

LABEL HERE

## Mercy Housing Annual Resident Survey

In order to help Mercy Housing evaluate the services provided to residents, we ask that you complete the following survey about yourself and the others in your household. Your answers to these questions will be confidential and will be used only to improve Mercy Housing resident services. Please fill in or check the answer that fits best for you and the others in your household. Your answers will not affect your housing or services. Please fill in bubbles fully and completely.

**Property Name:**

**Unit Number:**

**Name of Head of Household or Person Answering Survey:**

**1a. Do you have any type of health insurance?**

List your insurance situation below. Insurance from federal sources (i.e. Medicare, Medicaid) counts as having insurance.

	Yes	No
<b>You</b>	( 1 )	( 2 )

**1b. Fill in all that apply.**

	Medicaid	Medicare	Child Health Plan	Private (Kaiser, Humana, etc.)	Military (VA)	Unsure	None	Other
<b>You</b>	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ 5 ]	[ 6 ]	[ 7 ]	[ 8 ]

**2. Do you have one person you think of as your personal doctor or health care provider?**

	Yes, one or more	No	Unsure
<b>You</b>	( 1 )	( 2 )	( 3 )

**3. About how long has it been since you last 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. A routine checkup also includes well child visits.**

	Within past 1 year	Within past 2 years	More than 2 years ago	Never	Unsure
<b>You</b>	( 1 )	( 2 )	( 3 )	( 4 )	( 5 )

4. Over the past year, how many times have you visited the Emergency Room of the hospital?

	0 times	1 time	2 times	3 times	4 times	5+ times	Unsure
You	0	1	2	3	4	5	6

5. Over the past year, how many times have you been admitted to the hospital? (stayed overnight in the hospital)

	0 times	1 time	2 times	3 times	4 times	5+ times	Unsure
You	0	1	2	3	4	5	6

6. Sometimes people have difficulty getting health care, dental care, or mental health services, when they need it. Was there any time in the past 12 months when you needed care but it was delayed or not received?

	Yes	No	Don't Know	Refused
You	1	2	3	4

7. In general, compared to other people of the same age, would you say that your health is...

	Excellent	Very Good	Good	Fair	Poor	Unsure
You	1	2	3	4	5	6

For the next two statements, please check the box for whether the statement was often true, sometimes true or never true for your household in the last 12 months

	Often True	Sometimes	Never True
8. "We were worried that our food would run out before we got money to buy more."	1	2	3
9. "The food that we bought just didn't last and we didn't have money to get more."	1	2	3
	Yes	No	Don't Know
10. In the past month, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? DO NOT include WIC, the School Lunch Program, or help from food banks.	1	0	3

For each question below, please select the number that applies to you.

	None	One	Two	3 or 4	5 – 8	9+
11. How many of your neighbors at this Mercy property do you know well enough to have an extended conversation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How many of your neighbors at this Mercy property, who are of a different race or ethnicity from you, do you know well enough to have an extended conversation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each of the statements below, please select whether you Strongly Disagree, Disagree, Agree, Strongly Agree, or are Not Sure.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
13. If I had an urgent situation and needed help I could count on my neighbors at this Mercy Housing property.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
14. If I had an urgent situation and needed help, I could count on my neighbors at this Mercy Housing property who are of a different race or ethnicity from me.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
15. I feel at home at this Mercy Housing property.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
16. I can influence what happens at this Mercy Housing property.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
17. If there is a problem at this Mercy property, people who live here can get it solved.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

18. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? You are answering just for you. Please select one choice.

<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15
<input type="radio"/> 16	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20	<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28	<input type="radio"/> 29	<input type="radio"/> 30	<input type="radio"/> -

**Do you have any comments, questions, or concerns?**

**THANK YOU FOR YOUR PARTICIPATION!**