

Appendix A: Survey Cover Letter

Sunrise Ridge Seniors Housing Society

Housing Needs Survey Information Letter

Hello,

The Sunrise Ridge Seniors Housing Society (SRSHS) has undertaken a project to collect information on the housing needs of older residents of Electoral Areas D and E. To do this, they asked the Community Development Institute (CDI) at UNBC to administer a housing needs survey. We invite you to participate in this project by completing the attached survey questionnaire. You do not have to be a senior to complete this questionnaire.

The survey asks questions about your household, your current and future housing needs, and your current and future housing support needs. The findings will be used to develop a seniors housing needs report which may be used by SRSHS to inform the future development of seniors housing around Blackburn, Hixon, and Pineview.

You have been invited to participate in this survey because you are a resident of Electoral Areas D and E. The survey is being administered at three information sessions like this one, which will be held in Blackburn, Pineview, and Hixon. Once you have completed the questionnaire, please place it in the secured box located at the front of the room. You can also choose to take the questionnaire home and mail the completed questionnaire to the UNBC address below.

Your participation in this survey is entirely voluntary and, as such, you may choose not to participate. You should also feel free to ignore any questions you would rather not answer. In order to complete the survey without interference by others, the research team will ensure that everyone has enough private space. Should you wish assistance from the CDI research team to read, understand, or complete the questionnaire, please let one of us know. We would be happy to help you.

I would like to stress that any information you provide will be kept confidential and you will remain anonymous. All information shared in this questionnaire will be held in strict confidence and no results will be presented in a way that could identify you. All records will be kept in a locked room at UNBC and will be accessible only to the CDI research team. The information will be kept until the final report is complete. After this time, all materials will be destroyed.

Completing the questionnaire will be interpreted as providing informed consent for participation in this survey. The project team does not consider there to be any risks to participating in this survey.

I would like to thank you for taking the time to help with this project. Your response will be of great assistance. Should you feel that you require support, assistance, or information following the completion of this questionnaire, please do not hesitate to speak to one of the CDI research team members. We will have a list of services that could assist you.

This project has been reviewed by the UNBC Research Ethics Board. Any complaints about this project should be directed to the Research Ethic Board at UNBC. Their phone number is 250 960-6735 and their email is reb@unbc.ca.

The completed seniors housing needs report will be available from the Sunrise Ridge Seniors Society, and will be posted on the UNBC Community Development Institute website.

Sincerely,

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Appendix B: Survey

Sunrise Ridge Seniors Housing Society Seniors Housing Needs Survey

In rural communities, the provision of housing, services, and facilities will influence the decisions of individuals when choosing to retire in a community. This survey will provide information about the current and future seniors housing needs for older residents of Electoral Areas D and E. The information you provide will help decision makers and community groups make informed decisions about seniors housing in the future. Your input in these decisions is integral to ensure that future changes reflect the needs of community members like yourself.

Please read the covering letter for this survey. Completing the questionnaire will be interpreted as providing informed consent for participation in this survey.

SECTION A: CURRENT HOUSING SITUATION

Questions in this section relate to your current housing situation. Information gained from these questions will be used to develop a profile on the housing of community members in the area.

A1. What type of house do you live in? (Please select from the following)

- Single detached dwelling
- Mobile home on property
- Mobile home in Mobile Home Park
- Apartment
- Townhouse/Row House
- Other, please specify _____

A2. Is your home: *(Please check one)*

Owned (even if it's still being paid for)

Rented

A3. Are there stairs at the main entrance of this home (inside or outside)? *(Please check one)*

No

Yes

If **YES**, approximately how many stairs? _____ *(Outside)* _____ *(Inside)*

A4. Are there stairs between the main living section of this home and the bedrooms? *(Please check one)*

No

Yes

If **YES**, how many stairs? _____

A5. Is your home in need of any repairs? *(Please check one)*

No, only regular maintenance is needed *(i.e. painting, furnace, cleaning, etc.)*

Yes, minor repairs are needed *(i.e. missing/loose floor tiles, bricks or shingles, defective steps, railings, or siding, etc.)*

Yes, major repairs are needed *(i.e. defective plumbing or electrical wiring, structural repairs to walls, floors, or ceiling, etc.)*

SECTION B: YOUR HOUSING NEEDS

Questions in this section relate to your housing needs and the housing options available in your area.

