

## The first set of questions is about your home and the service you receive.

### 1. Overall, how satisfied are you with your home?

Please check one box only ►

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied

### How much do you agree or disagree with the following general statements?

Statement	⌄ Please circle only one response per statement ⌋				
2. I am informed of everything I need to know as a resident	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
3. There are opportunities to make my views known to staff	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
4. Staff listen to me and take my views into account	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
5. Staff are knowledgeable and competent	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
6. I understand how my rent is calculated	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
7. I know what the market rent cost is for my unit	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
8. Repairs are carried out within a reasonable time	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

### In the last 12 months, what types of repairs or regular maintenance services were needed in your home and which ones were repaired?

Type of Repair or Maintenance Service	Were repairs needed? ⌄ <input checked="" type="checkbox"/> check one box only ⌋	Was it repaired? ⌄ <input checked="" type="checkbox"/> check one box only ⌋
9. Electrical problems (other than lights) <small>[var23]</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Repair not requested
11. Heating or cooling equipment problems <small>[var25]</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Repair not requested
13. Lights not working <small>[var29]</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Repair not requested

## In the last 12 months, what types of repairs or regular maintenance services were needed in your home and which ones were repaired?

Type of Repair or Maintenance Service	Were repairs needed? ⌄ <input checked="" type="checkbox"/> check one box only ⌋	Was it repaired? ⌄ <input checked="" type="checkbox"/> check one box only ⌋
<b>15.</b> Smoke alarm not working  <small>[var33]</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>16.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Repair not requested
<b>17.</b> Air drafts from window(s) or door(s)  <small>[var31]</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>18.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Repair not requested
<b>19.</b> Holes in walls or ceiling  <small>[var17]</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>20.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Repair not requested
<b>21.</b> Peeling paint  <small>[var21]</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>22.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Repair not requested
<b>23.</b> Windows that were broken  <small>[var19]</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>24.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Repair not requested
<b>25.</b> Kitchen counters and cupboards  <small>[var9]</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>26.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Repair not requested
<b>27.</b> Not enough hot water  <small>[var27]</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>28.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Repair not requested
<b>29.</b> Refrigerator or stove not working  <small>[var15]</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	<b>30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Repair not requested
<b>31.</b> Taps or plumbing in kitchen  <small>[var11]</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>32.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Repair not requested
<b>33.</b> Toilet, shower or plumbing in washroom  <small>[var13]</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>34.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Repair not requested

**35.** Other (*fill in blank*):

**36. In general, how satisfied are you with the way your housing provider deals with the repairs and maintenance of your home?**

Please check one box only ▶

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied

**The next set of questions is about Your Community.**

**37. What type of home do you live in?**

Please check one box only ▶

- Apartment
- Rooming House
- Single detached or semi-detached residential home
- Townhouse
- Other (fill in blank): \_\_\_\_\_

**38. How satisfied are you with the overall level of safety and security in your community? (i.e. neighbourhood)**

Please check one box only ▶

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied

**39. How satisfied are you with how well the community is kept clean and maintained?**

Please check one box only ▶

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied

**40. How satisfied are you with the regular maintenance or repairs that are carried out in your community by your housing provider? (i.e. common areas)**

Please check one box only ▶

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied	Not applicable

**41. What are the most important reasons that you moved to this community?**

☑+ Please check all boxes that apply ☐

- |   |  |
|---|--|
| <input type="checkbox"/> Able to share unit           | <input type="checkbox"/> Family in area                        |
| <input type="checkbox"/> Affordable rent              | <input type="checkbox"/> Friends in area                       |
| <input type="checkbox"/> Always lived here            | <input type="checkbox"/> My ethno-cultural group lives in area |
| <input type="checkbox"/> Attractive neighbourhood     | <input type="checkbox"/> Size of the unit                      |
| <input type="checkbox"/> Close to work                | <input type="checkbox"/> In need of support services           |
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Other ( <i>fill in blank</i> ):       |
| <input type="checkbox"/> Good schools                 |  |

