

HEALTHY RESIDENTS, HEALTHY HOMES SURVEY STREAMLINED VERSION



Newport Harbor Light Lighthouse, Rhode Island

Thank you for taking the time to answer our survey. The survey takes about 10 minutes. Your answers will help Newport Housing Authority bring new services to residents. Doing the survey is your choice. Your answers on the survey will not change your right to housing through Newport Housing Authority.

1. What are the ages of people who live with you? Put an **X** in the box or boxes that best match your answer.

The ages of the people in my house, including myself, are:

- Less than one year old
- 1 to 5 years old
- 6 to 13 years old
- 14 to 17 years old
- 18 to 64 years old
- 65 years or older

Asthma is a chronic disease that affects your lungs. It is common among children. Adults can have asthma too.

2. Has a doctor or other health professional ever told you or anyone living in your household that they had asthma? Put an **X** in the box that best matches your answer.

Yes (**IF YES GO TO BOX**)
 No

Who had asthma?

Child
 Adult
 Both

3. Does anyone living in your household, including yourself, have asthma now? Put an **X** in the box that best matches your answer.

Yes (**IF YES GO TO BOX**)
 No

Who has asthma now?

Child
 Adult
 Both

4. Was there a time in the past 12 months when anyone living in your household, including yourself, went to an emergency room or urgent care center because of breathing problems when they **did not** have a cold or flu? Put an **X** in the box that best matches your answer.

Yes (**IF YES GO TO BOX**)
 No

Who went to an emergency room or urgent care center for breathing problems?

Child
 Adult
 Both

Here are some breathing problems you can have when you **do not** have a cold or flu.

- Breathlessness
- Chest tightness
- Coughing
- Wheezing (a whistling sound when breathing)

5. Does everyone in your household have a place to go when they need routine health care, such as a regular check-up? Put an **X** in the box that best matches your answer.

- Yes (**IF YES GO TO BOX**)
 No
 Some do and some don't

Identify the place you go to for health care?

6. Was there a time in the past 12 months when anyone in your household did not have health insurance? Put an **X** in the box that best matches your answer.

- Yes (**IF YES GO TO BOX**)
 No

Who did not have health insurance?

Child
 Adult
 Both

Health insurance is a program or plan that pays for hospital and doctor bills.

Examples

- Neighborhood Health Plan
- Blue Cross or Blue Chip
- United Health Care
- Medicare
- Medicaid
- RItE Care
- Military or Veterans benefits

7. Does anyone who lives in your household smoke? Put an **X** in the box that best matches your answer.

- Yes
 No

8. Does your home have a mildew odor or musty smell? Put an **X** in the box that best matches your answer.

- Yes
 No

9. Does your home have water or dampness from leaky faucets, broken pipes, or heavy rain? Put an **X** in the box that best matches your answer.

- Yes
 No

10. Does your home have a problem with cockroaches, mice, or rats? Put an **X** in the box that best matches your answer.

- Yes
 No
 Not sure

11. If Newport Housing Authority had a smoke-free apartment building would you want to live in the building? Put an **X** in the box that best matches your answer.

- Yes
 No

LAST STEPS

12. **Please write your name and unit number.** It is your choice to give this information but when you do you help the Housing Authority help you!

Name: _____

Unit #: _____

13. **Return the Survey**

- a. Did the survey come with your rent notice? Return your survey in the rent notice envelope with your rent notice.
- b. Did the Housing Manager give you the survey? Put your survey in the survey envelope, seal the envelope, and give it to the Housing Manager.
- c. Do you want to return the survey to Jim Reed? Put your survey in the survey envelope, seal the envelope, and bring it to Mr. Reed.

THANK YOU

Have questions about the survey?

Call James J. Reed, CPM, PHM

Executive Director

Newport Housing Authority

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