

## Resident Questionnaire

ADULTS (18+ years)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Thank you for completing the **POAH Communities Resident Questionnaire**! Your feedback will help us improve and make our communities great places to live. We will use this information to provide new amenities (like fitness, health programs or community events), respond to concerns, and to advocate to elected officials for more high-quality housing for seniors and families. We will not share your personal information. Please select which language you would like to complete the survey in:

### 1. What is your preferred language?

- English
- Spanish
- Mandarin
- Cantonese
- Russian
- Haitian Creole
- Portuguese
- Somali
- Polish
- Amharic
- Arabic
- I speak another language: \_\_\_\_\_

Section 1: Community Engagement

**2. What do you like best about living at your property?** *Please select all that apply:*

- Affordability
- Amenities/activities
- Atmosphere
- Facilities
- Location
- My apartment
- Neighbors
- Nothing
- Safety
- Staff

**Is there anything else you'd like to share about what you like about living at your property?**

**3. What would you like to change about your property?** *Please select all that apply:*

- Affordability
- Amenities/activities
- Atmosphere
- Facilities
- Location
- My apartment
- Neighbors
- Nothing
- Safety
- Staff

**Is there anything else you'd like to share about what you would like to change about your property?**

**4. Please rate how safe you feel in the building where you live and the surrounding neighborhood:**

	Excellent	Very Good	Good	Fair	Poor	Prefer Not to Answer
<b>Building</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Neighborhood</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. If you have any specific concerns about safety in your building or neighborhood, please list them below. If you have an urgent concern that is impacting your sense of safety, please call the management office.

6. Are you interested in talking more with a POAH Communities staff person about safety in your building or neighborhood?

- Yes
- No

7. Do you know your neighbors?

Most	Some	Few	None	Prefer Not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Do you feel you can rely on your neighbors?

Most	Some	Few	None	Prefer Not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. We'd like to know more about transportation in your neighborhood. Which of these forms of transportation do you use most often? *Please only select one answer:*

- Bike/Bikeshare
- Bus
- Car (mine)
- Car (someone else's)
- Subway/Train
- Taxi/Rideshare/Uber/Lyft
- Walk/Wheelchair
- Other (please specify):

**10. Here are some examples of types of programs we may be able to offer or refer you to. Which of these would you find most valuable? Please select all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Budgeting/Financial Education                            | <input type="checkbox"/> Teen Employment   |
| <input type="checkbox"/> College Preparation                                      | <input type="checkbox"/> Volunteering  |
| <input type="checkbox"/> Basic Computer Skills (getting online, Microsoft Office) | <input type="checkbox"/> Youth Afterschool Programs  |
| <input type="checkbox"/> Advanced Computer Skills (coding, data analysis)         | <input type="checkbox"/> Youth Summer Programs   |
| <input type="checkbox"/> Daycare / Child Care resources                           | <input type="checkbox"/> Help paying rent  |
| <input type="checkbox"/> Fitness Activities                                       | <input type="checkbox"/> Help paying utilities   |
| <input type="checkbox"/> GED/Hi-SET Preparation                                   | <input type="checkbox"/> Local Food Bank or Food Pantry or other food access support           |
| <input type="checkbox"/> Healthy Cooking  | <input type="checkbox"/> Free Tax Prep Assistance (ex: VITA (Volunteer Income Tax Assistance)) |
| <input type="checkbox"/> Homeownership  | <input type="checkbox"/> Other, please specify:  |
| <input type="checkbox"/> Housekeeping   | <div style="border: 1px solid black; height: 50px; width: 100%;"></div>                        |
| <input type="checkbox"/> Job Training   |  |
| <input type="checkbox"/> Laptops to Borrow  |  |

**11. We believe helping residents register to vote is one way to make sure their voices are heard in both local and national elections. Are you registered to vote?**

<b>Yes</b>	<b>No</b>	<b>I'm not sure</b>	<b>I am not eligible to vote</b>	<b>Prefer Not to Answer</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. Do you have internet access at home?**

- Yes, I have access
- No, I don't have access but I wish I did
- No, I don't have access and I'm not interested in using the internet at home

**13. What device(s) do you use to connect to the internet at home? Please select all that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Smartphone       | <input type="checkbox"/> Gaming console                       |
| <input type="checkbox"/> Laptop           | <input type="checkbox"/> Smart TV                             |
| <input type="checkbox"/> Tablet           | <input type="checkbox"/> Other                                |
| <input type="checkbox"/> Desktop computer | <input type="checkbox"/> None, no devices or no home internet |

**14. If you have internet access at home, is your connection usually fast enough to support streaming for videos/video conferencing (Zoom, YouTube, etc)?**

