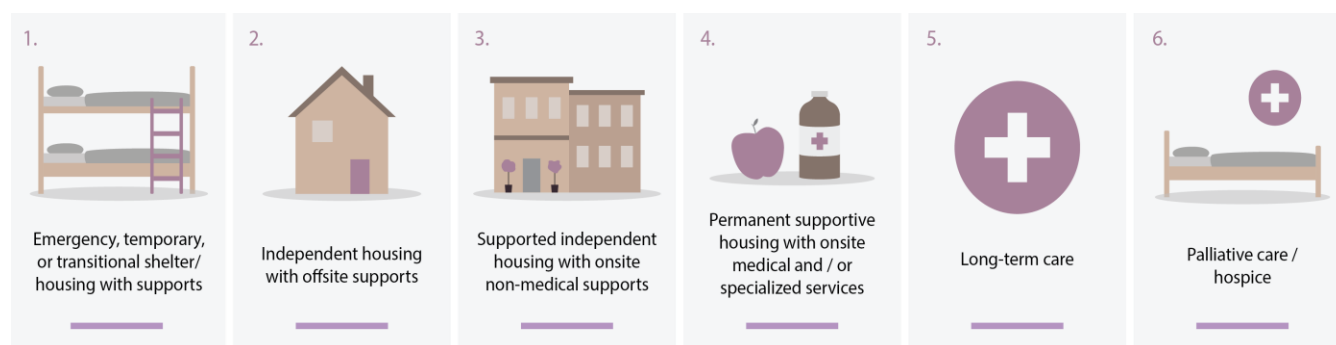


THE AGING IN THE RIGHT PLACE – ENVIRONMENTAL AUDIT TOOL (AIRP- ENV)



Project Title:

Aging in the Right Place: Building Capacity for Promising Practices that Support Older People Experiencing Homelessness in Montreal, Calgary, and Vancouver

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Granting Agency:

Canadian Mortgage and Housing Corporation - Social Sciences and Humanities Research Council

AGING IN THE RIGHT PLACE ENVIRONMENTAL AUDIT TOOL (AIRP- ENV)

Introduction

The Aging in the Right Place Environmental Checklist (AIRP- ENV) is an environmental audit tool that is designed for researchers to evaluate the design and accessibility of the following promising practices for individuals experiencing homelessness. This tool should be used for the following promising practice types:

- 1) Emergency, temporary, or transitional shelter/housing with support;
- 2) Independent housing with offsite supports available;
- 3) Supported independent housing with onsite, non-medical supports;
- 4) Permanent supportive housing with onsite medical and/or specialized services

This tool has been adapted from the Physical and Architectural Features Checklist (PAF), which is part of the Multiphasic Environmental Assessment Procedure (MEAP).

Date of Data Collection: _____

Start Time (AM/PM): _____ End Time (AM/PM): _____

Break (minutes – if applicable): _____

Name of Research Assistant: _____

Name of Promising Practice: _____

of Building Location(s) used for Promising Practice: _____

of Buildings in Audited Housing Complex: _____

Identifying Name of Audited Building: _____

Address of Audited Building: _____

of Resident Rooms per Building: _____

of Type of Resident Rooms _____ STUDIO _____ ONE BEDROOM _____ TWO BEDROOM _____ OTHER

If Other, please specify: _____

SECTION A: EXTERIOR OF THE BUILDING
Accessibility/Mobility/Safety/Security/Social Activity

Is the exterior main entrance to the building:

1. Sheltered from the sun and rain and snow?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
2. Is the exterior main entrance adequately lit?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
2a. How many light fixtures are present?	#		
2b. How many light fixtures are lit/functional?	#		<input type="checkbox"/> N/A ⁹⁷
2c. Adequately lit at night for older adults?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
3. Visible from seating in the lobby?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
4. Visible from the station of an employee?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
5. Is the entrance barrier free?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
6. Is there outside seating in front of the building?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
6a. Is it visible from the entrance lobby?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
6b. Is it visible from a ground floor social space?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
6c. Is it visible from the station of an employee?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
6d. Is it protected from the weather?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
6e. Is it provided with a view of pedestrians, etc.?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷

7. Is there a communal patio or courtyard or open space for the use of the residents?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
7a. Is there seating for residents (uncovered)?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7a.i. Small group seating area (e.g. 2-3 people)?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7a.ii. Large group seating area (6 or more people)?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7b. Are tables available?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7c. Are umbrella tables available?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7d. Is the outdoor furniture in good condition?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7d.i. Is the outdoor furniture barrier-free?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7e. Is there a covered/rainproof area?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7e.i. Is there a seating area?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7f. Is there an area with protection from the sun?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7g. Is there a barbecue?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7h. Is there a greenhouse?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7i. Is there an area for residents to do gardening?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7j. Are there raised garden beds?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7k. Is there a lawn/green space?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7l. Is there a landscaped area in which residents can sit or stroll?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷

