but less than an hour
- More than an hour
- Don't know/unclear
- Refused

34. Are you able to go places on your own, such as appointments, shopping or places for fun? Would you say, you

- Can go most places alone → Skip to Q36
- Need some help
- Need help all the time
- Don't know/unclear → Skip to Q36
- Refused → Skip to Q36

35. Are you sometimes not able to go to things or have to change plans because you don't have the help you need?

- Yes
- No
- Sometimes
- Don't Know/Unclear
- Refused

36. Do you ever have problems getting around your neighborhood?

- Yes
- No → Skip to Q41
- Sometimes
- Don't Know/Unclear
- Refused

Do you have problems getting around your neighborhood because:					
37. Your neighborhood isn't accessible to you (i.e. sidewalks, ramps, etc.)?	Yes	Sometimes	No	Unclear/ Don't Know	Refused
38. There isn't enough public transportation in your neighborhood?	Yes	Sometimes	No	Unclear/ Don't Know	Refused

39. It takes too long to get where you want to go from where you live?	Yes	Sometimes	No	Unclear/ Don't Know	Refused
40. You don't have enough money for transportation?	Yes	Sometimes	No	Unclear/ Don't Know	Refused

### Access to Supportive Services and Unmet Needs

Now I'm going to ask you about the people who help you with everyday activities, such as [*insert types and/or names here*]

41. Do you need help from another person to take your medications, such as setting up pills or reminding you?

- Yes
- No → Skip to 44
- Don't know → Skip to 44
- Unclear Response → Skip to 44
- Refused → Skip to 44

42. Do you ever go without taking medications when you need them?

- Yes
- No → Skip to Q44
- Don't Know/Unclear → Skip to Q44
- Refused → Skip to Q44

43. Is this because there is no one there to help you?

- Yes
- No
- Don't Know/Unclear
- Refused

44. Do you need help from another person to make meals, including snacks?

- Yes
- No → Skip to Q47
- Don't know → Skip to Q47
- Unclear Response → Skip to Q47
- Refused → Skip to Q47

45. Do you ever go without a meal or snack when you need one?

- Yes
- No → Skip to Q47
- Don't Know/Unclear Response → Skip to Q47
- Refused → Skip to Q47

46. Is this because there is no one there to help you?

- Yes

- No
- Don't Know/Unclear
- Refused

47. Do you need help from another person to take a bath or shower?

- Yes
- No → Skip to Q50
- Don't Know/Unclear → Skip to Q50
- Refused → Skip to Q50

48. Do you ever go without a bath or shower when you need one?

- Yes
- No → Skip to Q50
- Don't Know/Unclear → Skip to Q50
- Refused → Skip to Q50

49. Is this because there is no one there to help you?

- Yes
- No
- Don't know/Unclear
- Refused

50. Since you moved here, have you needed any changes made to your building to make it easier for you to live here? (*Probe: ramps, roll under counters, lower light switches, grab bars*)?

- Yes
- No → Skip to Q54
- Don't Know/Unclear → Skip to Q54
- Refused → Skip to Q54

51. What kind of changes have you needed? (*Note to survey administrator: Do not read below responses, record respondents' answer verbatim and code afterwards*)

- Modifications to accommodate wheelchair use
- Other mobility aides (e.g. grab bars)
- Modifications for visual impairment
- Modifications for auditory impairment
- Modifications for safety
- Other: \_\_\_\_\_

52. Did you ask your case manager or property manager to make these changes?

- Yes
- No
- Don't Know/Unclear
- Refused

53. Did s/he make these changes?

- Yes
- No
- Don't know/Unclear
- Refused

54. Have you talked with your case manager or property manager about any special equipment that might make your life easier? (*Probe: equipment means things like wheelchairs, canes*)

- Yes
- No → Skip to Q57
- Don't know/Unclear → Skip to Q57
- Refused → Skip to Q57

55. What equipment or changes did you talk about?

---

56. Did you get the equipment that you asked for?

- Yes
- No
- In Process
- Don't Know/Unclear
- Refused

57. Do the people who work with you know what kind of help you need with everyday activities, like getting ready in the morning, getting groceries or going places in your community?

- Yes
- No
- Don't know/Unclear
- Refused
- Not Applicable

58. Do the people who work with you always treat you the way you want them to?

- Yes
- No
- Don't know/Unclear
- Refused
- Not Applicable

59. Do the people who come to help you come to work when they were supposed to? Would you say

- All of the time
- Most of the time
- Some of the time
- Not very often
- Don't Know/unclear
- Refused

- Not Applicable

60. Please think about all of the help you received during the last week with getting around your community, such as going shopping or to the doctor's office, do you need more help getting around than you are receiving?

- Yes
- No
- Don't Know/Unclear
- Refused
- Not Applicable

61. In addition to people who are paid to help you, do you have family or friends who come to help you with everyday activities?

- Yes
- No → Skip to Q63
- Don't Know/Unclear → Skip to Q63
- Refused → Skip to Q63

62. Can you tell me how many hours a week they come to help you?

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**Help with supportive services:**

63. If you have problems getting the services you need in your home and community who would you talk to? (Note to survey administrator: do not read responses – record verbatim and code to answers below afterwards and check all that apply)

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- Case Manager
- Landlord or property manager
- Staff
- Friends or family
- Other, please specify \_\_\_\_\_
- No One/Don't Know
- Unclear Response
- Refused

64. If you have problems with your neighbors who would you talk to? (Note to survey administrator: do not read responses – record verbatim and code to answers below afterwards and check all that apply)

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- Case Manager
- Landlord or property manager
- Staff
- Friends or family
- Neighbors themselves
- Other, please specify \_\_\_\_\_
- No One/Don't Know
- Unclear Response
- Refused

65. If you have problems with your landlord or property manager who would you talk to? (Note to survey administrator: do not read responses – record verbatim and code to answers below afterwards and check all that apply)

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- Case Manager
- Landlord or property manager
- Staff
- Friends or family
- Other, please specify \_\_\_\_\_
- No One/Don't Know
- Unclear Response
- Refused

**Quality of Life and Community Inclusion:**

66. Can you see your friends and family when you want to see them?

- Yes
- No
- Don't Know/Unclear
- Refused

67. Do you know any of the other people who live in your building?

- Yes
- No
- Don't Know/Unclear
- Refused

68. Do you know any of the other people who live in your neighborhood?

- Yes
- No

- Don't Know/Unclear
- Refused

69. In the past month, how many times have you talked to other people in your neighborhood? Would you say

- Never
- Once or twice
- 3-5 times
- More than 5 times
- Don't Know/Unclear

70. If you could choose, would you choose to

- Live on your own in the community
- Live in a group setting with other people that have the same needs as you
- Don't have a preference
- Don't Know/unclear
- Refused

71. In general, would you say your overall health is:

- Excellent
- Good
- OK
- Not so good
- Bad

72. In general, would you say your mental or emotional health is:

- Excellent
- Good
- OK
- Not so good
- Bad

73. In the past week, how often have you been bothered by feeling sad, blue, nervous or cranky?

Would you say

- Never
- Rarely
- Sometimes
- Often
- Always
- Don't Know/Unclear
- Refused



74. Overall, would you say your quality of life is:

- Excellent
- Good
- OK
- Not so good
- Bad
- Don't Know/Unclear
- Refused

75. Is there anything you'd like to tell me that I haven't asked about:

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