B1. Is your housing appropriate for the physical condition of people in your household?

(Please check one)

Yes

No

If **NO**, please explain why: _____

B2. Is your housing too large for your household's needs? *(Please check one)*

Yes

No

B3. Is your housing too small for your household's needs? *(Please check one)*

Yes

No

B4. Do you plan on staying in your home during retirement? *(Please check one)*

Yes

No

Not sure

B5. Are there other houses in your community that could meet your needs and lifestyle if you were to leave your current home? (Please check one)

- Not sure
- Yes, many
- Yes, an adequate amount
- Very few
- No

If **NO** or **VERY FEW**, please explain why: _____

B6. Are there other houses in your community that you could afford to buy/rent if you were to leave or sell your current home? (Please check one)

- Not sure
- Yes, many
- Yes, an adequate amount
- Very few
- No

SECTION C: SENIORS HOUSING OPTIONS

In this section, questions look at your current and future requirements for seniors' accommodations and services. We define seniors housing as any of the top 6 housing options from question C3.

C1. Have you thought about or planned for your future housing needs? (Please check one)

Yes

No

C2. Do YOU need seniors' accommodation at this time? (Please check one)

Yes

No

If **YES**, how much would you be willing to pay for this accommodation?

\$ _____ per month to rent

\$ _____ purchase price

C3. What kind of seniors housing, if any, are you looking for: (Please check any that apply)

Type of Housing	Right now? <i>(Please <u>place a check</u> if this is housing that you are looking for currently)</i>	In the next 5 years? <i>(Please <u>place a check</u> if this is housing that you think you will need in the next 5 years)</i>	In the next 10 years? <i>(Please <u>place a check</u> if this is housing that you think you will need in the next 10 years)</i>
Seniors market independent living units <i>(optional meals, and housekeeping)</i>			
Seniors subsidized independent living units <i>(optional meals, and housekeeping)</i>			
Seniors market supportive housing (24-hour response, light housekeeping, meals, and activities)			
Seniors subsidized supportive housing (24-hour response, light housekeeping, meals, and activities)			
Seniors registered assisted living units <i>(24-hour response, housekeeping, meals, activities, and personal care such as grooming and medication assistance)</i>			
Seniors Residential/Complex Care <i>(i.e. nursing home)</i>			
Other, please specify: <hr/> <hr/> <hr/> <hr/>			
I am not looking for housing:			

C4. What kind of housing would you prefer to live in:

Housing Type	Right now? <i>(Please <u>place a check</u> if this is housing that you are looking for currently)</i>	In the next 5 years? <i>(Please <u>place a check</u> if this is housing that you think you will need in the next 5 years)</i>	In the next 10 years? <i>(Please <u>place a check</u> if this is housing that you think you will need in the next 10 years)</i>
A single detached dwelling			
An apartment			
A townhouse/Row house			
A modular home			
A mobile home on property			
A mobile home in a mobile home park			
Other, please specify: _____			

C5. In the future would you prefer to:

- Rent your home
- Own your home (even if you have a mortgage)
- Either rent or own your home

C6. Is it important for you to live in pet-friendly housing (*housing where pets are permitted*) in the future?

- Yes
- No

C7. How do you expect your housing needs will change: (Please check any that apply)

Changed need:	In the next 5 years?	In the next 10 years?
Require more space		
Require less space		
Will need a home requiring less maintenance		
Will need a yard requiring less maintenance		
Will require a home designed for mobility		
Will be moving out of your area		
Will be moving into town		
Will be unable to live alone due to age		
Will have housing affordability issues		
Other, please specify: _____ _____ _____ _____		
I do not expect my housing needs to change:		

SECTION D: HOUSING SUPPORTS

In this section we would like to ask some questions about your future housing support needs. Included in this category are supports such as personal services, community amenities and transportation.