7l.i. Is the landscaped area well-maintained?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7l.ii. Are there dedicated walking paths?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7l.iii. Are the paths looped?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7m. Is it accessible to people using wheelchairs or walkers?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7n. Is this communal patio or courtyard adequately lit?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
7n.i. How many light fixtures are present?	#		
7n.ii. How many light fixtures are lit/functional?	#		<input type="checkbox"/> N/A ⁹⁷
7n.iii. Adequately lit at night for older adults?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
8. Are there other outdoor recreational amenities available (e.g. shuffleboard, golf putting, etc.)?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
8a. If YES, please describe:			
9. Are there places for residents to preview the outdoor space? (e.g. places from where one can view to observe before participating)	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
10. Are there windows overlooking the outdoor space?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
11. Is there fencing around the outdoor space?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
12. Is the outdoor space secure? (e.g., perimeter controlled, so outside people cannot easily enter)	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
13. Is there a staff indoor surveillance option of the outdoor space?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
14. Is the access to the outdoor space locked?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
15. Is the access to outdoor space available to residents during regular hours? (e.g. 9am – 5pm or 8am – 8pm)	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷

With regard to the landscaping around the site:

16. Does it contain a variety of natural plantings? 16a. Flowering plants present? 16b. Fruit bearing plants present?		<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷
17. Are there paths/walkways?		<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
17a. Are the paths/walkways barrier-free?		<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
17b. Are there ramps leading to and from paths/walkways?		<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
18. Are the mature trees and shrubs (i.e. established/large)?		<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
19. Are there trees that provide a shaded area?		<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
20. Are the gardens/grounds well-maintained?		<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
21. Are the gardens/grounds adequately lit?		<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
21a. How many light fixtures are present?		#		
21b. How many light fixtures are lit/functional?		# <input type="checkbox"/> N/A ⁹⁷		
21c. Adequately lit at night for older adults?		<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
22. Is designated parking available? (Note: If NO, skip to Q23)		<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
22a. For residents?	<input type="checkbox"/> Indoor ¹	<input type="checkbox"/> Outdoor ^{1a}	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
22b. For handicapped?	<input type="checkbox"/> Indoor ¹	<input type="checkbox"/> Outdoor ^{1a}	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
22c. For staff?	<input type="checkbox"/> Indoor ¹	<input type="checkbox"/> Outdoor ^{1a}	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
22d. For visitors?	<input type="checkbox"/> Indoor ¹	<input type="checkbox"/> Outdoor ^{1a}	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
22e. How many parking spaces are there? (Note: Clarify types of parking available in Q27)		# Indoor ¹	# Outdoor ^{1a}	<input type="checkbox"/> N/A ⁹⁷
23. Is there secure bicycle storage? 23a. If yes, indoor or outdoor?		<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Indoor ¹	<input type="checkbox"/> No ² <input type="checkbox"/> Outdoor ^{1a}	<input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷
24. Is there secure scooter storage? 24a. If yes, indoor or outdoor?		<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Indoor ¹	<input type="checkbox"/> No ² <input type="checkbox"/> Outdoor ^{1a}	<input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷

25. Is the parking adequately lit?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
25a. How many light fixtures are present?	#		
25b. How many light fixtures are lit/functional?	#		<input type="checkbox"/> N/A ⁹⁷
25c. Adequately lit at night for older adults?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
26. Is there signage showing actions taken for COVID-19 safety protocols?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
26a. Do the protocols impact access to outdoor spaces?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
26b. Do the protocols impact direction of walking on pathways?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
26c. Do the protocols impact parking availability?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
26d. Are the protocols posted in multiple languages?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
26d.i. If yes, please note the languages below:			<input type="checkbox"/> N/A ⁹⁷

27. NOTES/COMMENTS:

SECTION B: INTERIOR OF THE BUILDING – COMMUNAL/SOCIAL/RECREATIONAL AND CIRCULATION SPACES

Accessibility/Safety/Security/Social Activity/Belonging

PART 1: LOBBY AND ENTRANCE AREA (CIRCULATION AND GATHERING)

Exterior entrance to the building:

28. Can one enter the building from the street without having to use any stairs?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
29. Is the entry from outside limited to one unlocked door?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
30. Is there a bell or call system at the front entrance?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
30a. Does the bell or call system have a light signal?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
31. Are written instructions posted outside that explain how to get in if the front door is locked?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
32. Is the front door open by a buzzer system in each suite?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
33. Does the front door open automatically?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
34. Does the front door have a lever or round handle?	<input type="checkbox"/> (Lever 1)	<input type="checkbox"/> (Round 1a)	<input type="checkbox"/> (Other 1b)
34a. If Other, please specify:			
35. Does the front door swing closed by itself?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
36. Is the front door wide enough for a wheelchair?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	

Lobby or entrance area within the building:

37. Is access to the building monitored (unrelated to COVID-19)?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
38. Is there a reception area or reception desk?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
39. Is there a place for visitors to sign in?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
40. Is there an area for posters and notices?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
41. Is there an adjacent room for a visiting doctor?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
42. Is there a washroom nearby?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	

43. Is there a pick-up mail area?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
44. Is there visible signage for after-hours emergency contact numbers?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
45. Does this space have natural light?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
45a. If so, how many windows?	#		
45b. Do the windows open and close to allow ventilation?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
46. Does this space have artificial light?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
46a. How many light fixtures are present?	#		
46b. How many light fixtures are lit/functional?	#		<input type="checkbox"/> N/A ⁹⁷

