

Healthy Homes Grant Program- Satisfaction Survey

This should be collected from the head of household after a project has been completed.

Write the name of the HHGP grantee organization which provided services to the household in question.

1. How has the home-repair intervention affected the health and well-being of your household members? (Please use additional space if needed)

2. How have the repairs impacted the overall comfort and livability of your home? (Select one)

• Living conditions are much better	• Living conditions are better	• Living conditions are the same	• Living conditions are worse	• Living conditions are much worse	Unsure/ No Response
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3. How have the repairs improved the accessibility of your home for any household members, including those with disabilities or mobility challenges? (Select one)

Accessibility is much better	Accessibility is better	Accessibility is the same	Accessibility is worse	Accessibility is much worse	Unsure/ No Response
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4. How have the repairs improved the safety of your home for any household members, including those with disabilities or mobility challenges? (Select one)

Safety is much better	• Safety is better	• Safety is the same	• Safety is worse	Safety is much worse	• Unsure/ No Response
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5. Are you satisfied with the repairs and the work performed in your home? (Select one)

• Very satisfied	• Satisfied	• Unsatisfied	Very unsatisfied	Unsure/ No response
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6. Were ongoing maintenance requirements or other related information shared with you to sustain the improvements made to your home? (Select one)

Yes	No	Unsure/ No response
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7. Are there additional thoughts you would like to communicate about the repairs made to your home? (Please use additional space if needed)