



DTES SRO

Collaborative Society

**Downtown Eastside SRO Collaborative Society:
SRO Habitability Survey 2019**

COVER SHEET

To be completed by RA:

Name of interviewer:.....

Date of completion (month/day)/.....

Survey Number:

What is this survey about?

This is a survey of tenants living in Single-Room Occupancy hotels in the Downtown Eastside. We are interested in tenants whose current rent is at or below \$600. This survey will measure the habitability of respondents' SRO hotels.

Part I: Introductions

To start off the survey we will get to know each other. I will ask you a series of questions. There will also be time for you to ask me any other questions you might have about this survey or why I am asking these questions.

1. What hotel do you live in? _____

2. Approximately how long in years or months have you lived in this hotel?
_____years _____months

3. Approximately how long in years have you lived in a SRO suite (in total, including this building and any before it, private and non-profit SROs)? _____years

4. How much is your monthly rent currently? \$ _____

5. How much do new renters in your building pay? \$ _____

6. Has your rent increased in the past two years?
 - Yes
 - No
 - Unsure/Don't know
 - I have lived in this hotel for less than two years (N.A.)

7. What is your main source of money for rent?
 - Job
 - Social Assistance
 - Disability
 - Pension
 - Other (specify): _____

8. To your knowledge, do you currently have a tenancy lease agreement? This means that you signed an agreement outlining the conditions of your tenancy in the building. (*Show participant tenancy agreement form for visual aid*).
 - Yes
 - No

Don't know/Uncertain

9. If yes, do you have a physical copy of your lease?

Yes

No

Don't know/Uncertain

The rest of the questions in this section are optional. (Please continue to Part II if respondent does not want to answer them.)

1. How would you describe your gender or gender identity? _____

2. What is your age? _____ years

3. How would you describe your ancestry or heritage? _____

4. Do you identify as:

First Nations

Métis

Inuit

None of the above

Prefer not to say

5. Do you have any other questions for me?

(The answers to this question do not need to be recorded. If you want to record any feedback or responses, the remainder of the page is left blank for those purposes.)

Part II: Living Conditions

In this section, we are interested in learning more about living conditions of **this** single room occupancy hotel (SRO). In this context, "living conditions" is a way of **measuring the conditions of the building you live in, in terms of the physical structure of the building**. If you have lived in the building for more than a year, please think about your experiences in the past 12 months only. If you have lived there for less than a year, please think about your experiences since you moved in to this hotel.

1. In your **SRO**, in the past 12 months (including this month), have you: *(Select all that apply)*.

		Y	N
a.	Seen cockroaches?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Had bedbugs?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Seen rats?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Seen mice?	<input type="checkbox"/>	<input type="checkbox"/>
e.	Lost access to heat?	<input type="checkbox"/>	<input type="checkbox"/>
f.	Lost access to running water?	<input type="checkbox"/>	<input type="checkbox"/>
g.	Lost access to hot water?	<input type="checkbox"/>	<input type="checkbox"/>
h.	Seen traces of black mould?	<input type="checkbox"/>	<input type="checkbox"/>
i.	Had your lock broken on the door to your room?	<input type="checkbox"/>	<input type="checkbox"/>
j.	Been unable to open your window?	<input type="checkbox"/>	<input type="checkbox"/>
k.	Lost access to electricity?	<input type="checkbox"/>	<input type="checkbox"/>
l.	Had plugged or broken toilets?	<input type="checkbox"/>	<input type="checkbox"/>
m.	Had a broken elevator?	<input type="checkbox"/>	<input type="checkbox"/>
n.	Seen needles, cookers, or other drug paraphernalia in your building?	<input type="checkbox"/>	<input type="checkbox"/>

2. Is your **SRO** currently in need of any repairs? *(Select all that apply)*.

		Y	N
a.	Painting.	<input type="checkbox"/>	<input type="checkbox"/>
b.	Mopping.	<input type="checkbox"/>	<input type="checkbox"/>
c.	Washrooms need to be cleaned.	<input type="checkbox"/>	<input type="checkbox"/>
d.	Missing floor tiles.	<input type="checkbox"/>	<input type="checkbox"/>