47. Are baseboard heaters present? 47a. Fireplaces? <i>(Note: If 'NO' for baseboard or fireplace heating, note the type of heating system used in Q54)</i>	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ² <input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷
48. Does the building have a lobby? 48a. Is there seating in the lobby? 48b. Is the seating barrier-free? 48c. Is the seating facing or angled toward each other? 48d. Is there a large face clock in the lobby area? 48e. Is there access to power outlets? 48f. Is there signage for available Wi-Fi?	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷
48g. Approximately what size is the lobby?	sq. m. or sq. ft.		
49. Is there a lounge near the entrance (other than the lobby)? 49a. Is the lounge furnished? 49b. Do the furnishings seem comfortable for residents? 49c. Are the furnishings barrier-free? 49d. Are the furnishings/finishes homelike? 49e. Does the décor reflect a specific theme? 49f. Is the lobby or entrance area visible from the lounge or other ground floor social space?	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷
50. Does the lounge have natural light?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
50a. If so, how many windows?	#		
50b. Do the windows open and close to allow ventilation?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
51. Does this space have artificial light?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷

PART 2: HALLS AND STAIRWAY AREA (CIRCULATION SPACE)

Accessibility/Safety

Are the hallways:

55. How wide are the hallways in meters or feet?	m. or ft.		
56. Crowded or obstructed (e.g. wheelchairs, cleaning equipment)?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
57. Equipped with handrails? 57a. Are there half-dome/ convex safety mirrors?	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ² <input type="checkbox"/> No ²	
58. Decorated, e.g. with pictures or plants?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
59. Equipped with smoke detection devices? 59a. Fire extinguishers? 59b. Carbon Monoxide detectors? 59c. Sprinkler system?	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ²	
60. Adequately lighted?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
60a. How many light fixtures are present?	#		
60b. How many light fixtures are lit/functional?	#		<input type="checkbox"/> N/A ⁹⁷
61. Does this space have natural light?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
61a. If so, how many windows?	#		
61b. Do the windows open and close to allow ventilation?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
62. Are there drinking fountains? 62a. Are they accessible to wheelchair residents?	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ² <input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
62b. How many are there per floor?	#		<input type="checkbox"/> N/A ⁹⁷
63. Are there public telephones? 63a. Is there one accessible to wheelchair residents? 63b. Does one have volume control for the hard of hearing? 63c. Is there a writing surface by the telephone? 63d. Is there a public phone on every floor?	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷
63e. How many public phones are there per floor?	#		<input type="checkbox"/> N/A ⁹⁷

64. Must any stairs be climbed in order to have access to any areas for common resident use?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
64a. If YES, where are they located?			<input type="checkbox"/> N/A ⁹⁷
65. Are there elevators to provide access to other floors? 65a. Wide enough to accommodate wheelchair or scooter?	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ² <input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷

Including fire exit stairs:

66. Is there a fire alarm with sound? 66a. Is there fire alarm with visual signaling (e.g. light)?	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ² <input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
67. Is there a Security System in the fire exit stairwell?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
67a. Does the Security System have cameras?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
67b. Does the alarm have an auditory signal?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
68. Do the stairs look safe?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
69. Are the stairs well lighted?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
69a. How many light fixtures are present?	#		
69b. How many light fixtures are lit/functional?	#		<input type="checkbox"/> N/A ⁹⁷
70. Does this space have natural light?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
70a. If so, how many windows?	#		
70b. Do the windows open and close to allow ventilation?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
71. Are there non-skid surfaces on stairs and ramps?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	

72. Are there appropriate handrails?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
73. Do the handrails contrast with the wall colour?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
74. Are there tactile warnings at changes in level?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	

For the ease of orientation within the building:

75. Is the floor/corridor adequately colour-coded?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
76. Is each floor adequately numbered?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
77. Are residents' names on or next to their doors?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
78. Does the building have easily readable signage?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
79. Is the building small and easy to navigate?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
80. Is wayfinding easy?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
80a. Has wayfinding been impacted by COVID-19 protocols?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
80b. If so, please describe:			
81. Is there a bulletin board in a public location?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
82. Is there an audible sound system or public address system?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	

83. NOTES/COMMENTS:	
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PART 3: COMMUNAL AND RECREATIONAL AREAS (SOCIAL ACTIVITY & GATHERING SPACES)

Social Activity/Comfort/Belonging/Health

What kinds of communal rooms and recreational or special activity areas are there:
(Check and complete only for the existing communal rooms)

84. What types of recreational or special activity materials are available? (check all that apply)			
84a. Pool or billiard table?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
84b. Ping-pong table?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
84c. Piano or organ?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
84d. One or more radios?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
84e. One or more sewing machines?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
84f. Televisions?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
84g. Computers?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
84h. Board Games/Puzzles?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
84i. Other (please specify in blank spaces below):			<input type="checkbox"/> N/A ⁹⁷

85. Library/Reading Room?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
85a. Secondary Function (if applicable)?			<input type="checkbox"/> N/A ⁹⁷
85b. Size?	sq. m. or sq. ft.		
85c. Capacity (if visually available)?			<input type="checkbox"/> N/A ⁹⁷
85d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
85e. Additional Comments (e.g. equipment, etc.)?			

