|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question | Dimensions | Built - Social | Responses |  |  |
| 1. Please circle the number that comes closest to your opinion for each of the following questions: |  |  |  |  |  |
| **How do you rate your community as a place to live?** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **How do you rate your community as a place to retire?** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| 2. Please rate each of the following characteristics as they relate to adults age 60 or older in your community: |  |  |  |  |  |
| **Opportunities to volunteer** |  |  |  |  |  |
| **Employment opportunities** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Opportunities to enroll in skill-building or personal enrichment classes** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Recreation opportunities (including games, arts, and library services, etc.)** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Fitness opportunities (including exercise classes and paths or trails, etc.)** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Opportunities to attend social events or activities** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Opportunities to attend religious or spiritual activities** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Opportunities to attend or participate in meetings about local government or community matters** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Availability of affordable quality housing** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Variety of housing options** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Availability of information about resources for older adults** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Availability of financial or legal planning services** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Availability of affordable quality physical health care** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Availability of affordable quality mental health care** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Availability of affordable quality food** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Sense of community** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Openness and acceptance of the community towards older residents of diverse backgrounds** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Ease of car travel in your community** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Ease of walking in your community** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Ease of getting to the places you usually have to visit** |  |  | Excellent;Good;Fair;Poor;Don' Know |
| **Overall feeling of safety in your community** |  |  | Excellent;Good;Fair;Poor;Don' Know |  |  |  |
| **Valuing older residents in your community** |  |  | Excellent;Good;Fair;Poor;Don' Know |  |  |  |
| **Neighborliness of your community** |  |  | Excellent;Good;Fair;Poor;Don' Know |  |  |  |
| **3. How would you rate the overall services provided to older adults in your community?** |  |  | Excellent;Good;Fair;Poor;Don' Know |  |  |  |
| **4. In general, how informed or uninformed do you feel about services and activities available to older adults in your community?** |  |  | Excellent;Good;Fair;Poor;Don' Know |  |  |  |
| 5. Please circle the number that comes closest to your opinion for each of the following questions: |  |  |  |  |  |  |  |  |
| **How do you rate your overall physical health?** |  |  | Excellent;Good;Fair;Poor;Don' Know |  |  |  |
| **How do you rate your overall mental health/emotional well being?** |  |  | Excellent;Good;Fair;Poor;Don' Know |  |  |  |
| **How do you rate your overall quality of life?** |  |  | Excellent;Good;Fair;Poor;Don' Know |  |  |  |
| **Having safe and affordable transportation available** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **No longer being able to drive** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Feeling depressed** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Experiencing confusion or forgetfulness** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Maintaining your home** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Maintaining your yard** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Finding productive or meaningful activities to do** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Having friends or family you can rely on** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Falling or injuring yourself in your home** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Getting the health care you need** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Affording the medications you need** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Getting the oral health care you need** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Having tooth or mouth problems** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Having enough money to meet daily expenses** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Having enough money to pay your property taxes** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Feeling like your voice is heard in the community** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Finding meaningful volunteer work** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Providing care for another person** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Dealing with legal issues** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Finding work in retirement** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Building skills for paid or unpaid work** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Not knowing what services are available to older adults in your community** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Feeling lonely or isolated** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Dealing with the loss of a close family member or friend** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Being a victim of crime** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Being a victim of fraud or a scam** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Being physically or emotionally abused** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| **Dealing with financial planning issues** |  |  | