

**Health + Housing Project  
Participant Satisfaction Survey**

ASK IF N0=YES OR DON'T KNOW ("Over the past year, there was a project in your building run by Henry Street Settlement and NYU School of Medicine where a community health worker – Daniel, Laureen, Rosalie or Stephanie – met with residents to set goals and help them meet goals. Did you participate in this program and meet with one of these community health workers?")

SAT1. READ: To finish up, now I have some questions about the work you did with your community health worker and your thoughts about the program.

Which community health worker did you work with? [IF RESIDENT SAYS MORE THAN ONE, ASK WHICH ONE THEY WORKED WITH MOST OFTEN; IF THEY ARE NOT SURE OF THE CHW'S NAME, SHOW THEM THE FLYER WITH THEIR PHOTOS]

- |                                 |   |
|---------------------------------|---|
| <input type="radio"/> Daniel    | <input type="radio"/> Don't know/Not sure [DO NOT READ] |
| <input type="radio"/> Laureen   | <input type="radio"/> Refused [DO NOT READ]             |
| <input type="radio"/> Rosalie   |   |
| <input type="radio"/> Stephanie |   |

ASK IF SAT1=DANIEL, LAUREEN, ROSALIE OR STEPHANIE

SAT2. To what degree did this program meet your needs?

- |                                   |   |
|-----------------------------------|---|
| <input type="radio"/> Not at all  | <input type="radio"/> Don't know/Not sure [DO NOT READ] |
| <input type="radio"/> A little    | <input type="radio"/> Refused [DO NOT READ]             |
| <input type="radio"/> Somewhat    |   |
| <input type="radio"/> Quite a bit |   |
| <input type="radio"/> Completely  |   |

ASK ALL

SAT3. If you had to do it over again, would you choose to participate in this program?

- |                                      |   |
|--------------------------------------|---|
| <input type="radio"/> Definitely     | <input type="radio"/> Don't know/Not sure [DO NOT READ] |
| <input type="radio"/> Probably       | <input type="radio"/> Refused [DO NOT READ]             |
| <input type="radio"/> Maybe          |   |
| <input type="radio"/> Probably not   |   |
| <input type="radio"/> Definitely not |   |

ASK ALL

SAT4. Approximately how often did you meet face-to-face with [NAME OF CHW] since the program started in March 2016? [REMINDE THE RESIDENT THAT THIS SHOULD INCLUDE ANY IN-PERSON ENCOUNTER WITH THE CHW AFTER HE/SHE COMPLETED A SURVEY]

- ☐ None
- ☐ Once or twice
- ☐ Three to ten times
- ☐ About once a month
- ☐ About twice a month
- ☐ Weekly
- ☐ More than once a week
- ☐ Don't know/Not sure [DO NOT READ]
- ☐ Refused [DO NOT READ]

ASK ALL

SAT5. Do you think that frequency of meeting with [NAME OF CHW] was

- ☐ More than you needed
- ☐ About right
- ☐ Less than you needed
- ☐ N/A
- ☐ Don't know/Not sure [DO NOT READ]
- ☐ Refused [DO NOT READ]

ASK ALL

SAT6. Of all the goals that you set with [NAME OF CHW], which one was your priority or most important to you?

[WRITE IN]

- ☐ Did not set any goals [DO NOT READ]
- ☐ Don't know/Not sure [DO NOT READ]
- ☐ Refused [DO NOT READ]

ASK IF SAT6 NOT EQUAL TO DID NOT SET GOALS, DON'T KNOW OR REFUSED

SAT7. Were you successful in completing that goal? Would you say you...?

- ☐ Made no progress on the goal
- ☐ Partially achieved the goal
- ☐ Completely achieved the goal
- ☐ Did not try to achieve the goal
- ☐ Don't know/not sure [DO NOT READ]
- ☐ Refused [DO NOT READ]

ASK IF SAT6 NOT EQUAL TO DID NOT SET GOALS, DON'T KNOW OR REFUSED

SAT8. How helpful has setting goals and making an action plan been to improving your overall wellness? Would you say...?

- ☐ Extremely helpful
- ☐ Somewhat helpful
- ☐ Not at all helpful
- ☐ Don't know/Not sure [DO NOT READ]
- ☐ Refused [DO NOT READ]

ASK ALL

SAT9. Did [NAME OF CHW] refer you to see a case manager at Henry Street Settlement?

- |                           |   |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> Don't know/Not sure [DO NOT READ] |
| <input type="radio"/> No  | <input type="radio"/> Refused [DO NOT READ]             |

ASK IF SAT9=YES

SAT10. Did you meet with a case manager at Henry Street Settlement?