86. Music Room?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
86a. Secondary Function (if applicable)?			<input type="checkbox"/> N/A ⁹⁷
86b. Size?	sq. m. or sq. ft.		
86c. Capacity (if visually available)?			<input type="checkbox"/> N/A ⁹⁷
86d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
86e. Additional Comments (e.g. equipment, etc.)?			

87. Games Room?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
87a. Secondary Function (if applicable)?			<input type="checkbox"/> N/A ⁹⁷
87b. Size?	sq. m. or sq. ft.		
87c. Capacity (if visually available)?			<input type="checkbox"/> N/A ⁹⁷
87d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
87e. Additional Comments (e.g. equipment, etc.)?			

88. Exercise Room?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
88a. Secondary Function (if applicable)?			<input type="checkbox"/> N/A ⁹⁷
88b. Size?	sq. m. or sq. ft.		
88c. Capacity (if visually available)?			<input type="checkbox"/> N/A ⁹⁷
88d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	

88e. Additional Comments (e.g. equipment, etc.)?	
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89. Arts and Crafts Room?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
89a. Secondary Function (if applicable)?			<input type="checkbox"/> N/A ⁹⁷
89b. Size?	sq. m. or sq. ft.		
89c. Capacity (if visually available)?			<input type="checkbox"/> N/A ⁹⁷
89d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
89e. Additional Comments (e.g. equipment, etc.)?			

90. Prayer/Meditation Room?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
90a. Secondary Function (if applicable)?			<input type="checkbox"/> N/A ⁹⁷
90b. Size?	sq. m. or sq. ft.		
90c. Capacity (if visually available)?			<input type="checkbox"/> N/A ⁹⁷
90d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
90e. Additional Comments (e.g. equipment, etc.)?			

91. Community Room?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
91a. Secondary Function (if applicable)?			<input type="checkbox"/> N/A ⁹⁷
91b. Size?	sq. m. or sq. ft.		
91c. Capacity (if visually available)?			<input type="checkbox"/> N/A ⁹⁷
91d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
91e. Additional Comments (e.g. equipment, etc.)?			

92. Designated Smoking Space?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
92a. Secondary Function (if applicable)?			<input type="checkbox"/> N/A ⁹⁷
92b. Outdoor or Indoor?	<input type="checkbox"/> Indoor ¹	<input type="checkbox"/> Outdoor ^{1a}	<input type="checkbox"/> N/A ⁹⁷
92c. Size?	sq. m. or sq. ft.		
92d. Capacity (if visually available)?			<input type="checkbox"/> N/A ⁹⁷
92e. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
92f. Additional Comments (e.g. special ventilation, locked cabinets, equipment, etc.)?			

93. Main lounge?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
93a. Secondary Function (if applicable)?			<input type="checkbox"/> N/A ⁹⁷
93b. Size?	sq. m. or sq. ft.		
93c. Capacity (if visually available)?			<input type="checkbox"/> N/A ⁹⁷
93d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	

93e. Additional Comments (e.g. equipment, etc.)?	
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94. TV Lounge?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
94a. Secondary Function (if applicable)?			<input type="checkbox"/> N/A ⁹⁷
94b. Size?	sq. m. or sq. ft.		
94c. Capacity (if visually available)?			<input type="checkbox"/> N/A ⁹⁷
94d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
94e. Additional Comments (e.g. equipment, etc.)?			

95. Altogether, how many lounges are there (count)?	#	<input type="checkbox"/> N/A ⁹⁷
96. Where are the lounges located?	<input type="checkbox"/> N/A ⁹⁷	

97. If the building is more than one story, are there lounges on each floor?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
98. Are the lounges accessible at all times?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
98a. When is it/are they accessible?			<input type="checkbox"/> N/A ⁹⁷
98b. Note if any of the lounges are locked and timeslots when they cannot be used:			

Within the lounges:

99. Are there seating areas?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
99a. Is the seating area arranged in a way to allow for social interaction (e.g. facing each other or at an angle?)	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
100. Are there folding tables?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
101. Are there writing desks or tables?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
102. Is reading material available on tables or shelves?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
103. Are there table lamps?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
104. Is furniture spaced wide enough for wheelchairs?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
105. Is there a quiet lounge with no television?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
106. Is the décor and furnishing home-like?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
107. Is the lighting adequate?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
107a. How many light fixtures are present?	#		
107b. How many light fixtures are lit/functional?	#		<input type="checkbox"/> N/A ⁹⁷
108. Does this space have natural light?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
108a. If so, how many windows?	#		
108b. Do the windows open and close to allow ventilation?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
109. Are baseboard heaters present?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
109a. Fireplaces?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
<i>(Note: If 'NO' for baseboard or fireplace heating, note the type of heating system used in Q117)</i>			
110. Is there cupboard space?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
111. Is there chair storage?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
112. Is there signage for available Wi-Fi?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
113. Is there access to power outlets?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
114. Are there washrooms nearby?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷

115. Are there any special or innovative features within any of the recreational areas?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
115a. If YES, please describe:			
116. Is there signage showing actions taken for COVID-19 safety protocols?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
116a. Do the safety protocols impact access to social and communal areas?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
116b. Do the safety protocols impact capacity in lounge spaces?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
116c. Are the safety protocols posted in multiple languages?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
116c.i. If yes, please note the languages below:			<input type="checkbox"/> N/A ⁹⁷

117. NOTES/COMMENTS:

PART 4: DINING AREAS (SHARED MEAL PREPARATION & DINING SPACE)

118. Communal Kitchen?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
118a. Secondary Function (if applicable)?			<input type="checkbox"/> N/A ⁹⁷
118b. Size?	sq. m. or sq. ft.		
118c. Capacity (if visually available)?			<input type="checkbox"/> N/A ⁹⁷
118d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
118e. Additional Comments (e.g. equipment, etc.)?			

