

Unique Identification Number (Metrocrest) - _____

Circle Participant Group: Control Group

Wallet Incentive Group

Date _____

Section 1: Mobility Questions

1. Do you own a car?

Yes

No

2. If yes, do you feel comfortable using your vehicle for trips to medical appointments or social gatherings?

Yes

No

3. Do you have family or friends who provide you rides? How often?

Yes

No

_____ # trips/week

If yes, are these family or friends reliable for rides when you need them?

Yes

No

Sometimes

4. Which of the following mobility aids do you use when you leave home? (check all that apply):

I use a cane

I use a white cane

I use a walker or rollator

- I use a manual wheelchair
- I use an electric wheelchair or scooter
- My care provider helps me
- I use a service animal
- None

5. Do you have a formal disability diagnosis from a doctor?

- Yes
- No

6. If you do not have a formal doctor's diagnosis, do you consider yourself to have a disability?

- Yes
- No
- Not Applicable

7. Health Functioning Rating

Health functioning refers to an individual's ability to perform activities and participate in life roles, both physically and mentally, as influenced by their health conditions and environment.

On a scale of 1-10, with 10 being optimal functioning and 1 being impaired functioning, how would you rate your current health functioning?

1 2 3 4 5 6 7 8 9 10

Section 2: Housing Questions

General Household Information

1. What is your full street address? *(Optional; for mapping and follow-up assistance)*

2. What ZIP code do you live in?

3. What is your current housing situation?

- Homeowner
- Renter
- Staying with family/friends (not on lease)
- Living in a shelter
- Experiencing homelessness
- Other (please specify) _____

4. Do you receive any housing assistance? *(Check all that apply)*

- Housing Choice Voucher (Section 8)
- Public Housing
- Emergency Rental Assistance
- Support from local nonprofits (Metrocrest Services, Catholic Charities, etc.)
- No assistance received

Housing Quality & Repair Needs

5. Do you currently have any of the following housing issues? *(Check all that apply)*

- Mold or water damage
- Pests (roaches, rats, bed bugs, etc.)
- Plumbing issues (leaks, lack of hot water)
- Electrical issues (frequent power outages, exposed wiring)
- Poor insulation (too hot in summer, too cold in winter)

- Roof leaks or damage
- Structural issues (cracks, foundation problems)
- HVAC issues (broken heater, AC not working)
- Broken windows or doors
- No issues

6. What specific repairs or improvements do you believe your home needs? (*Open-ended*)

7. What is your best estimate of how much these repairs will cost?

- Less than \$1,000
- \$1,000 - \$4,999
- \$5,000 - \$9,999
- \$10,000 - \$19,999
- \$20,000+

8. How much can you personally contribute toward the cost of these repairs?

- I cannot contribute anything
- Less than \$1,000
- \$1,000 - \$4,999
- \$5,000 - \$9,999
- \$10,000+

Housing Stability & Affordability

9. What is your household's total monthly income?

- Less than \$2,000

\$2,000 - \$3,999

\$4,000 - \$5,999

\$6,000 - \$7,999

\$8,000+

10. How much do you pay in rent or mortgage per month?

Less than \$500

\$500 - \$999

\$1,000 - \$1,499

\$1,500 - \$1,999

\$2,000+

11. Does paying for housing make it difficult to afford other necessities (food, transportation, medical bills, etc.)?

Yes, very difficult

Sometimes difficult

No, not difficult

12. Have you skipped rent/mortgage payments in the past 12 months due to financial hardship?

Yes

No

Additional Support & Services

13. What kind of support would help improve your housing stability? *(Check all that apply)*

Rent/mortgage assistance

Legal assistance for tenants

- More affordable housing options
- Utility assistance
- Home repairs & maintenance
- Transportation assistance (bus/train passes, ride-sharing programs)
- Other (please specify) _____

14. Is there any additional information regarding your housing, health, or transportation that you would like to provide? This information could help prioritize interventions and investments in your community.

Section 3: Personal Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use “✓” to indicate your answer)

		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things	0	1	2	3
2.	Feeling down, depressed, or hopeless	0	1	2	3
3.	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4.	Feeling tired or having little energy	0	1	2	3
5.	Poor appetite or overeating	0	1	2	3
6.	Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7.	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8.	Moving or speaking so slowly that other people could have noticed. Or the opposite—being so	0	1	2	3

		Very poor	Poor	Neither poor nor good	Good	Very good
1 (G1)	How would you rate your quality of life?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2 (G4)	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about how much you have experienced certain things in the last two weeks:

		Not at all	A little	A moderate amount	Very much	An extreme amount
3 (F1.4)	To what extent do you feel that (physical) pain prevents you from doing what you need to do?	1	2	3	4	5
4 (F11.3)	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
5 (F4.1)	How much do you enjoy life?	1	2	3	4	5
6 (F24.2)	To what extent do you feel your life to be meaningful?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
--	--	------------	----------	-------------------	-----------	-----------