- |                           |   |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> Don't know/Not sure [DO NOT READ] |
| <input type="radio"/> No  | <input type="radio"/> Refused [DO NOT READ]             |

ASK IF SAT9=YES AND SAT10=YES

SAT11. How would you rate your experience working with the case manager at Henry Street Settlement?

- |                                 |   |
|---------------------------------|---|
| <input type="radio"/> Excellent |   |
| <input type="radio"/> Very Good | <input type="radio"/> Don't know/Not sure [DO NOT READ] |
| <input type="radio"/> Good      | <input type="radio"/> Refused [DO NOT READ]             |
| <input type="radio"/> Fair      |   |
| <input type="radio"/> Poor      |   |

ASK ALL

SAT12. Since you started working with [NAME OF CHW], have you noticed any difference in how connected you are to services in your community because of the work you did with [NAME OF CHW]? Would you say you feel...?

- |  |   |
|--|---|
| <input type="radio"/> More connected to services | <input type="radio"/> Don't know/Not sure [DO NOT READ] |
| <input type="radio"/> No different               | <input type="radio"/> Refused [DO NOT READ]             |
| <input type="radio"/> Less connected to services |   |

ASK ALL

SAT13. How would you rate your overall satisfaction with the community health worker program as a whole? Would you say you are...?

- |   |   |
|---|---|
| <input type="radio"/> Very dissatisfied |   |
| <input type="radio"/> Dissatisfied      | <input type="radio"/> Don't know/Not sure [DO NOT READ] |
| <input type="radio"/> Satisfied         | <input type="radio"/> Refused [DO NOT READ]             |
| <input type="radio"/> Very satisfied    |   |

ASK ALL

READ: The last questions are about your interactions with [NAME OF CHW] during your visits.

SAT14. How clearly did [NAME OF CHW] explain to you what the Health + Housing program was about?

- |  |   |
|--|---|
| <input type="radio"/> Very clearly       | <input type="radio"/> Don't know/Not sure [DO NOT READ] |
| <input type="radio"/> Clearly            | <input type="radio"/> Refused [DO NOT READ]             |
| <input type="radio"/> Somewhat clearly   |   |
| <input type="radio"/> Not clearly at all |   |

ASK ALL

SAT15. How well did you feel that [NAME OF CHW] was able to help you with your issues? Would you say...?

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> Extremely well  |   |
| <input type="radio"/> Very well       | <input type="radio"/> Don't know/Not sure [DO NOT READ] |
| <input type="radio"/> Somewhat well   | <input type="radio"/> Refused [DO NOT READ]             |
| <input type="radio"/> Not so well     |   |
| <input type="radio"/> Not at all well |   |

ASK ALL

SAT16. How comfortable did you feel speaking with [NAME OF CHW] about your issues? Would you say...?

- |  |   |
|--|---|
| <input type="radio"/> Extremely comfortable  |   |
| <input type="radio"/> Very comfortable       | <input type="radio"/> Don't know/Not sure [DO NOT READ] |
| <input type="radio"/> Somewhat comfortable   | <input type="radio"/> Refused [DO NOT READ]             |
| <input type="radio"/> Not so comfortable     |   |
| <input type="radio"/> Not at all comfortable |   |

ASK ALL

SAT17. To what degree have things gotten better for you since you started working with [NAME OF CHW]? Would you say...?

- |  |   |
|--|---|
| <input type="radio"/> Not at all       |   |
| <input type="radio"/> Small degree     | <input type="radio"/> Don't know/Not sure [DO NOT READ] |
| <input type="radio"/> Moderate degree  | <input type="radio"/> Refused [DO NOT READ]             |
| <input type="radio"/> High degree      |   |
| <input type="radio"/> Very high degree |   |

ASK ALL

SAT18. Would you have preferred that [NAME OF CHW] be a resident of your building?

- |                           |   |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> Don't know/Not sure [DO NOT READ] |
| <input type="radio"/> No  | <input type="radio"/> Refused [DO NOT READ]             |

ASK ALL

SAT19. How would you rate your overall satisfaction with [NAME OF CHW]? Would you say...?

- |   |   |
|---|---|
| <input type="radio"/> Very dissatisfied | <input type="radio"/> Don't know/Not sure [DO NOT READ] |
| <input type="radio"/> Dissatisfied      | <input type="radio"/> Refused [DO NOT READ]             |
| <input type="radio"/> Satisfied         |   |
| <input type="radio"/> Very satisfied    |   |

ASK ALL

SAT20. Anything else you would like us to know about [NAME OF CHW], the community health worker program, or any of the services you received?

[COMMENT BOX – WRITE IN]