119. Dining Room? <i>(Note: If NO, skip to Q134)</i>	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
119a. Secondary Function (if applicable)?			<input type="checkbox"/> N/A ⁹⁷
119b. Size?	sq. m. or sq. ft.		
119c. Capacity (if visually available)?			<input type="checkbox"/> N/A ⁹⁷
119d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
119e. Additional Comments (e.g. equipment, etc.)?			

120. How many dining areas in the building?	#		<input type="checkbox"/> N/A ⁹⁷
121. What is the size of the smallest dining room?	sq m.		
122. What is the size of the largest dining room?	sq m.		
123. How large are these areas all together?	sq m.		
124. Would you describe the dining room furnishing/finishes as home-like?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
125. Are there tables that seat two?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	

126. Are there tables that seat four?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
127. Are there tables that seat six?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
128. Are there large tables that seat more than six?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
129. Is aisle space between tables at least 152 cm?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
130. Is the lighting adequate?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
130a. How many light fixtures are present?	#		
130b. How many light fixtures are lit/functional?	#		<input type="checkbox"/> N/A ⁹⁷
131. Does this space have natural light?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
131a. If so, how many windows?	#		
131b. Do the windows open and close to allow ventilation?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
132. Are baseboard heaters present?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
132a. Fireplaces?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
<i>(Note: If 'NO' for baseboard or fireplace heating, note the type of heating system used in Q134)</i>			
133. Is there signage showing actions taken for COVID-19 safety protocols?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
133a. Do the protocols impact number of people to a single table?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
133b. Do the protocols impact spacing between tables?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
133c. Do the protocols impact capacity in dining rooms?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
133d. Are the protocols posted in multiple languages?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
133d.i. If yes, please note the languages below:			<input type="checkbox"/> N/A ⁹⁷

134. NOTES/COMMENTS:

PART 5: SPECIAL ACTIVITIES (HEALTHCARE & SUPPORT SERVICES)

135. Doctors Room?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
135a. Secondary Function (if applicable)?			<input type="checkbox"/> N/A ⁹⁷
135b. Size?	sq. m. or sq. ft.		
135c. Capacity (if visually available)?			<input type="checkbox"/> N/A ⁹⁷
135d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
135e. Additional Comments (e.g. equipment, etc.)?			

136. Harm Reduction Space?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
136a. Secondary Function (if applicable)?			<input type="checkbox"/> N/A ⁹⁷
136b. Size?	sq. m. or sq. ft.		
136c. Capacity (if visually available)?			<input type="checkbox"/> N/A ⁹⁷
136d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
136e. Additional Comments (e.g. special ventilation, locked cabinets, equipment, etc.)?			

137. Common Laundry Room? <i>(Note: If NO, skip to Q140)</i>	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
137a. Secondary Function (if applicable)?			<input type="checkbox"/> N/A ⁹⁷
137b. Size?	sq. m. or sq. ft.		
137c. Capacity (if visually available)?			<input type="checkbox"/> N/A ⁹⁷
137d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
137e. How many machines are available?	# Washers	# Dryers	
137f. Additional Comments (e.g. equipment, etc.)?			

138. Where in the housing facility are the laundry facilities located?			
138a. One laundry room on main floor?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
138b. On each floor?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
138c. On alternate floors?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
138d. Other? (please specify)			
139. Are the communal machines coin-operated?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
139a. Are they card operated?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
139b. Is there a change machine accessible in a communal space?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
140. Computer Room?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
140a. Secondary Function (if applicable)?			<input type="checkbox"/> N/A ⁹⁷
140b. Size?	sq. m. or sq. ft.		
140c. Capacity (if visually available)?			<input type="checkbox"/> N/A ⁹⁷
140d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
140e. Additional Comments (e.g. signage for Wi-Fi, equipment, etc.)?			
141. Is there signage showing actions taken for COVID-19 safety protocols?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
141a. Do the protocols impact access to social and communal areas?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
141b. Do the protocols impact capacity in lounge spaces?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
141c. Are the protocols posted in multiple languages?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
141c.i. If yes, please note the languages below:			<input type="checkbox"/> N/A ⁹⁷

