

27. Do you feel safe in your home?

- Yes  No

28. Is there anything that might make you feel safer in your home?

29. Do you feel safe within your Sheltered Housing Complex?

- Yes  No

30. Is there anything that might make you feel safer within your complex?

General

31. Is there anything that could be changed to make it easier and more comfortable for you to live in your home?

Form section with text in Farsi, Bengali, Somali, and Urdu. Includes instructions for translation services and contact information for the research team.



SHELTERED HOUSING QUESTIONNAIRE

Please take a few moments to complete this questionnaire. Your opinions are important to us, as they help East North East Homes Leeds to improve the service that we provide.

Form fields for Title, First Name, Surname, Address, Post code, Telephone, and E-Mail Address.

Living in Sheltered Housing

1. What attracted you to Sheltered Housing?

- Easier to maintain home
 Living near people of similar age
 Additional support from Warden
 To improve quality of housing
 Adaptations for some people with a disability
 Social activities
 Other

2. Before you moved into this home, did you have a medical assessment to get a priority status?

- Yes  No  Not sure

3. Do you feel that living in Sheltered Housing helps you to lead an independent life?

- Yes  No

4. How does sheltered housing meet your expectations?

- Better than I thought it would be
 The same as I thought it would be
 Worse than I thought it would be

You do not have to complete this section. Any information collected will be used to identify groups that are experiencing similar problems with Sheltered Housing. This will help us to improve the Sheltered Housing service for all tenants.

Which of the following groups do you belong to:

- White:
 British
 Irish
 Any other White background (please state)

- Mixed:
 White and Black Caribbean
 White and Black African
 White and Asian
 Any other mixed background (please state)

- Asian or Asian British:
 Indian
 Pakistani
 Bangladeshi
 Kashmiri
 Any other Asian background (please state)

- Black or Black British:
 Caribbean
 African
 Any other Black background (please state)
 Chinese
 Other (please state)

- Which age group are you?
 under 50  50 to 59  60 to 69
 70 to 79  80 to 89  90 to 100  90+

- What is your gender?
 Male  Prefer not to answer
 Female

- Do you have a disability, or mobility problem?
 Yes  Prefer not to answer
 No

5. Do you consider yourself to be a vulnerable older person?

- Yes**                       **No**                       **Not sure**

6. Would you like to make any comments about living in Sheltered Housing?

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## Socialising

7. Roughly how often do you take part in organised social activities with people from your Sheltered Housing Scheme?

- Every day**       **Each week**                       **Every fortnight**  
 **Every month**       **A few times a year**                       **I do not take part in organised social activities.**

8. How satisfied are you with the type of organised social activities available within your Sheltered Housing scheme?

- Very satisfied**    **Fairly satisfied**    **No opinion**    **Fairly dissatisfied**    **Very dissatisfied**

9. Would you like more organised social activities?

- Yes**                       **No**

10. Do you have any ideas for improving the social activities in your Sheltered Housing scheme? For example is there an activity that you are interested in?

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## Communal areas

11. Do you think that your in-doors communal areas are kept clean and tidy?

- Yes**                       **No**                       **I do not have any in-doors communal area in my sheltered housing scheme**

12. Do you think that any out-doors communal gardens / walkways are well maintained?

- Yes**                       **No**                       **I do not have any out-doors communal areas in my sheltered housing scheme.**

13. Do you have any ideas for making your communal areas nicer places to be?

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## Support from the Emergency Response System

14. Do you wear your pendant?

- Yes**                       **No**

15. If you do not wear your pendant, why is this?

- Don't think I need it**    **Don't trust the service**    **Feel self conscious**    **Feel uncomfortable**  
 **It is lost**                       **It is broken**                       **Sometimes forget to wear it**  
 **Not applicable, I wear my pendant**

16. Have you used the Emergency Response system in the last 3 months?

- Yes**                       **No**

17. If you have used the Emergency Response Team, was your call answered within one minute?

- Yes**                       **No**                       **Not sure**

18. How satisfied were you with the response you received from the Emergency Response Team?

- Very satisfied**       **Fairly satisfied**       **No opinion**       **Fairly Dissatisfied**  
 **Very dissatisfied**    **Have not contacted the Emergency Response Team in the last 3 months**

19. Do you have any comments about the Emergency Response Team?

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## Support from your Sheltered Housing Warden Service

20. Do you use the Sheltered Housing Warden service?

- Yes**                       **No**

21. Does your warden live on site?

- Yes**                       **No**

22. Is it easy to contact your warden when you need them?

- Yes**                       **No**                       **I do not use the warden service**

23. Do you think that you see your Warden often enough?

- Yes, the amount that I see my warden is about right**  
 **No, the amount that I see my warden is too often**  
 **No, I do not see my warden often enough**  
 **I do not use the warden service**

24. How satisfied are you with the service you have received from your Housing Warden?

- Very satisfied**    **Fairly satisfied**    **No opinion**    **Fairly Dissatisfied**    **Very dissatisfied**  
 **I do not use the warden service**

25. Do you have any comments about your Housing Warden?

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## Adaptations and Security

26. Would you like information about making any of the following adaptations to your home, or your Sheltered Housing scheme, to make life easier for you?

- Easier access into communal areas (e.g. ramps / grab rails)**  
 **Easier access into my home (e.g. ramps / grab rails)**  
 **Assistance inside my home (e.g. adapted taps / grab rails)**  
 **Other (please specify)**