

# Choice Neighborhood Initiative (CNI) RESIDENT SURVEY

The Kingsport Housing & Redevelopment Authority (KHRA) has received a grant to help plan for the revitalization of the Midtown Neighborhood, which includes the Robert E. Lee Apartments. The Choice Neighborhood Initiative (CNI) is a competitive federal grant from HUD aimed at strengthening and rebuilding communities with public housing properties.

This survey collects information needed to help KHRA plan the revitalization of the neighborhood and the Lee public housing site. Many areas are covered so that we can respond to housing preferences, relocation needs, and job training needs, barriers to obtaining sustainable employment, health needs, child education needs, and your ideas for the design of replacement housing.

The head of the household is encouraged to complete the survey. You may choose not to answer any questions that you do not feel comfortable discussing. Your individual answers are held confidential. They are not made public or shared with anyone. The survey data will be used to help us better plan services for residents so you are encouraged to share as much information as possible. We appreciate your assistance and cooperation.

Every head of household should complete *Sections A-F* (core issues relating to every household). Response to the remaining sections will depend on the family situation. The household should complete one or more of these:

- **Section G** is for those households with a **child between the ages of 0-5 years**.
- **Section H** is for those households with a **child between the ages of 6-17 years**.
- **Section I** is for those households with **adults (ages 18-59 years)**.
- **Section J** is for those households with **seniors (ages 60+ years)**.

(CNI) RESIDENT SURVEY

**Property Development: Robert E. Lee Apartments**

1. Have you been to any of the CNI revitalization planning/training meetings?  
\_\_\_Yes \_\_\_No

If yes, please indicate below the meetings you attended.

\_\_\_\_\_ December 10, 2012 \_\_\_\_\_ February 14, 2013

If no, what was the reason for not attending? \_\_\_\_\_

2. Do you understand what the CNI project is and what the process entails?  
\_\_\_Yes \_\_\_No

**A. Every Household**

3. If you have an email address and would like to be kept informed of the planning process, please provide your email address here: \_\_\_\_\_

4. Do you have a

(a) Home phone? \_\_\_Yes \_\_\_No

If yes, may we use this if needed to contact you? \_\_\_ Yes \_\_\_No

If yes, please provide the phone number. \_\_\_\_\_

(b) Cell phone? \_\_\_Yes \_\_\_No

If yes, may we use this if needed to contact you? \_\_\_ Yes \_\_\_No

If yes, please provide the cell number. \_\_\_\_\_ (we will not text)

5. Is the head of household 62 years of age or older?

Yes No

(a) Any Veterans in household? Yes No If yes, how many? \_\_\_\_\_

6. Gender of head of household: Female Male

7. Marital Status -- Please indicate using one of the codes from below: \_\_\_\_\_

1=Single 2=Married 3=Separated 4=Divorced 5=Widowed

8. How many people live in your household by gender (*including yourself*)?

	Male	Female
Early childhood (0-5 years old)		
Children (6-18 years old)		
Adult (19-59 year old)		
Senior (60 and older)		

9. What is the highest education level of the adults living in the household? *(Check one per adult)*

	Head of Household	Adult #2 (if applies)	Adult #3 (if applies)	Adult #4 (if applies)
Please specify by each adult:				
a. Less than 9 <sup>th</sup> grade				
b. Some high school, no diploma				
c. High school graduate (or GED)				
d. Some college, no degree				
e. Associate degree				
f. Bachelor's degree				
g. Graduate or professional				

10. Do you spend time reading magazines, newspapers, and books? *(Mark one)*

- Rarely
- Couple of times per week
- More than 30 minutes daily

11. Is anyone in your household dealing with the following? *(Circle all that apply)*

- a.  Substance abuse
- b.  Violence
- c.  Prolonged medical illness, disability or other health problem
- d.  Depression in adults
- e. Other *(describe)*: \_\_\_\_\_

12. List your household's income sources *(circle all that apply)*:

- a. Wages
- b. WIC (Women, Infant, Child)
- c. Child Support
- d. General Assistance
- e. Military Pay
- f. Own Business
- g. Pension retirement
- h. Social Security
- i. SSI
- j. TANF (formerly AFDC)
- k. Unemployment Benefits
- l. Other Non-Wage Sources
- m. Other *(Specify)* \_\_\_\_\_

13. Are you interested in serving on any of the following focus groups?  Yes  No

If yes, please check area of interest numbering in order of preference with 1 most preferred.

- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Transportation | <input type="checkbox"/> Senior               |
| <input type="checkbox"/> Health    | <input type="checkbox"/> Housing        | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Safety    | <input type="checkbox"/> Youth          | <input type="checkbox"/> Self-Sufficiency     |

14. Does your household participate in KHRA's Family Self Sufficiency (FSS) program?
- Yes
- No, I am not currently participating in the FSS program but would like to benefit from additional services, like job training, transportation, and childcare to increase my economic opportunities.
- No, and I am not interested in FSS services
- I am not familiar with the FSS program and would like to know more
15. Where do you buy most of your food?
- Grocery Store
- Farmer's Market
- Fast Food restaurants
- Other restaurants
16. Do you want to continue living in the Midtown neighborhood?
- Would like to return to Lee Apartments but does not have to be on original public housing site
- Would like to return to the Lee Apartments on the original public housing site after it is redeveloped.
- Wish to remain living somewhere in the Midtown neighborhood, but not in Lee Apts.
- Would like to move somewhere else, to another neighborhood or town
17. Current residents are entitled to relocation to other housing if the site is being redeveloped. The Housing Authority will pay for your reasonable moving costs. Your response is not binding but gives us a sense of resident preferences.  
*(Please mark the choices below in order of preference 1-7 with 1 being your top choice.)*
- a.  Move permanently by using a Section 8 Voucher
- b.  Move temporarily by using a Section 8 Voucher, then move back onsite
- c.  Move permanently to another public housing site
- d.  Move temporarily to another public housing site, then move back onsite
- e.  Move permanently to another location that is not a public housing site
- f.  Live in housing available for senior citizens and/or persons with disabilities
- g.  Move temporary to housing available for senior citizens/ or persons with disabilities then move back onsite
- h.  Become homeowners

## B. Current Site and Unit Design

18. Please identify any current problems with your apartment (*check all that apply*)

Current Problems with Your Apartment	Check Here	Current Problems with Your Apartment	Check Here
Too small overall		Inadequate air conditioning	
Bedrooms too small		Inadequate heating	
Bathrooms too small		Inadequate electric supply/outlets	
Living room too small		Inadequate security	
Kitchen too small		Leaking roof or basement	
Not enough storage/closet space		Evidence of mold and or mildew	
Broken appliances (refrigerator, stove, etc.)		Evidence of pest infestation (dust mites, rodents, cockroaches, etc.)	
Other (Please describe specific problems you have with current property):			

19. What type of outdoor facilities would you like to see at a newly developed neighborhood (*Check all that apply*)?

Desired Outdoor Facilities	Check Here	Desired Outdoor Facilities	Check Here
Tot lot for young children		Community garden	
Children's playground		Attractive landscaping	
Basketball court		Park with sitting areas	
Tennis court		Barbecue grills with picnic area	
Baseball/Softball field		Shuffleboard court	
Other (Please describe):			

## C. Neighborhood Crime and Safety

20. Do you feel safe in your neighborhood?  Yes  No

21. How would you describe the level of crime in your neighborhood (*please mark only one*)?  
 Very serious  Serious  Tolerable  Not a problem  Do not know

22. How has the level of crime in your neighborhood changed in the past year? (*please mark only one choice*)  
 Increased  Decreased  No Change  Do not know

23. What types of crime are most common in your neighborhood? (*please mark all that apply*)

- Assault  Mugging  Noise complaints, disturbances  
 Rape  Auto Theft  Vandalism  
 Homicide  Drugs  Robbery

Other (Please describe): \_\_\_\_\_

24. What could the Housing Authority /City do to reduce crime in your neighborhood?  
 (Please mark all that applies).

<i>Anti-Crime Actions</i>	<i>Yes?</i>	<i>Anti-Crime Actions</i>	<i>Yes?</i>
Outdoor lighting		Improved door and window locks	
Fencing and gates		Closed circuit cameras	
Resident patrols		Increased City Police surveillance	
Other (Please describe)			

## D. Transportation

25. Do you live close by (within walking distance) to some basic amenities, like grocery stores/pharmacy/healthcare, schools, and recreation facilities? \_\_\_Yes \_\_\_No

26. If no, is a neighborhood where amenities are available by walking/very short distance important to you? \_\_\_ Yes \_\_\_ No

27. Please describe the type of transportation that your family uses most often.  
 (Rank in order of frequency used (1 to 8) with 1 being the most often used method)

