

Aging in Place - a survey about livable, age-friendly communities

Warren and Washington County Departments of Health, the Offices for the Aging and other community organizations are working together on this survey of aging issues in your area.

Although “aging in place” means different things to different people, there are issues and concerns that can affect many of us regardless of age, health and income. Your responses on this questionnaire will help us identify the local aging issues that are of most interest in your community. Would you be willing to answer a 10-minute survey for us?

[for specific questions on why the survey is being done, who is funding it etc., they can call the Adirondack Rural Health Network in Glens Falls at 518-761-0300 and ask for BJ Eisenhardt.]

To begin:

1. Are you or is anyone in your household at least 60 years of age?

1. YES 2. NO → Thank you very much, but we only are surveying people age 60 or older at this time.



ALL OF THESE QUESTIONS REFER TO A PERSON IN THE HOUSEHOLD WHO IS 60 YEARS OF AGE OR OLDER

[If there is more than one person in the house age 60+, separate surveys are an option but not required]

2. Housing – The Place You Call Home (section A)

This first section asks about your current residence and how well you think it meets your needs.

A1. How many people live in your home or apartment, including yourself? _____ → if 1, SKIP to A3.

A2. Who else is living with you in your household at this time? You can select as many that apply:

a. Spouse or Partner

d. Another relative or friend

b. Adult son or daughter

e. Someone else not related

c. One or more grandchildren

Other: _____

A3. Do you own or rent your home, or have some other arrangement?

1. Own 2. Rent 3. Some other arrangement: _____

A4. Which housing type best describes your home? Please select only one of these:

1. Single family house

3. Senior housing

5. Assisted living facility

2. Multi-family house

4. Apartment or Condominium

Other: _____

A5. How many years have you lived in your current home or apartment? _____ Years

A6. As you grow older how important is it for you to live in your present home as long as possible?
Would you say it is:

1. Very important

2. Important

3. Not important

A7. How big a challenge are the following in terms of you staying in your home as long as you would like? Please rate each as Very, Somewhat or Not at all Challenging to your staying in your home.

	<i>How Challenging</i>		
	<u>Very Challenging</u>	<u>Somewhat Challenging</u>	<u>Not at all Challenging</u>
a. Finding reliable help for home maintenance or repairs	1	2	3
b. Finding assistance with cleaning and other inside chores	1	2	3
c. Needing to weatherize your home from the wind and cold	1	2	3
d. Being able to afford heating fuel expense.....	1	2	3
e. Being able to afford the taxes and upkeep of your home.....	1	2	3
f. The health of yourself or your spouse.....	1	2	3
g. Lack of transportation to the store, doctor, pharmacy, etc.....	1	2	3
h. Having as much social interaction as you would like	1	2	3
i. Too many stairs in your home or other safety considerations .	1	2	3
j. The general lack of services near your home (shopping, banking, groceries, entertainment, etc.)	1	2	3

Any other challenges: _____

A8. How concerned are you that any of the items you identified above as challenging will result in your having to move out of your current home within the next few years?

1. Very Concerned 2. Somewhat Concerned 3. Not Concerned 4. Not Sure

A9. Is there a time in the past year that you had difficulty paying your housing costs?

1. No, not at all 2. Yes, on one or two occasions 3. Yes, on a number of occasions

A10. If you could no longer stay in your home as it is, which type of housing options would you most prefer? Please check only one of these:

1. a remodel of your current home 3. a single-family home 5. An assisted living center
 2. an apartment or condominium 4. a housing development for seniors

or is there some other type of housing you would prefer: _____

3. Neighborhood and Community (section B)

This next section asks how satisfied you are with your neighborhood and your community.

B1. How long have you lived in your current community? _____ Years

B2. How important is it to you to remain in your community for as long as possible? Is it:

1. Very important 2. Important 3. Not important

B3. How much do you agree with this statement: My community is a friendly and supportive place for older people. Do you:

- 1 Agree 2. Disagree 3. Not sure

B4. Following are a list of concerns you may have about your neighborhood or community. What is your level of concern about each, is it a major concern, minor concern or not a concern?

