KITSILANO
Neighbourhood House

An Assessment of Community Need

Survey

This survey was created by Kitsilano Neighbourhood House to understand, assess, and map out community needs during and surrounding the topics of emergency/disaster events.

Funded by the United Way, this survey is to observe and connect neighbourhood members with their community and neighbourhood essential services. The survey will give us a better idea of how to improve community response and mutual aid in response to emergencies and how to take future steps towards more resilient communities.

With this information, we hope to learn:
1. The needs of our community
2. The resources available
3. Where service and connection can be provided

By participating, **you agree that we can use your information on a general map (without identifying you or giving your specific address).** An example of this would be placing a dot on the map to show the approximate location of your residency.

We will never share any identifying information about you (such as your email or phone number) without your consent. Identifying information will be visible only to KNH staff involved with the pilot project and designated members within the project.

If there are questions you do not understand, there are other available options to fill out this survey (i.e., via phone call, in person, paper format).
For more information, please contact: braelynd@kitshouse.org / (604) 736-3588 (ext.) 600
Kits House | Your Community Hub - https://www.kitshouse.org
 NOTE* this survey is available in various languages - you can find the drop down selection located at the top right-hand corner of the survey!

Kitsilano Neighbourhood House recognizes that we work, live and play on the traditional, ancestral and unceded territories of the Musqueam, Squamish and Tsleil-Waututh. We continue to learn and work toward respectful relations with the land and its people.

PART 2 – EMERGENCY HISTORY

Please tell us a bit about your feelings about potential environmental emergencies

1. Are you concerned about emergency preparedness?

    ❑ Yes
    ❑ No

2. What natural events/emergencies concern you the most?

    ❑ Extreme Heat/ Cold
    ❑ WildFire/ Air quality
    ❑ Earthquake
    ❑ Flooding
    ❑ Loss of utilities (i.e., power, water, sewage, sanitation, snow removal, etc.)
    ❑ Other (please specify)

    _____

3. In the event of an emergency, how supported do you feel that you would be? On a scale of 1-5 (1 = No Support, 5 = Very Supported)

4. Why?

_____

5. In the event of an emergency, disaster, or natural event, do you have a plan in place for someone to check-in on you?

    ❑ Yes
    ❑ No

6. Who are the resources or connections that you have in the event of an emergency?

    ❑ Immediate Neighbour
    ❑ Neighbourhood members

❑ Family / Friends / Caregiver
❑ Community service / Service provider (community centres, caseworker, healthcare system)
❑ Building/housing management (i.e., bc housing, landlord)
❑ Other (please specify)

_____

PART 1 - DEMOGRAPHICS
Please tell us a little bit about yourself to help us gain an understanding of who is participating in our survey

7. Do you live in the Kits or Dunbar area?

❑ Yes
❑ No

8. What is your postal code?

_____

9. What is your age group?

❑ 64 and under
❑ 65+

10. What language do you speak at home?

❑ English
❑ French
❑ Farsi
❑ Spanish
❑ Mandarin/Cantonese
❑ Other (please specify)

_____

11. Which of the following applies to your housing location *(please select the option that best fits your living structure)*

❑ House
❑ Low-rise apartment
❑ High-rise apartment
❑ Currently unhoused
❑ Other (please specify)

_____

12. Do you live alone?

❑ Yes
❑ No

13. Do you live with a pet

❑ Yes
❑ No

14. What are some challenges you face? *(If you are comfortable in sharing vulnerabilities, please check all that apply)*

❑ Mental Health concerns **(If YES, please see question 15)**
❑ Physical disability **(If YES, please see question 16)**
❑ Memory loss/difficulty (Dementia/Alzheimer's) *Proceed to question 17*
❑ Chronic illness   *Proceed to question 17*
❑ Financial vulnerabilities *Proceed to question 17*
❑ Isolation   *Proceed to question 17*
❑ Prefer not to disclose   *Proceed to question 17*
❑ Not applicable   *Proceed to question 17*
❑ Other (please specify)

_____ *Proceed to question 17*

15. Mental illness **(only applicable to those who selected *"Psychosocial/ Mental illness"* in the question above)**

❑ Anxiety (Disorder)
❑ PTSD

❑ Mood Disorders (depression, bipolar)
❑ Dementia
❑ Psychotic disorder (Schizophrenia)
❑ Childhood Disorders / Developmental disorders (ADHD)
❑ Other (please specify)

_____

(Proceed to question 17.)

16. Physical Disability **(only applicable to those who selected *"Physical disability"* in question 14.)**

❑ Impairments (examples of include loss of a limb, loss of vision or memory loss)
❑ Activity limitation (difficulty seeing, hearing, walking, or problem solving)
❑ Participation restriction (in normal daily activities, i.e., working, engaging in social and recreational activities, and obtaining health care and preventive services, technology.)

17. Do you require any of the following on a frequent basis? (daily/weekly)

❑ Medication
❑ Transportation (i.e., personal driver, public transportation, Handydart, bike, etc.,)
❑ Access to Technology (cellphone, landline, computer, Tv, Radio)
❑ Personal Care (nursing, hygiene, mobility, any form of home support, etc.)
❑ Deliveries (groceries, meals, medications)
❑ Accessibilities & accommodations (i.e., automated help; elevators, ramps, wheelchairs, walkers, doors).
❑ Not applicable
❑ Other (please specify)

_____

PART 3 – WELLNESS CHECK

18. Would you be interested in having connections in your neighbourhood (i.e. friends, community members, or volunteers) that could support you in the event of an emergency?)

    ❑ Yes
    ❑ No
    ❑ Maybe

19. Are you interested in volunteering to support the needs of vulnerable community members, in the event of an emergency? (For example, well-being check-in's, transportation, grocery delivery, instillations - i.e., fans, heaters..)

    ❑ Yes
    ❑ No
    ❑ Maybe

20. It would help us create more neighbourhood connections if you provide your contact details below. We could then stay in touch with you about developing more effective communications to meet your needs.

    ❑ First and last name

    _____

    ❑ Email

    _____

    ❑ Phone number

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