<i>Current Transportation Used</i>	<i>Check Here</i>	<i>Current Transportation Used</i>	<i>Check Here</i>
Private car		Motorcycle or Bicycle	
Public transportation (KATS)		Special service van/bus	
Private car and public		Wheel chair	
Walking		None	

28. Is public transportation system adequate for your normal daily needs? \_\_\_ Yes \_\_\_ No

29. If no, why? (Please mark all that apply)

\_\_\_ Does not go where I need to travel      \_\_\_ Too costly  
 \_\_\_ No convenient stop nearby      \_\_\_ Not safe  
 \_\_\_ Scheduled times do not match my needs      \_\_\_ Other

30. What improvements would you recommend?

\_\_\_ extended hours    \_\_\_ extended days of service    \_\_\_ more stops  
 \_\_\_ Other (please specify) \_\_\_\_\_

## E. Supportive Services Program Information

31. Are you or other members of your household aware of, and take advantage of programs and/or services offered by the Housing Authority? Yes \_\_\_ No\_\_\_

If yes, please check all programs / services in which you participate.

a. \_\_\_ Abundant Living Care for Seniors Program

b. \_\_\_ Boys & Girls Club

c. \_\_\_ Ross Services

d. \_\_\_ Lee Family Learning Center

e. \_\_\_ Family Self-Sufficiency (FSS) Program

f. \_\_\_ Food Bank

Other (Please list) \_\_\_\_\_

32. Are there any barriers that keep you from using the services offered by the Housing Authority? (Check all that apply & identify the service.)

<i>Service Barriers</i>	<i>Check Here</i>	<i>Service Barriers</i>	<i>Check Here</i>
Nothing. I have no trouble gaining access to services		Long waits for service	
Unaware of the services available		Can't find childcare services	
Services are offered at inconvenient times		Can't meet eligibility requirements to use services	
Services that I need are not available		Don't have transportation to service	
Other Barriers (Please describe):			

33. What ideas/services would you like to see included in the Housing Authority's CNI grant application?

\_\_\_\_\_

## F. Family Health

34. During the past 12 months, have you and the other adults in your household had a physical exam or other preventive medical care, such as a checkup? \_\_\_ Yes \_\_\_ No

35. Are you in good health? \_\_\_ Yes \_\_\_ No

36. Do you have a regular doctor or clinic where you go when sick or need advice about your health (other than the emergency room)? \_\_\_ Yes \_\_\_ No

If yes, where \_\_\_\_\_

37. Is anyone in your household dealing with the following conditions? (Mark all that apply)

Conditions	Children	Adults	Senior
Overweight			
Stress in your life			
Diabetes			
Heart			

38. Do you exercise much by walking, dancing, or more active exercise, like jogging or weight lifting to elevate your heart rate?

- a.  None
- b.  Occasionally (couple of times per week)
- c.  Daily 10-25 minutes
- d.  Daily 30-60 minutes
- e.  More than 1 hour daily

39. Does anyone in your household smoke regularly?  Yes  No

40. What types of food do you eat most regularly? (please note this is just a sample of different groups of food)

Type of Food	Never	1-2 times a Month	1-2 times a Week	3 or > times a Week	Daily
Fresh or frozen fruits and vegetables (not sauces or canned juice)					
Water					
Sodas and sweet drinks					
Fried foods (chicken, shrimp, fries)					
Fast food restaurants					
Turkey & chicken without skin, pork					
Fish that is non-battered or fried					
Cook with fat, bacon grease, lard					
Cookies, pies, crackers and snack food					
Bake or boil food					
Sausage, hotdogs, deli meats					
Bean, lentils, rice and whole grains					
Fat-free milk and yogurt					
Cheese, cream and whole milk, and ice cream					



41. Do you find yourself overly tired and not having enough energy to socialize with friends and family?  Yes  No
42. Do you have a dentist?  Yes  No
43. Have you visited the Emergency Room for tooth extractions?  Yes  No
44. During the past 12 months, have you visited a dentist for preventive dental care, such as check-ups and dental cleaning?  Yes  No
45. What are the barriers to accessing medical and dental providers (*mark all that apply in order (1-6) with 1 being the greatest barrier*):
- a.  Lack of availability of family medical and dental service providers in the community
  - b.  Lack of health insurance or coverage
  - c.  Reluctance of health care providers to accept some forms of health insurance such as Medicaid
  - d.  Limitations placed by health care providers on the number of family members insured through specific programs accepted into the practice
  - e.  Strict lateness or "no-show" policies that make it difficult for me/my family to remain with the doctor practice
  - f.  Lack of transportation facilities
  - g.  None

## G. Early Childhood (0-5 Years of Age)

If you have any children between the ages of 0-5 years old in your household, please complete this section. If you do not, skip to Section H.