	<i>Level of Concern</i>		
	<u>Major Concern</u>	<u>Minor Concern</u>	<u>Not a Concern</u>
a. The availability of services specifically for seniors	1	2	3
b. Local health care is non-existent or insufficient for your needs	1	2	3
c. Pharmacies, banks and other services are too far away.....	1	2	3
d. Availability of cultural activities, entertainment, etc.	1	2	3
e. Public transportation that is too limited or unavailable.....	1	2	3
f. The availability of affordable housing	1	2	3
g. Cell phone service is poor or not available	1	2	3
h. Difficulty walking places because of sidewalks or road shoulders that need repair or are not available.....	1	2	3
i. The availability of Internet service.....	1	2	3
j. Availability of grocery stores with fresh fruits and vegetables.	1	2	3

Any other major concerns you have: _____

4. Transportation and Mobility (section C)

This next section asks about how easy it is for you to get where you need to go.

C1. How often do you miss activities because you do not have transportation? Would you say:

___ 1. Very often ___ 2. Somewhat regularly ___ 3. Occasionally ___ 4. Seldom or Never

C2. If you ever do have difficulty getting where you need to go, what are the main problems?

You can select a few of these:

- ___a. Do not drive or do not have a car
- ___b. There is no one I can depend on for a ride
- ___c. Public transportation is not available or is too limited
- ___d. Physical impairment makes public transportation hard to use
- ___e. Don't want to ask others for help
- ___f. Would like to walk, but difficult to do in my neighborhood or community

Other: _____

5. Civic and Social Engagement (section D)

This section asks about opportunities for getting together with friends and family, opportunities to get involved in the community, etc.

D1. How often do you participate in the following activities? Do you participate in each one about as much as you like, or not as much as you would like?

	<i>How Much You Participate</i>	
	<u>As much as I'd like</u>	<u>Not as much as I'd like</u>
a. Participating in clubs, on committees or in civic activities.....	1	2
b. Volunteering your time to community organizations, etc.....	1	2
c. Interacting with people younger than yourself.....	1	2
d. Attending Church, Synagogue or other religious service.....	1	2
e. Getting together with friends.....	1	2
f. Attending movies, concerts, plays, art shows, etc.....	1	2
g. Shopping or browsing in stores	1	2
h. Going for a walk in my neighborhood or community	1	2
i. Exercising or participating in recreational activities	1	2
Other things you like to do:.....	1	2

D2. For those activities where you participate not as much as you would like, what would allow you or encourage you to participate more? Is there anything that comes to mind:

D3. Do you have **relatives** nearby that you can rely on? ___ 1. Yes ___ 2. No

D4. How often do you usually have contact with **relatives** who live outside of your home?
 ___ 1. Very often ___ 2. Somewhat regularly ___ 3. Occasionally ___ 4. Seldom or Never

D5. Do you have **friends** nearby that you can rely on? ___ 1. Yes ___ 2. No

D6. How often do you usually have contact with **friends** who live outside of your home?
 ___ 1. Very often ___ 2. Somewhat regularly ___ 3. Occasionally ___ 4. Seldom or Never

D7. If you could no longer care for yourself at home and did not have a spouse to provide that care, what would you most likely to do? You can select a few of these:

- ___ a. Live with a family member or friend ___ e. Move to an apartment that provides senior services
 ___ b. Pay someone to care for you at home ___ f. Move to a nursing home
 ___ c. Ask social services for help ___ g. Make do the best you can
 ___ d. Ask the church or faith community for help

Other: _____

6. Health and Social Services (section E)

Only two sections left. This one asks about health issues and finding the services you need.

E1. How would you rate your own health? Would you say it is:

___ 1. Excellent ___ 2. Good ___ 3. Fair ___ 4. Poor

E2. Do you currently have any of the following health problems? Please select as many that apply:

___ a. High blood pressure ___ e. Hearing problems ___ i. Over-weight
 ___ b. Arthritis ___ f. Heart disease ___ j. Cancer
 ___ c. Osteoporosis ___ g. Diabetes ___ k. Memory changes that concern you
 ___ d. Vision problems ___ h. Respiratory problems Other: _____

E3. How much help do you need with any of the following – do you need a lot, some or no help at all:

How much help do you need:

	Need alot <u>of Help</u>	Need <u>some Help</u>	No help <u>needed</u>	<i>Not</i> <u>Applicable</u>
a. Cleaning and tidying in your home.....	1	2	3	4
b. Performing outdoor chores around the house (raking, shoveling, moving, etc.)	1	2	3	4
c. Taking care of yourself (bathing, dressing, etc.)	1	2	3	4
d. Taking care of a relative or friend.....	1	2	3	4
e. Keeping track of the medicines you take	1	2	3	4
f. Understanding your health insurance coverage	1	2	3	4
g. Knowing where to go for information on programs & services available for seniors.	1	2	3	4
h. Preparing nutritious meals on a regular basis	1	2	3	4
Other needs: _____				

E4. Are any of the following a problem for you?

