

Chattanooga Housing Authority Needs Survey

Informed Consent

You are invited to participate in a research study that seeks to understand your needs. Your participation will allow us to use the results to provide better services for you and your neighbors. This survey should take you 15 minutes or less to complete, and it includes questions about your recent experiences and some from the past.

Your participation in this study is completely voluntary, and you may stop responding at any time for any reason. There will be no negative consequences for you if you wish to stop participating. As compensation for your time, the first 150 qualified participants in the study will receive a \$10 gift card, and will qualify to be entered into a drawing for an additional one of three \$20 Amazon gift cards. Your responses will be kept confidential to the extent allowed by law. The results of the research study may be published, but your name will not be used.

Answering questions about your personal experience regarding your general needs as well as adverse childhood experiences may result in feelings of anxiety, sadness, embarrassment, and even guilt. To help with that, information is being provided to you about resources in your community that you can access.

If you have any questions about this research, please feel free to reach out to the primary researchers: Amy Mejias at amejias@chahousing.org, or Dr. Laura Racovita, School of Social Work Professor at racovita@southern.edu. This study has been approved by the Institutional Review Board (IRB) at Southern Adventist University and if you have any questions or concerns about your rights as a research participant, please contact Dr. Robert Overstreet, Southern Adventist University IRB Chair at robertoverstreet@southern.edu.

By clicking the NEXT button below, you agree to participate in this study.

* 1. I certify that:

	Yes	No
I currently live at one of the Chattanooga Housing Authority sites.	<input type="radio"/>	<input type="radio"/>
I am at least 18 years old.	<input type="radio"/>	<input type="radio"/>

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2. Which of the following best describes your current living situation?

- Live alone in my own home (house, apartment, condo, trailer, etc.)
- Live in a household with my immediate family (partner, children, etc.)
- Live in a household with extended family or relatives (grandparents, cousins, siblings, etc.)
- Temporarily staying with a friend
- Other (please specify)

3. Do you have any concerns about your current living situation, such as:

- Condition of housing
- Lack of more permanent housing
- Ability to pay for housing or utilities
- Feeling safe
- None of these
- Other (please specify)

4. In the past 3 months, did you have trouble paying for any of the following? (Select ALL that apply)

- Food
- Housing
- Heat and electricity
- Medical needs
- Transportation
- Childcare
- Debts
- None of these
- Other (please specify)

5. In the past 3 months, how often have you worried that your food would run out before you had money to buy more?

- Never
- Sometimes
- Often
- Very often

6. Has lack of transportation kept you from any of the following? (Select ALL that apply)

- Kept me from medical appointments
- Kept me from getting medications
- Kept me from doing things needed for daily living
- Kept me from keeping my job
- Not a problem for me
- Other (please specify)

7. Which of the following would you need help with at this time?

	I don't need any help	I get all the help I need	I could use a little more help	I need a lot more help
Paying for food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Securing housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessing transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying for utilities (heat, electricity, water, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessing medical care, medicine, medical supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping with bathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping with preparing meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping with shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applying for public benefits (WIC, SSI, SNAP, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare/other child-related issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Debt/loan repayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

8. In the past 12 months, have you been physically or emotionally hurt or felt threatened by a current or former spouse/partner, a caregiver, or someone else you know?

- Yes, by current spouse/partner
- Yes, by former spouse/partner
- Yes, by caregiver
- No
- Other (please specify)

9. Please indicate your agreement or disagreement with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
I often feel lonely or isolated from those around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My housing site provides opportunities for social interaction and engagement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My social needs are adequately met at my housing site.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the availability of common areas or spaces for socializing within my housing site.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable reaching out to my neighbors for social support or assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. How often do you see or talk to people that you care about and feel close to? (For example, talking to friends on the phone, visiting friends or family, going to church or club meetings)

- Less than once a week
- 1-2 days a week
- 3-4 days a week
- 5 or more days a week

11. Have you faced any barriers or challenges in maintaining social connections or relationships?

- Never
- Rarely
- Sometimes
- Often
- Always

12. What would you consider as the top three barriers or challenges that you experienced?

13. If you feel like we missed anything, please tell us.

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14. In the last three (3) months, have you experienced the following:

	Never	Almost Never	Sometimes	Fairly Often	Very Often
I felt that difficulties were piling up so high that I could not overcome them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt extremely stressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have actively engaged in stress management strategies such as exercise, meditation, relaxation techniques, or seeking social support to cope with stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. In the past two (2) weeks, how often have you felt any of the following:

	Never	Rarely	Sometimes	Often	Always
I have felt nervous, anxious, or on edge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt like I couldn't control my worrying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt like I had trouble relaxing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt down or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt bad about myself - or that I am a failure or have let myself or my family down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had trouble concentrating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. What makes you most anxious?

- Food
- Transportation
- Getting my medications
- Employment
- The news

17. In the last three (3) months, were there periods of time when:

	Never	Rarely	Sometimes	Often	Always
I was not my usual self and I was so irritable that I shouted at people or started fights or arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was much more talkative or my speak much faster than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was so easily distracted by things around me that I had trouble concentrating or staying on track.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Which of the following have you been diagnosed with by a healthcare professional? Please check all that apply:

	I received this diagnosis	I am receiving treatment for this	N/A
High Blood Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bipolar Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schizophrenia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Are you currently participating in therapy or counseling sessions with a mental health professional to address any personal or emotional concerns?

