**(Enter name of institution)**

Owner Occupied Rebuilding Program – Survey B

Thank you for completing this survey. Additionally, the survey allows us to measure what impact our work has in the lives of our clients. The data collected through this survey will be held confidentially and never publicly associated with your name or other identifying information.

**(Name of institution) & You**

**Answer these questions based on your experience with (Name of Institution) so far.**

**Please mark only one response for each question.**

1. I feel proud when showing my house to friends and family, given the quality of construction in my house.

Strongly

Disagree

Disagree

Neither Agree Nor Disagree

Agree

Strongly

Agree

1. My house is a safe place for me and my family.

Strongly

Disagree

Disagree

Neither Agree Nor Disagree

Agree

Strongly

Agree

1. The quality of the house met or exceeded my expectations.

Strongly

Disagree

Disagree

Neither Agree Nor Disagree

Agree

Strongly

Agree

1. The work (Name of institution) performed on my house will last for years to come.

Strongly

Disagree

Disagree

Neither Agree Nor Disagree

Agree

Strongly

Agree

1. My Client Services Coordinator clearly explained (Name of institution’s) application and intake process.

Strongly

Disagree

Disagree

Neither Agree Nor Disagree

Agree

Strongly

Agree

1. (Name of institution) staff addressed my questions and/or concerns in a timely manner.

Strongly

Disagree

Disagree

Neither Agree Nor Disagree

Agree

Strongly

Agree

1. (Name of institution) staff communicated a clear and unified plan for me from intake to project completion.

Strongly

Disagree

Disagree

Neither Agree Nor Disagree

Agree

Strongly

Agree

1. (Name of institution) staff clearly explained the warranty period on work they performed and my responsibility to maintain my home after that period.

Strongly

Disagree

Disagree

Neither Agree Nor Disagree

Agree

Strongly

Agree

1. (Name of institution) clearly explained what materials would be used inside my house including flooring, paint colors, cabinets, and appliances.

Strongly

Disagree

Disagree

Neither Agree Nor Disagree

Agree

Strongly

Agree

1. My Client Services Coordinator clearly explained a timeline to move from application to the completion of my home.

Strongly

Disagree

Disagree

Neither Agree Nor Disagree

Agree

Strongly

Agree

1. My Project Manager adequately answered my construction questions and/or concerns in a timely manner.

Strongly

Disagree

Disagree

Neither Agree Nor Disagree

Agree

Strongly

Agree

1. (Name of institution) clearly explained the role of volunteers in construction and what quality of work I can expect from them.

Strongly

Disagree

Disagree

Neither Agree Nor Disagree

Agree

Strongly

Agree

1. (Name of institution) staff followed through on their commitments to me.

Strongly

Disagree

Disagree

Neither Agree Nor Disagree

Agree

Strongly

Agree

1. My Client Services Coordinator has maintained consistent contact with me.

Strongly

Disagree

Disagree

Neither Agree Nor Disagree

Agree

Strongly

Agree

1. (Name of institution) fixed any problems found on my house during the final walkthrough in a timely manner.

Strongly

Disagree

Disagree

Neither Agree Nor Disagree

Agree

Strongly

Agree

1. (Name of institution) completed the rebuilding plan we agreed to at the Pre-Construction Meeting.

Strongly

Disagree

Disagree

Neither Agree Nor Disagree

Agree

Strongly

Agree

**Quality of Life**

**The following questions ask how you feel about your quality of life, health, or other areas of your life. Please choose the answer that appears most appropriate. If you are unsure about which response to give to a question, the first response you think of is often the best one.**

**Please keep in mind your standards, hopes, pleasures, and concerns. We ask that you think about your life in the last four weeks.**

1. How would you rate your quality of life?

Dissatisfied

Somewhat dissatisfied

Neither Satisfied Nor Dissatisfied

Somewhat satisfied

Satisfied

1. How satisfied are you with your health?

Dissatisfied

Somewhat dissatisfied

Neither Satisfied Nor Dissatisfied

Somewhat satisfied

Satisfied

**The following questions ask about how much you have experienced certain things in the last four weeks.**

1. To what extent to you feel that physical pain prevents you from doing what you need to do?

Not at all

A little

A moderate amount

Very much

An extreme amount

1. How much do you need any medical treatment to function in your daily life?

Not at all

A little

A moderate amount

Very much

An extreme amount

1. How much do you enjoy life?

Not at all

A little

A moderate amount

Very much

An extreme amount

1. To what extent do you feel your life to be meaningful?

Not at all

A little

A moderate amount

Very much

An extreme amount

1. How well are you able to concentrate?

Not at all

A little

A moderate amount

Very much

Extremely

1. How safe do you feel in your daily life?

Not at all

A little

A moderate amount

Very much

Extremely

1. How healthy is your physical environment?

Not at all

A little

A moderate amount

Very much

Extremely

**The following questions ask about how completely you experienced or were able to do certain things in the last for weeks.**

1. Do you have enough energy for everyday life?

Not at all

A little

Moderately

Mostly

Completely

1. Are you able to accept your bodily appearance?

Not at all

A little

Moderately

Mostly

Completely

1. Have you enough money to meet your needs?

Not at all

A little

Moderately

Mostly

Completely

1. How available to you is the information you need in your day-to-day life?

Not at all

A little

Moderately

Mostly

Completely

1. To what extent do you have the opportunity for leisure activities?

Not at all

A little

Moderately

Mostly

Completely

1. How well are you able to get around?

Very poor

Poor

Neither poor

nor good

Good

Very Good

1. How satisfied are you with your sleep?

Very dissatisfied

Dissatisfied

Neither satisfied nor dissatisfied

Satisfied

Very satisfied

1. How satisfied are you with your ability to perform your daily living activities?

Very dissatisfied

Dissatisfied

Neither satisfied nor dissatisfied

Satisfied

Very satisfied

1. How satisfied are you with your capacity for work?

Very dissatisfied

Dissatisfied

Neither satisfied nor dissatisfied

Satisfied

Very satisfied

1. How satisfied are you with yourself?

Very dissatisfied

Dissatisfied

Neither satisfied nor dissatisfied

Satisfied

Very satisfied

1. How satisfied are you with your personal relationships?

Very dissatisfied

Dissatisfied

Neither satisfied nor dissatisfied

Satisfied

Very satisfied

1. How satisfied are you with your sex life?

Very dissatisfied

Dissatisfied

Neither satisfied nor dissatisfied

Satisfied

Very satisfied

1. How satisfied are you with the support you get from your friends?

Very dissatisfied

Dissatisfied

Neither satisfied nor dissatisfied

Satisfied

Very satisfied

1. How satisfied are you with the conditions of your living place?

Very dissatisfied

Dissatisfied

Neither satisfied nor dissatisfied

Satisfied

Very satisfied

1. How satisfied are you with your access to health services?

Very dissatisfied

Dissatisfied

Neither satisfied nor dissatisfied

Satisfied

Very satisfied

1. How satisfied are you with your transport?

Very dissatisfied

Dissatisfied

Neither satisfied nor dissatisfied

Satisfied

Very satisfied

**The following question refers to how often you have felt or experience certain things in the last four weeks.**

1. How often do you have negative feelings such as blue mood, despair, anxiety, depression?

Never

Seldom

Quite often

Very often

Always

**Thank you for completing the survey.**

**Please seal it inside the envelope provided and return it by mail to (Name of Institution).**