142. NOTES/COMMENTS:

PART 6: STAFF AND OFFICE AREAS

Safety/Social Relationships

143. Is there office space for: 143a. The administrative staff? 143b. The secretarial and clerical staff? 143c. Social services and counseling staff?	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷
143d. Other staff? (please note in spaces below) (e.g. volunteers, part-time staff, janitorial staff, etc.)	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
144. Are the offices free of distractions from adjacent activities? 144a. Do the offices have doors that close (for privacy)? 144b. Are the office doors lockable? 144c. Are the offices/ nearby hallways noisy? 144d. Are the office floors carpeted?	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷
145. Are there additional rooms for: 145a. Handling mail, copying, or printing? 145b. A conference room?	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ² <input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷
146. Is there a staff lounge? 146a. Is so, does it have tables? 146b. Does it have comfortable chairs?	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷
146c. What size is it?	sq. m. or sq. ft.		<input type="checkbox"/> N/A ⁹⁷
147. Do these spaces function well? (Ask staff)	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
147a. If NO, why not?			
148. Is there signage showing actions taken for COVID-19 safety protocols? 148a. Do the protocols impact number of staff to an office/room? 148b. Are the protocols posted in multiple languages?	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷

148b.i. If yes, please note the languages below:			<input type="checkbox"/> N/A ⁹⁷
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149. NOTES/COMMENTS:

PART 7: SHARED BATHROOM AND TOILET AREAS
Safety/Accessibility

150. Are there any shared bathroom areas?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
150a. If YES, where in the housing complex are they located?			

151. Are they wheelchair accessible?	<input type="checkbox"/> All/Most ¹	<input type="checkbox"/> Some ²	<input type="checkbox"/> Few ³	<input type="checkbox"/> No/None ⁴	<input type="checkbox"/> N/A ⁹⁷
152. Are there raised thresholds at the entrance?	<input type="checkbox"/> All/Most ¹	<input type="checkbox"/> Some ²	<input type="checkbox"/> Few ³	<input type="checkbox"/> No/None ⁴	<input type="checkbox"/> N/A ⁹⁷
153. Do the bathroom doors open out?	<input type="checkbox"/> All/Most ¹	<input type="checkbox"/> Some ²	<input type="checkbox"/> Few ³	<input type="checkbox"/> No/None ⁴	<input type="checkbox"/> N/A ⁹⁷
154. Are there handrails or safety bars?	<input type="checkbox"/> All/Most ¹	<input type="checkbox"/> Some ²	<input type="checkbox"/> Few ³	<input type="checkbox"/> No/None ⁴	<input type="checkbox"/> N/A ⁹⁷
155. Are there lift bars next to the toilet?	<input type="checkbox"/> All/Most ¹	<input type="checkbox"/> Some ²	<input type="checkbox"/> Few ³	<input type="checkbox"/> No/None ⁴	<input type="checkbox"/> N/A ⁹⁷
156. Are the towel racks and dispensers higher than 102 cm from the floor?	<input type="checkbox"/> All/Most ¹	<input type="checkbox"/> Some ²	<input type="checkbox"/> Few ³	<input type="checkbox"/> No/None ⁴	<input type="checkbox"/> N/A ⁹⁷
157. Are there mirrors in the bathroom?	<input type="checkbox"/> All/Most ¹	<input type="checkbox"/> Some ²	<input type="checkbox"/> Few ³	<input type="checkbox"/> No/None ⁴	<input type="checkbox"/> N/A ⁹⁷
158. Are they wheelchair accessible?	<input type="checkbox"/> All/Most ¹	<input type="checkbox"/> Some ²	<input type="checkbox"/> Few ³	<input type="checkbox"/> No/None ⁴	<input type="checkbox"/> N/A ⁹⁷
159. Do areas subject to wetness have non-slip surfaces?	<input type="checkbox"/> All/Most ¹	<input type="checkbox"/> Some ²	<input type="checkbox"/> Few ³	<input type="checkbox"/> No/None ⁴	<input type="checkbox"/> N/A ⁹⁷
160. Are there call buttons?	<input type="checkbox"/> All/Most ¹	<input type="checkbox"/> Some ²	<input type="checkbox"/> Few ³	<input type="checkbox"/> No/None ⁴	<input type="checkbox"/> N/A ⁹⁷
161. Is there adequate lighting?	<input type="checkbox"/> All/Most ¹	<input type="checkbox"/> Some ²	<input type="checkbox"/> Few ³	<input type="checkbox"/> No/None ⁴	<input type="checkbox"/> N/A ⁹⁷
161a. How many light fixtures are present?			#		
161b. How many light fixtures are lit/functional?			#		<input type="checkbox"/> N/A ⁹⁷
162. Does the communal bathrooms have natural light?			<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
162a. If so, how many windows per bathroom?			#		
162b. Do the windows open and close to allow ventilation?			<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
163. What kind of lighting is there in the shared bathroom areas?	<input type="checkbox"/> Incandescent ¹	<input type="checkbox"/> Fluorescent ²	<input type="checkbox"/> Daylight ³	<input type="checkbox"/> N/A ⁹⁷	

164. What is the size of the smallest bathroom?	sq. m. or sq. ft.		<input type="checkbox"/> N/A ⁹⁷
165. What is the size of the largest bathroom?	sq. m. or sq. ft.		<input type="checkbox"/> N/A ⁹⁷
166. Are the bathrooms impacted by COVID-19 safety protocols?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
166a. Are the protocols posted in multiple languages?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
166a.i. If yes, please note the languages below:			<input type="checkbox"/> N/A ⁹⁷

167. NOTES/COMMENTS:

PART 8: OTHER COMMON AREAS

If there are no other spaces, SKIP to question #171.