D1. What type of services or assistance do you need: (Please check any that apply)

Type of Service/Assistance	Right now? (A service that you are looking for now)	In the next 5 years? (A service that you think you will need in the next 5 years)	In the next 10 years? (A service that you think you will need in the next 10 years)	Please place a check next to the top 3 most important services
<i>EXAMPLE SERVICE</i>	✓			✓ (A check indicates the service is important)
Nursing care				
Home care				
Personal care (i.e. bathing, foot care)				
Respite care (i.e. caregiver relief)				
Visiting				
Meal preparation and cleanup				
House work (i.e. cleaning, laundry)				
Help with shopping				
Delivery of services/goods				
Summer yard work (i.e. gardening)				
Winter yard work (i.e. snow removal)				
Home repair and maintenance				
Other, please specify: _____ _____ _____				
I do not need any of these services				

D2. In the past 12 months, have you needed help from another person or an organization to do any of the following activities? (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Meal preparation and clean up | <input type="checkbox"/> House cleaning |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> House maintenance or outside work |
| <input type="checkbox"/> Managing medications | <input type="checkbox"/> Banking or bill paying |
| <input type="checkbox"/> Shopping for groceries or other necessities | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Recovering from an illness or operation | <input type="checkbox"/> None |
| <input type="checkbox"/> Other, please specify: _____ | |

D3. In the future how do you see yourself getting around? (Please check any that apply)

Type of transportation	In the next 5 years	In the next 10 years
Car/truck		
Carpool		
Walking		
HandyDART		
Taxi		
Friends/Family		
Bicycle		
Transit		
Other, please explain: _____ _____ _____		

D4. In the future what services/facilities would you like to have nearby your community?
(Please check any that apply)

Facility/Service	Yes	Please place a check next to the top <u>3</u> most important services in the column below
<i>EXAMPLE SERVICE</i>	✓	✓ <i>(A check indicates the service is important)</i>
Library		
Grocery Shopping		
Other Shopping		
Bank or Credit Union		
Seniors Citizens Hall		
Activity Groups		
Fitness Programs		
Barber/Beauty Salon		
Health and Wellness Clinics		
Foot Care Clinics		
Community Garden		
Special Events Venues <i>(i.e. bingo, dances, etc.)</i>		
Other, please explain: _____ _____ _____		

SECTION E: HEALTH AND SOCIAL NETWORKS

In this section, we would like to ask you questions concerning your health, mobility, and social networks. These questions are important because they will create a better understanding of your potential housing and service needs.

E1. In general, how is your physical health? (please check one)

- Very Good
- Good
- Fair
- Poor
- Very Poor

E2. Does anyone in your household require special medical attention? (please check one)

- No
- Yes

If **YES**, please specify: _____

E3. Do you use an assistive device? (please check one)

- No
- Yes

If **YES**, please specify which device(s) you use: *(check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Manual or power wheelchair | <input type="checkbox"/> Four wheeled scooter |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> White/long cane, |
| <input type="checkbox"/> Other, please specify: _____ | |

E4. Do you have family in the area? *(please check one)*

No

Yes

If **YES**, do family connections make you want to stay in the area?

No

Yes

E5. Do you have close friends in the area? *(please check one)*

No

Yes

If **YES**, do friendships make you want to stay in the area?

No

Yes

E6. Do you have family or friends in the area who could be thought of as a support network?

(People to whom you could turn to when help is needed)

No

Yes

SECTION F: SOCIO-DEMOGRAPHIC INFORMATION

In this section, we would like to ask you about yourself and your family. These questions are important because they help to create a profile of the community. The answers are completely confidential.

F1. Where do you live? (Please check one)

- Blackburn
- Hixon
- Pineview
- Other, please specify: _____

F2. How long have you lived in this community? _____ years/months

F3. For each person living in your home, please describe their age and gender, starting with yourself: (Complete for each person living in your home)

	Age	Gender
Yourself		
Person 2		
Person 3		
Person 4		
Person 5		
Person 6		
Person 7		

F4. What is your marital status? (please check one)

- Single – never married
- Married
- Live-in partner or common-law partner
- Separated
- Divorced
- Widowed

F5. What is your total household income for the past year, before taxes and deductions? (please check one)

- 0 - \$24,999
- \$25,000-\$49,999
- \$50,000 or higher