		Y	N
e.	Cluttered hallways (garbage, debris, bikes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
f.	Missing stair railing.	<input type="checkbox"/>	<input type="checkbox"/>
g.	Missing fire extinguisher.	<input type="checkbox"/>	<input type="checkbox"/>
h.	Broken elevator.	<input type="checkbox"/>	<input type="checkbox"/>
i.	Toilets or sinks need to be fixed.	<input type="checkbox"/>	<input type="checkbox"/>
j.	Exposed electrical wires.	<input type="checkbox"/>	<input type="checkbox"/>
k.	Tangled fire hose.	<input type="checkbox"/>	<input type="checkbox"/>
l.	Broken fire escape.	<input type="checkbox"/>	<input type="checkbox"/>
m.	Beams rotting or rotting floorboards.	<input type="checkbox"/>	<input type="checkbox"/>
n.	More soundproofing is needed.	<input type="checkbox"/>	<input type="checkbox"/>
o.	More insulation against cold temperatures is needed.	<input type="checkbox"/>	<input type="checkbox"/>
p.	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

3. On a scale of 1 to 10, 1 being not clean at all and 10 being very clean, how would you describe the typical conditions of the washrooms in your building?

Not clean at all

Very clean

1 2 3 4 5 6 7 8 9 10

4. On a scale of 1 to 10, 1 being not at all satisfied and 10 being very satisfied, how would you rate your satisfaction with the living conditions in your hotel?

Not at all satisfied

Very satisfied

1 2 3 4 5 6 7 8 9 10

5. Approximately how many cleaning staff do you have in your building? _____

a. How often do they work? Do you think they do a good enough job?

6. Are there any mental health support or social workers in your building? _____

a. How often do they work? Do you think they should they be there more?

b. What kind of services do they provide? (Food program, Counseling, Medical)

Part III: Experiences Addressing Repairs

In this section, we are asking questions to better understand your experience with asking for repairs and getting them done. It is okay if you have not made a complaint, but please continue to complete this section and select "Don't know" as it applies. For each question please check (☐) one response unless otherwise stated. If you have lived in the building for more than a year, please think about your experiences in the past 12 months only. If you have lived there for less than a year, please think about your experiences since you moved in to this hotel.

1. Are you aware of what the phone number 311 is for?

- Yes
- No

(Interviewer: 311 is a service provided by the City of Vancouver to answer residents' questions about city matters, and to make complaints about maintenance).

2. In the past 12 months, if you reported a need for repair in your room or building, did you report it to:
(Select all that apply, before moving on to follow-up questions (2.1, 2.2, etc.).

		Y	N
a.	Your landlord/building manager/caretaker/desk clerk?	<input type="checkbox"/>	<input type="checkbox"/>
b.	The City of Vancouver, by calling 311 (the city phone number)? <i>If yes, complete question 2.1.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c.	The Residential Tenancy Board?	<input type="checkbox"/>	<input type="checkbox"/>
d.	I have not reported a necessary repair. <i>If yes, go to 2.2</i>	<input type="checkbox"/>	<input type="checkbox"/>

(If you have reported more than one need for repair, choose one to think about for the rest of this section.)

2.1. When you reported a need for repair or complaint to the City, did you receive a file number for the complaint you filed?

- Yes
- No
- Don't know/Uncertain
- Not applicable

2.1.a. Did the City Inspector speak to you?

- Yes
- No
- Don't know/Uncertain
- Not applicable

2.1.b. Did you get a copy of the inspection order?

- Yes
- No
- Don't know/Uncertain
- Not applicable

2.2. Why didn't you report a necessary repair? *(Select all that apply).*

- I felt threatened.
- I feared eviction.
- No staff available.
- Didn't know how.
- Other (please explain)
- Not applicable/no necessary repairs.

(If you reported a necessary repair, please complete questions 3. If you did not, please proceed to question 4.)