46. How old are your young children?

Age	Number of children	Male	Female
0-18 months			
19 months-3 years old			
4-5 years old			

47. Are your children in good health? (*Circle one per child*)

Child 1	Yes	No
Child 2	Yes	No
Child 3	Yes	No
Child 4	Yes	No
Child 5	Yes	No
Child 6	Yes	No

48. Do your children have health insurance?  Yes  No  Some do, and some do not

49. Of the children with health insurance, is the primary insurance in one of the following?
- a.  A combined State TENNCare/Medicaid program
  - b.  Private health insurance
  - c.  Health insurance not listed (describe) \_\_\_\_\_

50. Where do you go for information about parenting challenges? (Check all that apply)
- a.  Family and friends
  - b.  Hospitals publicize information about community classes
  - c.  Online resources
  - d.  Information given at hospital after delivery.
  - e.  Nurse services
  - f.  Church
  - g.  Parent outreach programs available in the neighborhood (identify) \_\_\_\_\_

51. Do you have access to any counseling services for fathers on good parenthood and early childhood care?  Yes  No
- If yes, what is it? \_\_\_\_\_

52. Have you and your children met with any counselor to learn about early childhood development issues?  Yes  No
- If yes, what group? \_\_\_\_\_

53. Do you read to your children?
- Rarely
  - Couple times per week
  - Daily for less than 30 minutes
  - Daily for more than 30 minutes

54. At what age did your child count to 10?

	Child #1	Child #2	Child #3	Child #4
Specify age:				

55. At what age did your child understand relationship between the numbers and items?

	Child #1	Child #2	Child #3	Child #4
Specify age:				

56. Who cares for your children during the day?

	Primary		Secondary	
	All	Partial	All	Partial
Day Care Center				
Home day care				
Parent				
Grandparent				
Other Relative				
Non-Relative				

57. Are your children enrolled in nursery school, preschool or kindergarten?

	Child #1:	Child #2	Child #3	Child #4
Specify age:				
Yes				
No				

58. If yes to question above, what kind of pre-K program are your children enrolled in?

	Child #1:	Child #2	Child #3
Specify age:			
Early Head Start			
Head start			
Pre-kindergarten			
Child care center			
Home day care			
Other			

59. If no, what prevents the parent/guardian from enrolling the children in daycare?

*(Rank 1-6 with 1 being the highest reason you do not enroll in daycare)*

- Cost
- Availability of adult at home
- Lack of transportation
- Do not trust service provider
- Do not believe program will stand the test of time
- Other (describe): \_\_\_\_\_

## H. Youth (6-17 Years of Age) and School Relocation Information

*We will be working with the local school system to plan and coordinate the resident relocation process so that parents and students have access to schools of their choice. Your answers to the following questions will help us provide the best options for you and the students in the household.*

Please complete this section if you have children ages 6-17 years old. If you do not have any children of this age, skip to Section I.

60. Ages & number of children?

Age	Number of children	Male	Female
6-14 years old			
15-17 years old			

61. Are they in good health?

Child 1	Yes	No
Child 2	Yes	No
Child 3	Yes	No
Child 4	Yes	No
Child 5	Yes	No
Child 6	Yes	No

62. Do the children have health insurance?  Yes  No  Some do, and some do not.

63. Of the children with health insurance, is the primary insurance in one of the following?

- a.  A combined State TENNCare/Medicaid program
- b.  Private health insurance
- c.  Health insurance not listed (describe) \_\_\_\_\_

64. What schools are your children attending?

- Child #1 \_\_\_\_\_
- Child #2 \_\_\_\_\_
- Child #3 \_\_\_\_\_
- Child #4 \_\_\_\_\_
- Child #5 \_\_\_\_\_
- Child #6 \_\_\_\_\_

65. Are you happy with the school that your children are attending? *(check applicable)*

	Child #1	Child #2	Child#3	Child #4	Child #5	Child #6
Specify age:						
Yes						
No						

66. Have you met your children's teachers?  Yes  No  Some of them

67. What education opportunities or programs would you like to see your children receive?  
*(Please number in order of importance with 1 being highest importance or note if not applicable or NA)*