**42. Is your monthly rent reduced according to your total income (rent-geared-to-income/R.G.I)? I.e. Rent can decrease or increase according to income**

- Please check one box only ▶
- Yes
- No
- Do not know at this time

**43. How long have you lived in this home?**

- Please check one box only ▶
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Less than 1 year         | 1 or 2 years             | 3 or 4 years             | 5, 6, 7, 8, or 9 years   | 10 years or more         |

**44. Are you intending to move from this home?**

- Please check one box only ▶
- Yes, within the next 6 months
- Yes, within the next year
- Yes, within the next three years or more
- Do not know at this time
- Not within the next three years

**45. What are the most important reasons that you might move from your current home?**

☑+ Please check all boxes that apply ☐

- |  |  |
|--|--|
| <input type="checkbox"/> Expensive                             | <input type="checkbox"/> To be nearer work               |
| <input type="checkbox"/> Getting married or moving in together | <input type="checkbox"/> To buy a house / condominium    |
| <input type="checkbox"/> Poor maintenance                      | <input type="checkbox"/> Unable to settle in this area   |
| <input type="checkbox"/> Require bigger unit                   | <input type="checkbox"/> Unsafe                          |
| <input type="checkbox"/> To be closer to family                | <input type="checkbox"/> Other ( <i>fill in blank</i> ): |

**46. How likely is it that you would say that this community is a good place to live?**

Please check one box only ▶

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Not likely

The next set of questions will ask some questions about your connections with people in this community and/or near your home. This does not include the people who live in your home.

**47. How many people in this community, other than your close family, do you know by name?**

Please check one box only ▶

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	Fewer than 5	Between 5 and 10	More than 10

**48. How often do you stop to talk with other members or residents in the local community?**

Please check one box only ▶

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than once a year	Several times a year	About once a month	Several times a week	Always

**49. Who can you count on most for help when there is a crisis? (For example, lend you a small amount of money or provide emotional support)**

Please check one box only ▶

- People who live near my home
- Local community support services
- Not applicable to me
- Other (*fill in blank*): \_\_\_\_\_

**50. Would you say that most people in this community can be trusted?**

Please check one box only ▶

- Yes
- No
- Do not know

**51. Do you have access to Internet at home?**

Please check one box only ▶

- Yes
- No

**52. Overall, how satisfied are you with the service provided by your housing provider?**

Please check one box only ▶

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied

**53. If your housing provider could only improve 3 services, what would they be?**

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**The information we are asking you for in this section relates to you and your household. This information will be useful when we analyse the survey results, to enable us to check that services are being delivered equally and fairly to everyone. The information will remain completely confidential at all stages.**

**54. What language do you speak most often at home?**

Please check one box only ▶

English

French

Other (*fill in blank*): \_\_\_\_\_

**55. Please write the age and circle the gender of each member of your household**

Household Member	Age	Gender
Respondent		M / F
Person 2 (Spouse /partner if applicable)		M / F
Person 3		M / F
Person 4		M / F
Person 5		M / F
Person 6		M / F

**56. How many bedrooms are there in your home? Number of bedrooms:**




**The survey is almost complete.**

**The final set of questions is about your opinion on this pilot survey.**

**57. How much do you agree or disagree with the following general statements about this survey?**

Statement	⌵ Please circle only one response per statement ⌴				
a. Questions in the survey reflect what I find important as a resident	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
b. Questions are easy to understand	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
c. The length of time to complete survey is reasonable	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
d. The appearance of the survey is easy to read	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree

**58. If we ran this survey again, which survey method would you prefer us to use?**

- Please check one box only ►
-  interviewer-assisted by telephone survey
  -  online or web survey
  -  self-completed paper survey
  - other suggestion (*fill in blank*): \_\_\_\_\_

**59. Is there anything else you like to tell us about how we can improve this survey?**

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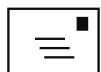


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**Thank you for your time and participation for this survey.**



Please kindly return this survey using the enclosed prepaid envelope to:  
 Research Unit, Housing Services Corporation  
 390 Bay Street, Suite 710, Toronto, ON M5H 2Y2