

# TRANSITION HOUSE

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## Resident Survey

Congratulations on completing your residence at Transition House. Your input is valuable to us. Please take a moment to fill out this survey. All information will remain confidential.

**1. Rate your overall progress in achieving your recovery goal:**

No Progress	A Little Progress	Moderate Progress	Quite a bit of Progress	Extreme Progress
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. What did you accomplish while you were at Transition House?**

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**3. Describe the support plan that you have in place after you leave Transition House.**

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**4. Rate how accessible Transition House was:**

Not at all	Somewhat	Moderate	Quite a bit	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Rate how safe you felt at Transition house:**

Not at all	Somewhat	Moderate	Quite a bit	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Rate the Supports you used while you were at Transition House**

	Very Useful	Somewhat Useful	Not Useful	Did Not Read
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Recreation Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. Were there any barriers to accessing Transition House, such as:**

	Yes	No
a) Language	<input type="checkbox"/>	<input type="checkbox"/>
b) Cultural	<input type="checkbox"/>	<input type="checkbox"/>
c) Racial	<input type="checkbox"/>	<input type="checkbox"/>

**8. How helpful was Transition House in linking you to other resources in Toronto?**

	Not at all satisfied	A little bit satisfied	Moderately satisfied	Quite Satisfied	Extremely Satisfied
a) Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Relationship with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Relationship with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. In order to help us improve Transition House, it would be helpful if you let us know:**

a) What you liked about Transition House:

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b) What you did not like about Transition House:

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c) How Transition House could be improved:

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Thank you for your cooperation.