- a.  Computer skills
- b.  Better learning of core subjects (reading, math, sciences)
- c.  Art, music, and other extra-curricular activities
- d.  Home economics
- e.  Vocational skills
- f.  Language skills and international curriculum
- g.  Assistance with homework (better after school programs)
- h.  In-school meal assistance programs
- i.  In-school medical and nutrition programs
- j.  Anti-drug training, like "Just Say No"
- k.  Sexual education and safety
- l.  counseling for temperament, concentration, discipline
- m.  Assistance to me (the parent) to become more supportive in my child's education.
- n.  Other (specify) \_\_\_\_\_

68. Do your children participate in any of the following? (Mark all that apply & provide name of program)

	Child #1:	Child #2	Child #3
Specify age:			
After-school program to help academics and other learning			
After-school program for athletics and/or other recreational activities			
Summer school or other expanded learning when regular school year not in session			
Lee Family Learning Center			

Name of program(s) \_\_\_\_\_

69. Do your children use a computer? \_\_\_No \_\_\_Yes (mark all that apply)

Computer location(s)	Child #1	Child #2	Child #3
At School			
After School Program			
At Lee Family Learning Center			
At Home			
At Library			
Other			

70. If your household relocates during redevelopment, is it necessary that your children remain in the same school both before and after the relocation process?

	Child #1:	Child #2	Child #3	Child #4	Child #5	Child #6
Specify age:						
Yes						
No						

71. If you relocate, are you interested in living closer to your children's school?

	Child #1:	Child #2	Child #3	Child #4	Child #5	Child #6
Specify						
Yes						
No						

72. Is there another school that you want your child/children to attend? (City, county, private)  
 \_\_\_No\_\_\_Yes If yes, specify which one \_\_\_\_\_

73. How are the children transported to school?

	Child #1:	Child #2	Child #3	Child #4	Child #5	Child #6
Specify age:						
School bus						
Walk/bike						
Drive (Student)						
Driven by other adult						
Other						

74. If your children are in high school, are they considering attending college/community?

	Child #1:	Child #2	Child #3
Grade:			
Yes			
No			

## I. Adults (18-59 Years of Age): Employment, Training, Career Readiness

Please complete this section for all adults in your household, ages 18-59 years old. *(If no one of this age lives in your household, please skip to Section J.)*

75. Please indicate the number of adults living in your household by gender:

	Male:	Female:
18-24 years old		
25-59 years old		

76. Are adults ages 18 through 59 in good health?

	Adult 1	Adult 2	Adult 3	Adult 4
Yes				
No				

77. Do you have difficulty reading and writing? \_\_\_ Yes \_\_\_ No

	Adult 1	Adult 2	Adult 3	Adult 4
No interest				
Would like to learn				

78. Which of the choices below best describes the present work status of all adult members of your household? (Please enter the number of adults for each choice that applies).

<i>Employment &amp; Training Status</i>	<i>Number of Adults</i>			<i>Employment &amp; Training Status</i>	<i>Number of Adults</i>		
	<i>1</i>	<i>2</i>	<i>3</i>		<i>1</i>	<i>2</i>	<i>3</i>
Working full time (at least 30 hours per week)				Permanently disabled			
Working a part-time job				Temporarily disabled			
Working more than one part-time job				Temporarily laid off			
Working & attending school				Unemployed, searching for a job			
Attending school full time <i>(Please described school)</i>				Unemployed, participating in a community service program			
Retired				Unemployed, not searching for a job			
Other							

79. What kinds of job skills do the adults in your household have right now?  
 (Please place "X" beside skill(s) for each adult in the household).

Current Job Skills	Number of Adults			Current Job Skills	Number of Adults		
	1	2	3		1	2	3
Auto repair				Barber or beautician			
Retail store clerk				Day care worker			
Air conditioning/heating				Truck or bus driving			
Electrical				Seasonal agriculture			
Plumbing				Hospitality industry (hotel/motel, theme parks)			
Building trades (roofing, Carpentry, painting, etc.)				Secretarial or clerical			
Health care (Tech, LPN, etc.)				Customer services (insurance, Banking, sales, etc.)			
Teacher's aide				Social services (Outreach worker, counselor, etc.)			
City Employee				Food service			
Security services				Computer skills, data entry clerk			
Other:				Landscaping			
				Other:			

80. How many adults in your household would be interested in participating in a job training program?  
 (Write number)\_\_\_\_\_

81. What types of job training do the adults in your household most desire?  
 (Please provide for each adult in the household in order of preference with 1 being highest preference)