How much of a problem

	Not a <u>Problem</u>	Sometimes <u>a Problem</u>	Frequently <u>a Problem</u>	<i>Not</i> <u>Applicable</u>
a. Getting medical care when you need it.....	1	2	3	4
b. Keeping up with the cost of medicines, Dr. visits, etc.	1	2	3	4
c. Keeping up with other household expenses.....	1	2	3	4
d. Managing your finances, timely payment of bills, etc.	1	2	3	4
e. Avoiding accidents in the home (slipping, falls, etc.).	1	2	3	4
f. Feeling anxious or afraid at home or in your neighborhood	1	2	3	4
g. Finding the right medical care for yourself, spouse, friend or relative.....	1	2	3	4
Other problems: _____				

E5. About how many prescription pills do you take each day, on average: _____ pills

E6. When you are looking for information on programs and services for seniors, who would you contact first or where are you most likely to look? You can select a few of these:

- ___ a. Family members or neighbors ___ f. Church, Synagogue or other faith-based service
 ___ b. Public health agencies ___ g. Senior Center
 ___ c. Social service agencies ___ h. Phone book
 ___ d. Office for the Aging or other senior agencies ___ i. Websites
 ___ e. A health professional or a medical center

Other: _____

E7. How often do you use the Internet to check email or find information? Would you say:

- ___ 1. Never ___ 2. Occasionally ___ 3. Often

E8. Are you, yourself, a “caregiver” for someone in your household or who lives nearby?

If your response is other than “No”, you can check more than one of these:

- a. No ___ b. Yes, for my spouse ___ d. Yes, for someone 18 to 59 years of age
 ___ c. Yes, for another older person (60+) ___ e. Yes, for someone under 18 years of age

E9. If you are a caregiver, do you ever need help with any of the following? Check all that apply:

- ___ a. Dealing with agencies to get services ___ d. Handling money matters
 ___ b. Having someone to talk to or counsel you ___ e. Getting the information you need
 ___ c. Taking a break to meet your own needs ___ f. None of the above, no help needed.

Other: _____

7. Demographics (section F)

Finally, we have a few demographic questions so we can compare our sample to the general population of Warren and Washington Counties.

F1. Could you tell me your age or which of these age categories is closest to yours:

- ___1. under 60 ___3. 65-69 ___5. 75-79 ___7. 85-89
 ___2. 60-64 ___4. 70-74 ___6. 80-84 ___8. 90+

F2. In which community do you reside: _____

F3. Which zip code do you use: _____

F4. Are you of Hispanic, Latino or Spanish origin? ___ 1. No ___ 2. Yes

F5. What is your race?

- ___ 1. Caucasian ___ 3. American Indian or Alaska Native
 ___ 2. African American Other: _____

F6. What is the highest educational level you have achieved?

1. High school or less 3. 2-year college graduate 5. Other advanced degree
 2. Some college 4. 4-year college graduate

F7. Which income category most closely matches your household's total annual income from all sources?

1. Less than \$15,000 4. \$35,000 to \$49,999 7. \$100,000 or more
 2. \$15,000 to \$24,999 5. \$50,000 to \$74,999
 3. \$25,000 to \$34,999 6. \$75,000 to \$99,999

F8. Could we have your phone number as a unique identifier for this survey?

It will not be shared with anyone: _____ (*just the number, not the Area Code*)

[INTERVIEWER – mark this person as: 1. Male or 2. Female]

That is all the questions I have. Does anything else come to mind that you would like us to know about aging issues in your community?

Thank you very much for your time. If you would like to see the results of the survey, we would be glad to email or mail them to you. It also is likely there will be something in the news about the findings of the project in the next few months.

If you would like us to send you the results we would just need your contact information, mail or email:

Thanks again for your time.