168. Other (specify primary function):		<input type="checkbox"/> N/A ⁹⁷
168a. Secondary Function (if applicable)?		<input type="checkbox"/> N/A ⁹⁷
168b. Size?	sq. m. or sq. ft.	
168c. Capacity (if visually available)?		<input type="checkbox"/> N/A ⁹⁷
168d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²
168e. Additional Comments (e.g. equipment, etc.)?		

169. Other (specify primary function):		<input type="checkbox"/> N/A ⁹⁷
169a. Secondary Function (if applicable)?		<input type="checkbox"/> N/A ⁹⁷
169b. Size?	sq. m. or sq. ft.	
169c. Capacity (if visually available)?		<input type="checkbox"/> N/A ⁹⁷
169d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²
169e. Additional Comments (e.g. equipment, etc.)?		

170. Other (specify primary function):		<input type="checkbox"/> N/A ⁹⁷
170a. Secondary Function (if applicable)?		<input type="checkbox"/> N/A ⁹⁷
170b. Size?	sq. m. or sq. ft.	
170c. Capacity (if visually available)?		<input type="checkbox"/> N/A ⁹⁷
170d. Wheelchair Accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²
170e. Additional Comments (e.g. equipment, etc.)?		

PART 9: OVERALL AUDITED BUILDING/HOUSING
Comfort/Accessibility

171. Is a map showing community resources available in a convenient public location?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
172. Is there a bulletin board in a public location?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
173. Is there a posted list of the staff?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
173a. If so, does it include pictures?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
174. Is there a posted list of the residents?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
174a. If so, does it include pictures?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
175. Is there a sound system or P.A. system?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
176. Is there a building security system?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
177. Is there an air-conditioning system?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
178. Is there a gift shop, commissary, or store?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
179. Is there a kitchen area where a resident or visitor can make a cup of coffee, heat some soup, or the like?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
180. Are there vending machines for candy or soft drinks?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
180a. If so, are they used by residents?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷

181. Is there signage showing actions taken for COVID-19 safety protocols?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
181a. Are the protocols posted on bulletin board?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
181b. Do the protocols impact access to gift shop, commissary or store?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
181c. Do the protocols impact access to kitchen?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
181d. Do the protocols impact access to vending machine?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
181e. Are the protocols posted in multiple languages?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
181e.i. If yes, please note the languages below:			<input type="checkbox"/> N/A ⁹⁷

182. NOTES/COMMENTS:

SECTION C: RESIDENTS' UNITS

Control/Autonomy/Belonging/Comfort/Safety/Security/Identity

PART 1: RESIDENT UNIT – GENERAL LIVING SPACE

183. Are resident units/rooms single or shared occupancy?	<input type="checkbox"/> (Single 1)	<input type="checkbox"/> (Shared 2)	<input type="checkbox"/> N/A 97
183a. If shared, is there a room divider for individual privacy?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	<input type="checkbox"/> N/A 97
184. Are the doors to the unit/room lockable?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	
185. Are the doors to the unit/room equipped with a peephole?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	<input type="checkbox"/> N/A 97
186. Does the unit/room have raised thresholds at the entrance?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	
187. Does the front door have a lever or round handle?	<input type="checkbox"/> (Lever 1)	<input type="checkbox"/> (Round 2)	
188. Equipped with smoke detection devices?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	<input type="checkbox"/> N/A 97
188a. Fire extinguishers?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	<input type="checkbox"/> N/A 97
188b. Carbon Monoxide detectors?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	<input type="checkbox"/> N/A 97
188c. Sprinkler system?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	<input type="checkbox"/> N/A 97
189. Are the floors to the unit/room carpeted?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	
190. Is there a lockable security safe available in the unit/room?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	<input type="checkbox"/> N/A 97
191. Is there a functional thermostat in the unit/room?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	<input type="checkbox"/> N/A 97
192. Are baseboard heaters present?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	<input type="checkbox"/> N/A 97
192a. Fireplaces?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	<input type="checkbox"/> N/A 97
(Note: If 'NO' for baseboard or fireplace heating, note the type of heating system used in Q238)			
193. Is there a fan in the unit/room (e.g. ceiling or stationary)?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	<input type="checkbox"/> N/A 97
194. Is the unit/room equipped with an area for socializing?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	
194a. Furniture that faces or is angled toward each other?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	<input type="checkbox"/> N/A 97
195. Would you describe the furnishings/finishes as home-like?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	<input type="checkbox"/> N/A 97
196. Does the unit have in suite laundry?	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 2	<input type="checkbox"/> N/A 97

PART 2: RESIDENT UNIT – KITCHEN SPACE

197. Is the unit/room equipped with an area for cooking? 197a. Stove-top? 197b. Oven? 197c. Fridge? 197d. Cupboard space? 197e. Microwave?	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹ <input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ² <input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷ <input type="checkbox"/> N/A ⁹⁷
198. Are the appliances accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
199. Is the kitchen counter height a minimum 71 cm from the floor?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
199a. What is the height of the kitchen counter?	cm. or m.		
200. Is the unit/room equipped with an area for dining?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
201. Is the unit/room lighting adequate?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
201a. How many light fixtures are present?	#		
201b. How many light fixtures are lit/functional?	#		<input type="checkbox"/> N/A ⁹⁷
202. Does this space have natural light?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
202a. If so, how many windows?	#		
202b. Do the windows open and close to allow ventilation?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
203. Do the windows have a grill or guard rails on the outside?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
204. Do the windows have blinds or drapes?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷

