

CITY OF ST. LOUIS OLDER ADULT HOME REPAIR SURVEY

Dear Homeowner,

Having quality homes that are in tiptop shape is very important. University of Missouri - St. Louis (UMSL) has partnered with eight local organizations to work together with you and your fellow citizens to keep St. Louis's homes in good repair. To accomplish that - including raising the resources required to do the job - we need to learn more about what repairs are required. That's where you can help.

You are one of 2,500 City of St. Louis older adult homeowners chosen at random to represent all older adult homeowners. By completing this questionnaire being administered by the UMSL Community Innovation and Action Center and funded by grants from the RRF Foundation for Aging and the St. Louis City Senior Fund, we will learn what repairs are most needed. There are no special risks involved and your participation is voluntary.

Please take 6 to 10 minutes to complete the questionnaire and then return it to the UMSL researchers no later than December 15, 2021, in the enclosed postage-paid envelope. Your responses are confidential and will only be used in statistical summaries. We do not require your name. Thanks!

NOTE: For the following questions, "home" is the entire structure and any detached structures you regularly use.

- If there are other residential units where you only occupy one unit in the building, such as a duplex, please answer based on the unit where you live as well as any shared features such as a roof.
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PARTNER ORGANIZATIONS



YOU CAN KEEP THIS SHEET FOR YOUR REFERENCE

Informed Consent for Participation in Research Activities

St. Louis Older Adults Home Repair Research Grant

HSC Approval Number _____

Principal Investigator: Todd Swanstrom PI's Phone Number: 314-516-5259

Summary of the Study

You are invited to participate in a research study conducted by Dr. Todd Swanstrom at the Community Innovation and Action Center at UMSL. The purpose of this research is to assess the need for, and effectiveness of, home repairs for older adults in the City of St. Louis in order to advocate for funding for home repairs and to make existing home repair programs more effective. We will mail out questionnaires to approximately 2,500 older adult homeowners in St. Louis. We obtained the names and addresses of homeowners in St. Louis through public records. Your participation, if you so choose, will involve filling out a mail-in questionnaire on the condition of your home. It will take you about 10 minutes to fill out the questionnaire. There are minimal risks involved in participating in this research. There are no direct benefits for participating in this research. Your participation is voluntary and you may choose not to participate in this research study or withdraw your consent at any time. You will NOT be penalized in any way should you choose not to participate or withdraw. We expect the research to be completed by the Summer of 2022.

We will do everything we can to protect your privacy. As part of this effort, your identity will not be revealed in any publication that may result from this study. In rare instances, a researcher's study must undergo an audit or program evaluation by an oversight agency (such as the Office for Human Research Protection) that would lead to disclosure of your data as well as any other information collected by the researcher.

If you have any questions or concerns regarding this study, or if any problems arise, you may call the Investigator, Dr. Todd Swanstrom, 314-516-5259. You may also ask questions or state concerns regarding your rights as a research participant to the Office of Research, at 314-516-5897.

Here are some home issues that you may or may not face. Thinking back over the last twelve months, how much of a problem—if at all—has each been for you? Just check the category that best describes your situation.

Heating & Cooling

1. During the past 12 months:

	Yes Once or Twice	Yes Three or more	No None	N/A No Central AC
A. Has your main heating equipment (furnace or boiler) failed for more than six consecutive hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
B. Have you been uncomfortably cold even though the heating equipment is on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
C. Have you felt drafts of cold air coming through windows or closed doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
D. Has your central air conditioning failed for more than six consecutive hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Have you been uncomfortably warm even though the air conditioning is on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electrical

2. In your home:

	Yes 1 or 2	Yes 3 or more	No None	Don't Know
A. Are there any finished rooms without electricity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are there any finished rooms without an electrical outlet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are there any finished rooms with exposed wires?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are there light fixtures or ceiling fans that do not work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. In how many rooms are electrical outlets being used for more than two devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. In how many rooms have fuses blown or circuit breakers tripped during the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. How many times have fuses blown or circuit breakers tripped during the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plumbing • Mold • Pests

3. During the past 12 months, has there been in your home:

	Yes Once or Twice	Yes Three or more	No None
A. Room(s) with mold larger than an 8½ by 11-inch sheet of paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. A toilet breakdown lasting six hours or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Fixtures (bathtub, sink, toilet) with low or no water flow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. No hot water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. A sewer backup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. A backed-up drain in a kitchen or bathroom sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. A backed-up drain in a shower or bathtub?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Evidence of termites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Evidence of rodents (mice, rats, squirrels)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Leaks

4. During the last 12 months, have there been any water leaks in your home:

	Yes 1 or 2	Yes 3 or more	No None
A. In the basement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Around windows or closed doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. From the roof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. From leaking pipes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Coming through or within the walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. From the hot water heater?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. From a water faucet or toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. From a backed-up drain (bathtub, sink, or shower)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Structural: Home Exterior

5. Does the exterior of your home currently have:

	Yes 1 or 2	Yes 3 or more	No None	Don't Know
A. Cracks in the foundation wider than a dime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Holes in the roof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Missing shingles on the roof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. A sagging roof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Missing, broken, or sagging gutters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Bricks or siding missing from exterior walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Places with missing or worn away mortar between bricks on walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Peeling paint on exterior walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Sagging or buckling exterior walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Broken or boarded up windows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Structural: Home Interior

6. Does the interior of your home currently have:

	Yes 1 or 2	Yes 3 or more	No None	Don't Know
A. Uneven or cracked flooring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Major cracks on walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Peeling paint on walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Holes in walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Peeling paint on window sashes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Internal stairway(s) with torn carpeting or loose floorboards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Soft or sagging flooring under toilet or sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Missing or broken door or window locks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exterior Property

7. Does your home's lot currently have:

	Yes 1 or 2	Yes 3 or more	No None	Don't Know
A. Large tree(s) that need be removed because they are a danger for you or your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Walkway(s) dangerous to walk on because they are cracked, sagging, or broken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Concrete or brick patios dangerous to walk on because they are cracked, sagging, or broken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Porches or decks dangerous to walk on because they are cracked, sagging, or broken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. External stairway(s) that are broken or in poor condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. External structure(s) like a garage or a carport that need major repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lastly, a few questions to help interpret the results.

8. How many people, including yourself, live in your household?

- One
- Two
- Three
- Four or more

9. How long have you owned the home you now live in?

- 26 years or more
- 11 to 25 years
- 10 years or less

10. Does your home have a pitched or flat roof?

- Pitched roof
- Flat roof
- Both pitched and flat

11. How worried are you that you will have to move out of your current home within the next few years?

- Extremely worried
- Very worried
- Somewhat worried
- Not very worried
- Not at all worried

12. What year were you born?

- 1952-1961
- 1942-1951
- 1941 or earlier

13. What was your 2020 household income before taxes?

- \$17,400 or less
- Between \$17,401 and \$29,050
- Between \$29,051 and \$46,450
- Between \$46,451 and \$69,650
- \$69,651 or more

14. What was the last year of formal education you completed?

- 0-12 years (high school or less)
- 13-15 years (some college, trade school, associate's degree)
- 16 or more years (baccalaureate degree or more)

15. What is your ethnic group?

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown or prefer not to say

16. What is your race?

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black/African American
- White/Caucasian
- Other

Thanks for completing the survey and helping make the St. Louis region an even better place for older adult homeowners!

Just mail the completed survey in the enclosed stamped envelope by December 15, 2021.