7 (F5.3)	How well are you able to concentrate?	1	2	3	4	5
8 (F16.1)	How safe do you feel in your daily life?	1	2	3	4	5
9 (F22.1)	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about how completely you experience or were able to do certain things in the last two weeks:

		Not at all	A little	Moderately	Mostly	Completely
10 (F2.1)	Do you have enough energy for everyday life?	1	2	3	4	5
11 (F7.1)	Are you able to accept your bodily appearance?	1	2	3	4	5
12	Have you enough money to meet your needs?	1	2	3	4	5
13 (F20.1)	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14 (F21.1)	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		Very poor	Poor	Neither poor nor good	Good	Very good
--	--	------------------	-------------	------------------------------	-------------	------------------

15 (F9.1)	How well are you able to get around?	1	2	3	4	5
--------------	--------------------------------------	---	---	---	---	---

The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks:

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16 (F3.3)	How satisfied are you with your sleep?	1	2	3	4	5
17 (F10.3)	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18 (F12.4)	How satisfied are you with your capacity for work?	1	2	3	4	5
19 (F6.3)	How satisfied are you with yourself?	1	2	3	4	5
20 (F13.3)	How satisfied are you with your personal relationships?	1	2	3	4	5
21 (F15.3)	How satisfied are you with your sex life?	1	2	3	4	5
22 (F14.4)	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23 (F17.3)	How satisfied are you with the	1	2	3	4	5

	conditions of your living place?					
24 (F19.3)	How satisfied are you with your access to health services?	1	2	3	4	5
25 (F23.3)	How satisfied are you with your transport?	1	2	3	4	5

The following question refers to how often you have felt or experienced certain things in the last two weeks.

		Never	Seldom	Quite often	Very often	Always
26 (F8.1)	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	1	2	3	4	5

Section 5: LUBBEN SOCIAL NETWORK SCALE – 6 (LSNS-6)

FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc...

1. How many relatives do you see or hear from at least once a month?

0 = none, 1 = one, 2 = two, 3 = three or four, 4 = five thru eight, 5 = nine or more

2. How many relatives do you feel at ease with that you can talk about private matters?

0 = none, 1 = one, 2 = two, 3 = three or four, 4 = five thru eight, 5 = nine or more

3. How many relatives do you feel close to such that you could call on them for help?

0 = none, 1 = one, 2 = two, 3 = three or four, 4 = five thru eight, 5 = nine or more

FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood

4. How many of your friends do you see or hear from at least once a month?

0 = none, 1 = one, 2 = two, 3 = three or four, 4 = five thru eight, 5 = nine or more

5. How many friends do you feel at ease with that you can talk about private matters?

0 = none, 1 = one, 2 = two, 3 = three or four, 4 = five thru eight, 5 = nine or more

6. How many friends do you feel close to such that you could call on them for help?

0 = none, 1 = one, 2 = two, 3 = three or four, 4 = five thru eight, 5 = nine or more

Section 6: UCLA Loneliness Scale

Instructions: Indicate how often each of the statements below is descriptive of you.

		Never	Rarely	Sometimes	Often
1.	How often do you feel that you are "in tune" with the people around you?	1	2	3	4
2.	How often do you feel that you lack companionship?	1	2	3	4
3.	How often do you feel that there is no one you can turn to?	1	2	3	4
4.	How often do you feel alone?	1	2	3	4
*5.	How often do you feel part of a group of friends?	1	2	3	4
*6.	How often do you feel that you have a lot in common with the people around you?	1	2	3	4

7.	How often do you feel that you are no longer close to anyone?	1	2	3	4
8.	How often do you feel that your interests and ideas are not shared by those around you?	1	2	3	4
*9.	How often do you feel outgoing and friendly?	1	2	3	4
*10.	How often do you feel close to people?	1	2	3	4
11.	How often do you feel left out?	1	2	3	4
12.	How often do you feel that your relationships with others are not meaningful?	1	2	3	4
13.	How often do you feel that no one really knows you well?	1	2	3	4
14.	How often do you feel isolated from others?	1	2	3	4
*15.	How often do you feel you can find companionship when you want it?	1	2	3	4
*16.	How often do you feel that there are people who really understand you?	1	2	3	4
17.	How often do you feel shy?	1	2	3	4
18.	How often do you feel that people are around you but not with you?	1	2	3	4
*19.	How often do you feel that there are people you can talk to?	1	2	3	4
*20.	How often do you feel that there are people you can turn to?	1	2	3	4

Scoring:

The items with an asterisk are reverse scored. Keep scoring on a continuous basis.

Did someone help you to fill out this form?

How long did it take to fill this form out?