PART 3: RESIDENT UNIT – BATHROOM SPACE

205. Is the unit/room equipped with a private bathroom?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
206. Is the bathroom wheelchair accessible?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
207. Does the bathroom have raised thresholds at the entrance?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
208. Does the door have a lever or round handle?	<input type="checkbox"/> (Lever ¹)	<input type="checkbox"/> (Round ²)	
209. Do the bathroom doors open out?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
210. Is there a showerhead?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
210a. Is there a bathtub?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
211. Are there handrails or safety bars in the bathtub?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
212. Are there lift bars next to the toilet?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
213. Are the towel racks a minimum height of 102 cm from the floor?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
213a. What is the height of the towel rack(s)?	cm. or m.		
214. Are the dispensers a minimum height of 38 cm from the floor?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
214a. What is the height of dispenser(s)?	cm. or m.		
215. Are there mirrors in the bathroom?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
216. Do areas subject to wetness have non-slip surfaces?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
217. Are there call buttons?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
218. Is there adequate lighting?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
218a. How many light fixtures are present?	#		
218b. How many light fixtures are lit/functional?	#		<input type="checkbox"/> N/A ⁹⁷
219. Does this space have natural light?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
219a. If so, how many windows?	#		
219b. Do the windows open and close to allow ventilation?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
220. Do the windows have a grill or guard rails on the outside?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
221. Do the windows have blinds or drapes?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷

PART 4: RESIDENT UNIT – BEDROOM SPACE

222. Is the unit/room equipped with a private bedroom for the resident (e.g. separate room):	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
223. Does the entrance to the bedroom have raised thresholds at the entrance?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
224. Does the bedroom have a door?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
225. Does the front door have a lever or round handle?	<input type="checkbox"/> (Lever ¹)	<input type="checkbox"/> (Round ²)	
226. Does the bedroom door lock?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
227. Do the bedroom door open out?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
228. Is the maximum height of the bed 46 cm?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
228a. Is the bed frame adjustable?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
229. Is the bedroom equipped with a closet space?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
230. Is there adequate lighting?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
230a. How many light fixtures are present?	#		
230b. How many light fixtures are lit/functional?	#		<input type="checkbox"/> N/A ⁹⁷
231. Does this space have natural light?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	
231a. If so, how many windows?	#		
231b. Do the windows open and close to allow ventilation?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
232. Do the windows have a grill or guard rails on the outside?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
233. Do the windows have blinds or drapes?	<input type="checkbox"/> Yes ¹	<input type="checkbox"/> No ²	<input type="checkbox"/> N/A ⁹⁷
234. What is the size of the bedroom?	sq. m. or sq. ft.		<input type="checkbox"/> N/A ⁹⁷

235. Variation in design of residents' units:	<input type="checkbox"/> N/A ⁹⁷
As if effort was made to vary style and décor from room to room	<input type="checkbox"/> Distinct Variation ¹
Rooms/apartments are distinct, but there is a general décor throughout	<input type="checkbox"/> Moderate Variation ²
Some variation in size, shape, and furniture arrangement; not noticeable unless looked for.	<input type="checkbox"/> Nearly Identical ³

PART 5: PERSONALIZATION

236. Personalization within residents' units: (please choose one of the 4 options below)	<input type="checkbox"/> N/A ⁹⁷
Most of the furnishings and objects in the rooms belong to the individual; time and energy have been spent in personalizing the rooms	<input type="checkbox"/> Much Personalization 1
Residents have added personal objects such as rugs, pictures, chairs, favorite objects	<input type="checkbox"/> Some Personalization 2
Some family pictures or personal articles, but room does not seem to belong to individual	<input type="checkbox"/> Little Personalization 3
No personalization is evident	<input type="checkbox"/> No Personalization 4

237. Personalization of entryways residents' units: (please choose one of the 4 options below)	<input type="checkbox"/> N/A ⁹⁷
Distinctly different treatment of each entryway; decorated with different personal objects	<input type="checkbox"/> Much Personalization 1
e.g. Doorways painted different colours; individualized nameplates to identify resident	<input type="checkbox"/> Some Personalization 2
e.g. Some variation in colour schemes, or nameplates only	<input type="checkbox"/> Little Personalization 3
No personalization is evident	<input type="checkbox"/> No Personalization 4

238. NOTES/COMMENTS:	

SECTION D: CONCLUDING RATING: PROJECT/HOUSING COMPLEX DÉCOR and APPEARANCE

239. Overall distinctiveness of the housing complex:

(please choose one of the 3 options below)

A concerted effort has been made to vary the décor from room to room	<input type="checkbox"/> Much Distinctiveness 1
Furnishings vary from room to room, but the overall room design is the same; wall texture and floor coverings show little variation	<input type="checkbox"/> Moderate Distinctiveness 2
Institutional appearances; most areas are quite similar, as in hospital (without furniture, all rooms look similar)	<input type="checkbox"/> Little Distinctiveness 3