Desired Job Skills	Number of Adults			Desired Job Skills	Number of Adults		
	1	2	3		1	2	3
Auto repair				Barber or beautician			
Retail store clerk				Day care worker			
Air conditioning/heating				Truck or bus driving			
Electrical				Seasonal agriculture			
Plumbing				Hospitality industry (hotel/motel,			
Building trades (carpentry, Painting, etc.)				Secretarial or clerical			
Health care (nursing, etc.)				Customer services (banking, sales, etc.			
Teacher /Teacher's aide				Social services (social worker, counselor, etc.)			
City Employee				Food service			
Security services				Computer skills, data entry clerk			
Other				Other			

82. What prevents the adults in your household from working or finding a higher paying job?  
(Check as many as apply-ranking in order of reason with 1 being the greatest reason)
- a. \_\_\_ Nothing, I am employed and satisfied
  - b. \_\_\_ Employed, but would like a job that pays more
  - c. \_\_\_ Lack of job training/education for today's jobs
  - d. \_\_\_ Lack of adequate transportation
  - e. \_\_\_ This area does not have openings in good paying jobs
  - f. \_\_\_ Disabled or have health problems that stop me from doing the job I am skilled at
  - g. \_\_\_ We have a child or children who are under the age of four
  - h. \_\_\_ We have a child or children who are disabled
  - i. \_\_\_ Lack of affordable childcare
  - j. \_\_\_ A spotty work history
  - k. \_\_\_ Difficulty showing up to appointments on time
  - l. \_\_\_ No high school diploma or GED
  - m. \_\_\_ In need of clothing that is appropriate for job interviews and for work
  - n. \_\_\_ Not eligible for the job training programs because of my income
  - o. \_\_\_ Not eligible for the job training programs
  - p. \_\_\_ Did not score high enough on the reading and math to enter a vocational program
  - q. \_\_\_ Cannot afford to stop working to go back to school to get a better skill for higher pay
  - r. \_\_\_ Cannot afford to stop receiving Medicaid or child care subsidy because I do not make enough money
  - s. \_\_\_ Working more than one job to support my family
  - t. \_\_\_ Literacy (reading & writing)

## J. Seniors (60 years of age and older)

Please complete this sections if any of the adults in your household are 60 years of age or older. If there are no seniors in your household, please disregard questions 83-91.

83. What is the age of the seniors (including yourself) in *your* household?

Age	Number of seniors	Male	Female
60-64 years old			
65-74 years old			
75-84 years old			
Older than 85			

84. Are the seniors in the household in good health?

Senior 1	Yes	No
Senior 2	Yes	No
Senior 3	Yes	No

85. Is a senior currently the primary caregiver for grandchildren or other minor members in your household? \_\_\_ Yes \_\_\_ No

86. Are there primary caregivers for other adult head of household members? \_\_\_ Yes \_\_\_ No



87. Do the seniors in your household (including yourself) need assistance with general personal care activities, such as cooking, cleaning, bathing, dressing, taking medications, walking, paying bills? Please note the number in household requiring assistance.

- a. \_\_\_ All the time
- b. \_\_\_ Some of the time
- c. \_\_\_ Occasionally
- d. \_\_\_ Rarely or none of the time

88. Do you have difficulty reading and writing? \_\_\_ Yes \_\_\_ No

	Adult 1	Adult 2	Adult 3	Adult 4
No interest				
Would like to learn				

89. Do you use a computer and the Internet? \_\_\_ Yes \_\_\_ No

	Senior #1	Senior #2	Senior #3
Specify age:			
No interest			
Would like to learn			
Currently use the computers in the community			
I have a computer at home that I use			

90. What barriers do the seniors in your household (including yourself) have to participating in more social activities? (*Number in order of importance with 1 being most important*)

- \_\_\_ No problems
- \_\_\_ Transportation
- \_\_\_ Physical mobility challenges
- \_\_\_ Sickness and not feeling well enough
- \_\_\_ Unaware of any activities
- \_\_\_ Other (specify) \_\_\_\_\_

91. How do seniors or disabled in your household usually access services? (*Check all that apply in order of use with 1 being most often method*)

<i>Accessing Services for the Elderly/Disabled</i>	<i>Check Here</i>	<i>Accessing Services for the Elderly/Disabled</i>	<i>Check Here</i>
Drive myself		Have friends or family who give me a ride	
Use special van or bus service		My neighbor takes me where I need to go	
Use public transportation		Walk	
Other ( <i>please describe</i> ):			

Thank you very much for your time. We will be presenting the overall results from the survey at a future resident meeting.