- Yes
- No

20. Would you be interested in receiving therapy or counseling sessions with a mental health professional?

- No
- Yes

21. If you answered yes, what kind of counseling would you be interested in?

- Individual Counseling
- Family Counseling
- Group Therapy
- Education on Mental Health Issues
- N/A
- Other (please specify)

22. Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please mark YES or NO next to each ACE category that you experienced **before your 18th birthday**

	Yes	No
Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	<input type="radio"/>	<input type="radio"/>
Did you lose a parent through divorce, abandonment, death, or other reason?	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who was depressed, mentally ill, or attempted suicide?	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	<input type="radio"/>	<input type="radio"/>
Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who went to jail or prison?	<input type="radio"/>	<input type="radio"/>
Did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="radio"/>	<input type="radio"/>
Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	<input type="radio"/>	<input type="radio"/>
Did you feel that no one in your family loved you or thought you were special?	<input type="radio"/>	<input type="radio"/>
Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?	<input type="radio"/>	<input type="radio"/>

23. What is your age range?:

- 25-29
- 30-34
- 35-39
- 40-44 .
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70-74
- 75 and over

24. What is your gender?:

- Male
- Female
- Transgender
- Non-Binary
- Other

25. What is your race?:

- White/Caucasian
- Black/African American
- Asian
- Native American/Indigenous
- Pacific Islander
- Other

26. What is your ethnicity?:

- Hispanic/Latino
- Not Hispanic/Latino

27. What is your current employment situation best described as?:

- Full-time employment
- Part-time employment
- Self-employed
- Unemployed
- Student
- Retired
- Other (please specify)

28. What is your current relationship status?

- Married
- Domestic Partner
- In a serious or committed relationship, but not living together
- Single
- Separated
- Divorced
- Widowed
- Other (please specify)

29. What was the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college
- Vocational training
- Completed 2-year college
- Bachelor's degree (B.A., B.S., etc.)
- Graduate degree (Masters/Doctorate)

30. How many years have you lived in public housing?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- More than 20 years
- Other (please specify)

31. How many people live in your household?

- Only me
- 2
- 3
- 4
- 5
- 6 or more

32. Do you have any children under the age of eighteen (18) currently living in your household? If yes, how many?

- No children under 18 live in my household
- 1
- 2
- 3
- 4
- 5
- 6 or more

33. How long has your family been living in public housing?

- I am the first generation in my family to live in public housing
- My parents lived in public housing
- My grandparents lived in public housing
- My parents AND grandparents lived in public housing
- Other (please specify)

34. As far as you know, is your family local to Chattanooga?

- Yes
- No
- I don't know

35. If you answered **No** to the previous question, according to what you know, where is your family coming from?

36. How many times have you ever lived in any of the following? Please check all that apply.

	1 time	2 - 3 times	4 - 5 times	6 or more times	N/A
An emergency shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transitional housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lived with friends or family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motel/hotel (you had to pay to stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On a street, in a park or campground, or in a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rental housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Own apartment or house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

37. How long have you ever lived in any of the following? Please check all that apply.

	Less than a month	1-2 months	3-6 months	7-12 months	More than 1 year
An emergency shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transitional housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lived with friends or family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motel/hotel (you had to pay to stay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On a street, in a park or campground, or a in car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rental housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Own apartment or house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

38. How is your experience with your current housing situation? Please tell us the degree to which you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Sure
It is secure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is affordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can easily access resources such as stores or transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is mold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is mildew	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are pests present (roaches, mice, rats, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

39. What have been some events or activities through Chattanooga Housing Authority and/or the Resident Engagement team that you have attended and enjoyed in the past (such as a resource fair, holiday party, craft activity)?

40. What kinds of events and/or activities would you like to see in the future (such as a resource fair, holiday party, craft activity)?

41. Are there any services you believe the Chattanooga Housing Authority should provide for the residents in addition to current services? (example: mental health services, ride services, etc.)

42. Which housing site do you live at?

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Optional

In order to qualify for the \$10 gift card presented to the first 150 qualifying respondents and the second drawing for one of the three additional \$20 Amazon gift cards, you must provide some personal information. We will use this information ONLY to verify your eligibility for the gift card/s!

43. Please write your first and last name

44. Please choose your housing site:

- Greenwood Terrace
- Emerald Villages
- Fairmount
- Maple Hills
- Oaks at Camden
- Cromwell Hills
- Villages at Alton Park
- Other (please specify)

45. What is your unit number?

46. What is your phone number (we will use this to contact you regarding the gift card)?

47. Would you like to be included in the drawing for one of the three additional \$20 Amazon gift cards?

Yes

No

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Community Resources

988 Suicide & Crisis Lifeline

Call. Text. Chat.

Mobile Crisis Services

24/7/365 response team for those who are experiencing a mental health emergency

Call: 855-CRISIS-1 (855-274-7471)

Tennessee Department of Mental Health and Substance Abuse Services

500 Deaderick Street, Nashville, TN 37243

(800) 560-5767

OCA.TDMHSAS@tn.gov

Marie Williams, Commissioner

<https://www.tn.gov/behavioral-health/mental-health-services.html>

Family Justice Center

5705 Uptain Rd, Chattanooga, TN 37411

(423) 755-2700

fjc@chattanooga.gov

<https://fjc.chattanooga.gov>

United Way of Greater Chattanooga

630 Market Street Chattanooga, TN 37402

211 or 423-265-8000

info@uwchatt.org

<https://unitedwaycha.org/our-work/211-2/>