

The Community Builder's Community Life department is conducting this community survey to help us better understand the potential needs of you and your family, inform programming and events at this property, coordinate community services for residents, and support advocacy efforts on the state and federal-level.

To help with those efforts, I was hoping you had 10 minutes to take this survey (3 additional minutes if you have children). Your participation in this survey is voluntary and any questions you do not want to answer please feel free to skip them. All responses will be kept confidential.

Thank you for participating in our survey. Your feedback is important.

1. Safety

	Response			
	I <u>always</u> feel safe	I feel safe <u>most of the time</u>	I feel safe <u>sometimes</u>	I <u>never</u> feel safe
How safe do you feel in your apartment building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How safe do you feel in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you agree or disagree with the following statement? "I feel valued in my community."

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

3. Are you registered to vote?

- | | | |
|--|---|--|
| <input type="checkbox"/> Yes, I am registered | → | Did you vote in the last election? |
| <input type="checkbox"/> No, I'm not registered | | <input type="checkbox"/> Yes, Presidential/National |
| <input type="checkbox"/> I am not eligible to vote | | <input type="checkbox"/> Yes, Local (County, City, District, etc.) |
| <input type="checkbox"/> I am not registered for religious reasons | | <input type="checkbox"/> No |

4. Which of the following applies to you? (check all that apply)

- Attending/enrolled in High School
- Graduated from High School in past 12 months
- Attending/enrolled in a GED Program
- Completed GED Program in past 12 months
- Attending/enrolled in postsecondary education, college, or university
- Graduated from college or university in the past 12 months
- Attending/enrolled training program or vocational school
- Working for pay
 - Full-time (35+ Hours)

Part-time (1-34 Hours)

Currently not working for pay/Unemployed

Disabled

Retired

5. Would you say that in general your health is?

Excellent

Very good

Good

Fair

Poor

6. As of today, what type of health insurance do you have?

Medicaid

Medicare

Both Medicaid and Medicare

Private

Other insurance type-please specify

I do not have health insurance

7. Do you have one person you think of as your personal doctor or health care provider? This does not include emergency room doctors.

Yes, only one

Yes, more than one

No

8. About how long has it been since you visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition

Within the last year (less than 12 months ago)

Within the last 2 years (more than 1, but less than 2 years ago)

Within the last 5 years (more than 2 years, but less than 5 years ago)

5 or more years ago

Never

9. During the past 12 months, how many times have you gone to the hospital emergency department?

Number of times _____

10. Over the past 12 months, how often did you experience the following situations?

We were worried whether our food would run out before we got money to buy more	Often true <input type="checkbox"/>	Sometimes true <input type="checkbox"/>	Never true <input type="checkbox"/>
The food we bought just didn't last and we didn't have money to get more	Often true <input type="checkbox"/>	Sometimes true <input type="checkbox"/>	Never true <input type="checkbox"/>

11. How often do you feel isolated from others?

- Never
- Rarely
- Sometimes
- Often

11a. When you do feel isolated, is there someone you can turn to?

- Yes
- No (Go to Question 12)

11b. If you do feel isolated, who do you turn to? (check all that apply)

- Family member
- Friend
- Mentor/coach
- Counselor/Medical practitioner
- Faith Leader
- Community Life Service Coordinator [Type Name]
- Other: _____
- No one/Not sure

12. Are you 63 years old or more, disabled, and/or do you have a chronic medical condition?

- Yes (Go to Question 12a)
- No (Go to Question 13)

12a. Activity of Daily Living (ADL) and Chronic Medical Condition

	Do you have difficulty doing any of these activities on your own?		If yes, do you receive help or services for this?	
	Yes	No	Yes	No
Bathing/showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in and out of a bed or chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing meals and/or eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing money or finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing chronic health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Please answer the following questions on how likely something is using a scale of 0-10, where 0=Not at all Likely and 10 = Extremely likely. (CIRCLE JUST ONE RATING)

Based on your Overall living experience , how likely are you to recommend The Community Builders, Inc. to a friend or colleague?										
0-Not at all likely to recommend	1	2	3	4	5	6	7	8	9	10-Extremely likely to recommend
Based on your most recent Community Life experience, how likely are you to recommend The Community Builders, Inc. to a friend or colleague?										
0-Not at all likely to recommend	1	2	3	4	5	6	7	8	9	10-Extremely likely to recommend
Based on your most recent Property Management experience, how likely are you to recommend The Community Builders, Inc. to a friend or colleague?										
0-Not at all likely to recommend	1	2	3	4	5	6	7	8	9	10-Extremely likely to recommend
Based on your most recent Maintenance request experience, how likely are you to recommend The Community Builders, Inc. to a friend or colleague?										
0-Not at all likely to recommend	1	2	3	4	5	6	7	8	9	10-Extremely likely to recommend

14. Is there anything else you would like to share with us today?

Child/Youth Name	What type of school or program do they go to?	What is the name of the school or afterschool program?
	<input type="checkbox"/> Head Start <input type="checkbox"/> Licensed Center-based Daycare <input type="checkbox"/> Licensed Home-based Daycare <input type="checkbox"/> Preschool Program <input type="checkbox"/> Kindergarten <input type="checkbox"/> School Grade from 1 st - 12 th Grade # _____ <input type="checkbox"/> Youth Graduated High School/ Earned GED <input type="checkbox"/> Does not participate in school/ early education Enrolled in afterschool program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Head Start <input type="checkbox"/> Licensed Center-based Daycare <input type="checkbox"/> Licensed Home-based Daycare <input type="checkbox"/> Preschool Program <input type="checkbox"/> Kindergarten <input type="checkbox"/> School Grade from 1 st - 12 th Grade # _____ <input type="checkbox"/> Youth Graduated High School/ Earned GED <input type="checkbox"/> Does not participate in school/ early education Enrolled in afterschool program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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16a. If child/youth does not participate in school or an education program, why are they are not enrolled?

INTERVIEWER DO NOT READ

- Currently on a waitlist to get into a program
- Programs are inconvenient (I can't get to them, or the times don't work for me)
- Programs are not affordable (I can't pay for it)
- I don't think programs are effective (I don't think they work)
- I prefer to keep my children at home or with a relative
- I don't know of any programs
- Child/youth was in K-12, but dropped out of school (Please specify reason child/youth dropped out?)
- Other-please specify:

17. Of the children in your household between 0-17 years of age, please answer the following questions

Child/Youth Name	What type of health insurance do they have?	Do they have a regular health care provider (see the same person each time)? This does not include emergency room doctors.	How long has it been since they visited a doctor for a routine checkup ?
	<input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> Yes-School Based Health Center <input type="checkbox"/> No	<input type="checkbox"/> Within the last year <input type="checkbox"/> Within the last 2 years <input type="checkbox"/> Within the last 5 years <input type="checkbox"/> 5 or more years ago <input type="checkbox"/> Never
	<input type="checkbox"/> CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> Yes-School Based Health Center <input type="checkbox"/> No	<input type="checkbox"/> Within the last year <input type="checkbox"/> Within the last 2 years <input type="checkbox"/> Within the last 5 years <input type="checkbox"/> 5 or more years ago <input type="checkbox"/> Never
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Addendum Questions

[Added as needed from separate lists of questions]