3. When you reported a need for repair, how well do you feel the complaint was addressed?

(Answer parts a - c on the next page)

a. Reported to Landlord/Caretaker/Building Manager/Desk Clerk:

The issue was resolved.	The issue was somewhat resolved.	The issue was not resolved.	Don't know/uncertain.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Reported to City:

The issue was resolved.	The issue was somewhat resolved.	The issue was not resolved.	Don't know/uncertain.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Reported to Residential Tenancy Board:

The issue was resolved.	The issue was somewhat resolved.	The issue was not resolved.	Don't know/uncertain.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In the past 12 months, have you received assistance from any of the following individuals to make a maintenance complaint? (select all that apply):

- Neighbour or Friend
- Advocacy Group (First United Church, Indigenous Legal Clinic, SRO Collaborative, Access Pro Bono, C.L.A.S., Pivot, etc.)
- Other (please specify):
- None.

5. Considering your experience when requesting repairs, choose one option that best describes how you feel about each of the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know/ Uncertain
I have problems getting repairs done in my building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt safe making complaints about the conditions in my unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel unsafe making complaints to my landlord or caretaker about problems in my hotel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that reporting a maintenance complaint could lead to harassment or eviction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV: Knowledge, Accessibility, and Lived Experience

In this section, we are asking questions to gain an understanding of how familiar individuals are with the laws that govern SROs, and to further understand which services are available to tenants. As well, we're asking questions to better understand what it is like for you to live in your room or building. For each question please check (☐) one response unless otherwise stated.

1. How would you describe your familiarity with the City of Vancouver's **Single Room Accommodation (SRA/SRO) Bylaw**?

Strong familiarity of the bylaw and its purpose.	Some familiarity of the bylaw (know its general purpose).	Have heard of it but don't know what it's about.	Have not heard of this bylaw.
☐	☐	☐	☐

2. How would you describe your familiarity with the City of Vancouver's **Standards of Maintenance Bylaw**?

Strong familiarity of the bylaw and its purpose.	Some familiarity of the bylaw (know its general purpose).	Have heard of it but don't know what it's about.	Have not heard of this bylaw.
☐	☐	☐	☐

3. Thinking about your **current building**, please respond to the following statements:

		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know/uncertain
a.	I am happy where I live.	☐	☐	☐	☐	☐
b.	I feel that my privacy is respected in my room.	☐	☐	☐	☐	☐
c.	I feel unsafe in my room.	☐	☐	☐	☐	☐
d.	I feel unsafe in my interactions with workers in my building.	☐	☐	☐	☐	☐
e.	I feel unsafe in my building.	☐	☐	☐	☐	☐

		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know/ uncertain
f.	I am afraid of being unfairly evicted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	I receive mail that is sent to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	The staff working in our building are usually the same people from day to day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	People that speak languages other than English feel welcome in my building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	There are mental health resources available in my building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	I am happy with our building's guest policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Women feel safe in my building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Drugs are being used in my building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n.	Overdose events are happening in my building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is your building's guest policy?

5. In the past 12 months, have you experienced or witnessed physical or verbal violence in your building?

- Yes
- No
- Prefer not to say

5.1 If yes, did you call 911?

- Yes
- No
- Don't know/Uncertain

5.2 If yes to question 5, who was involved in the violence? (*Select all that apply*).

- Tenants
- Building staff (e.g. desk clerk, caretaker, manger)
- Landlords
- Guests
- Other: _____

5.3 If yes, how would you describe your satisfaction with the response of the police/emergency responders?

Very satisfied.	Mostly satisfied.	Somewhat satisfied.	Not at all satisfied.	Don't know/uncertain.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you experience mobility difficulties (for example, walking up stairs, navigating hallways, etc.)?

- Yes
- No
- Prefer not to say

6.1 Have you experienced difficulty accessing or leaving your room because of these mobility difficulties?

- Yes
- No
- Not applicable

6.2. If yes, how? _____

7. Is there an elevator in your building?

- Yes
- No
- Don't know/uncertain

Part V: Future Plans

Please take a few minutes to complete this last section of the survey. It is a great opportunity to tell us more about your experience living in your current residence. For each question please check (☐) one response unless otherwise stated.

1. Do you plan on continuing to live in your SRO hotel for the next year?

- Yes
- No
- Not sure/Don't know

1.1. Why or why not?

2. Would you consider your hotel well managed? Why or why not?

3. Is there anything we haven't asked about, that you feel is important for us to know about your experience living in a SRO?

****Thank you for taking the time complete our survey and to share your experiences with us. Our findings will be released to the community as a report in Fall 2019.****