

Name of Person: \_\_\_\_\_

Current Housing Location/ Site: \_\_\_\_\_

IDNumber \_\_\_\_\_

Male/ Female: M F

Age Range: 18-30 31-54 55-70 70+

Race/ Ethnicity: Caucasian

African- American

Asian

Other

Prefer not to answer

## Consumer Housing Preference and Satisfaction

*This is a survey to help us determine how satisfied you are with where you are living now and to help us know where you wish you could live. Please be as thoughtful and as truthful as possible. Individual information that you provide will not be used in any reports nor will your name be used.*

1. Are you satisfied with your current housing? \_\_\_Yes \_\_\_No

2. How long have you lived here? (express in years) \_\_\_\_\_

3. How many people live here? \_\_\_\_\_

4. Do you share a room and if yes, with how many people?

\_\_\_No

\_\_\_Yes, how many people \_\_\_\_\_

5. Are you satisfied with the location of your current housing?

\_\_\_Yes (**Skip #6**)

\_\_\_No (**Answer #6**)

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6. Why are you not satisfied with the location? (Check all that apply.)

Unsafe neighborhood

I don't enjoy living with the people in this location

Not many people of my culture or background live around me

Too many rules

Place I live in is not kept up well (it is a dump)

Other \_\_\_\_\_

Transportation/ Can't get places from here

7. If you could live anywhere, what would you choose?

House with a few others but no staff

Personal Care Home

Apartment with a roommate

I want to stay where I am

Apartment by myself

House with staff and no more than six people

House with family

Other \_\_\_\_\_

8. What neighborhood would you like to live in? \_\_\_\_\_

Why? \_\_\_\_\_

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9. Do you have any dependent children that might live with you or with whom you have visitation rights?

\_\_\_ Yes

\_\_\_ No

10. What are some of your requirements and/or needs for the place you would like to live? (Check all that apply.)

\_\_\_ Roommate

\_\_\_ Having transportation if not near a bus stop

\_\_\_ Help finding or selecting a roommate

\_\_\_ Getting utilities started

\_\_\_ Private bedroom/shared bath

\_\_\_ Furnishings/pots and pans/dishes/linens

\_\_\_ Private bedroom/private bath

\_\_\_ Child friendly- close to school, playground, library, etc.

\_\_\_ Help locating an apartment/residence

\_\_\_ No steps or an elevator

\_\_\_ Located near a bus stop (2 blocks)

\_\_\_ Close proximity to \_\_\_\_\_

11. Which three items checked in Question 10 are most important to you?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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12. What are the issues keeping you from living where you want to live? (Check all that apply.)

Money

Someone else decides where I will live

Transportation

Not close to my friends or family

There isn't a place available

I need a roommate

Other \_\_\_\_\_

13. Finish the following statement:

I need assistance in the following areas so that I can live in the place I want . . . (Check all that apply.)

Cleaning an apartment/house

Cooking

Making simple household repairs

Budgeting and managing money

Finding ways to meet and talk with the friends I already have

Getting to know my neighbors/Getting along with my neighbors

Learning about the community where I want to live

Shopping

Learning to take the bus

Talking to my landlord when there's a problem

Getting connected to other services, like food stamps, Section 8, etc.

Finding and keeping a job

Finding activities in the community that interest me

Finding a physical health doctor, dentist, etc. in the community

Taking care of my appearance (hygiene and grooming)

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14. Finish the following statement:

I need to take more responsibility for my recovery in terms of. . . (Check all that apply)

\_\_\_ Taking medication

\_\_\_ Making it to appointments

\_\_\_ Knowing when I need help and how to ask for it

\_\_\_ Help with my drug or alcohol issues

\_\_\_ Finding people who have had similar experiences to help me

\_\_\_ Talking to someone on a regular basis about my illness, problems I'm having, and how to deal with these problems

\_\_\_ Knowing my symptoms/stress triggers

\_\_\_ Learning coping skills

\_\_\_ Finding someone to call if I start feeling bad or in trouble

\_\_\_ Other \_\_\_\_\_

15. Finish the following statement:

If I were to move to an apartment, I would like to spend my time. . . (Check top three)

\_\_\_ Going downtown/ to a mall/ shopping

\_\_\_ Keeping house (cleaning and cooking)

\_\_\_ Working

\_\_\_ Going to school

\_\_\_ Visiting family and friends

\_\_\_ Working on a hobby

\_\_\_ Exercising

\_\_\_ Using a computer (at home/ library)

\_\_\_ Watching TV

\_\_\_ Going to a drop in center or clubhouse

\_\_\_ Volunteering

\_\_\_ Going to a mental health program

\_\_\_ Listening to music

\_\_\_ Talking with others in the complex or neighborhood

\_\_\_ Other \_\_\_\_\_