- Yes, my connection is fast enough for streaming video
- No, my connection is not fast enough for streaming video
- I don't use streaming video services
- I don't have internet access at home

Section 2: Work, Income, and Assets

**15. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?**

- Yes, I am currently on active duty
- Yes, I have served in the past
- No
- Prefer not to answer

**16. What is the highest level of schooling that you have completed?**

- Grammar School or Some High School
- High School/GED
- Certificate/Vocational
- Some College
- Associate's Degree
- Bachelor's Degree
- Master's Degree or above
- Other, please specify: \_\_\_\_\_
- Prefer Not to Answer

**17. Are you currently a full-time student in a higher education, college, or other training program?** *If "Yes", please indicate which level of schooling you are currently pursuing. If "No", please check "Not Currently Enrolled".*

- High school
- GED
- Certificate/Vocational
- Associate's Degree
- Bachelor's Degree
- Master's Degree or higher
- Other, please specify:
- Not Currently Enrolled
- Prefer Not to Answer

**18. Are you currently employed?** *If not, skip to 19.*

Yes	No	Retired	Prefer Not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**18a. If YES, please specify your employer(s) and position(s)**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

**19. If you are looking for a job, do any of the below common challenges make it difficult to find or keep work?**

Select all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Health challenges                            | <input type="checkbox"/> Need employment coaching                       |
| <input type="checkbox"/> Lack of available jobs                       | <input type="checkbox"/> Other, please specify:                         |
| <input type="checkbox"/> Lack of child care                           | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
| <input type="checkbox"/> Lack of education                            |   |
| <input type="checkbox"/> Lack of familiarity with application process |   |
| <input type="checkbox"/> Lack of transportation                       | <input type="checkbox"/> Not looking for employment/Retired             |
| <input type="checkbox"/> Language barrier                             | <input type="checkbox"/> Prefer Not to Answer                           |

**20. In the last 12 months, was there a time when the food you bought just didn't last and you didn't have money to buy more?**

<b>Yes</b>	<b>No</b>	<b>Prefer Not to Answer</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 3 Health & Wellness

**21. In general, how would you describe your physical health?**

<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Prefer Not to Answer</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**22. Do you have health conditions you currently manage?** *This information helps us understand health conditions managed by most or some groups of residents. We use this to look for community services to help residents. Your response will be kept strictly confidential. Please select all that apply:*

- |  |   |
|--|---|
| <input type="checkbox"/> Anemia  | <input type="checkbox"/> High Cholesterol/High Blood Pressure                       |
| <input type="checkbox"/> Arthritis   | <input type="checkbox"/> Obesity  |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Other, please specify:                                     |
| <input type="checkbox"/> Autoimmune Disorder   | <div style="border: 1px solid black; height: 40px; width: 100%;"></div>             |
| <input type="checkbox"/> Behavioral/Mental Health  |   |
| <input type="checkbox"/> Bone Density Loss   | <input type="checkbox"/> No, I don't have any health conditions I currently manage. |
| <input type="checkbox"/> Cardiovascular Disease  | <input type="checkbox"/> Prefer Not to Answer                                       |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD, bronchitis, emphysema, etc.) |   |
| <input type="checkbox"/> COVID-19 or related complications from COVID-19                           |   |
| <input type="checkbox"/> Degenerative Vision   |   |
| <input type="checkbox"/> Diabetes  |   |
| <input type="checkbox"/> Digestive Disorder  |   |
| <input type="checkbox"/> Fibromyalgia  |   |

23. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

0 days	1-2 days	3-5 days	A week or more	Unsure	Prefer Not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. 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?

0 days	1-2 days	3-5 days	A week or more	Unsure	Prefer Not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. In the last 12 months, have you been to the hospital emergency room for an illness, injury, or disease?

Yes	No	Prefer Not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. If you have health insurance, what type is it? Please select all that apply. If you do not have health insurance, please check "I do not have health insurance":

- Private insurance
- Medicaid (ex: MassHealth, Husky, CareSource)
- Medicare
- Child Health Insurance Plan (CHIP)
- VA Health Care
- I do not have health insurance
- Other, please specify:
- Prefer Not to Answer

27. Do you have a usual place where you receive routine primary care services?

Yes	No	Prefer Not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Have you visited a healthcare provider for a routine checkup in the last 12 months?

Yes	No	Prefer Not to Answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 4: Additional Feedback

29. Please list any areas in which our service could be improved. We rely on your feedback to help us improve our community.

30. Can you help us update your contact information?

Email \_\_\_\_\_

Primary number, type \_\_\_\_\_  
*(i.e., 000-000-0000, cell)*

Secondary number, type \_\_\_\_\_  
*(i.e., 000-000-0000, home)*

**Thank you for taking the time to fill out our survey!**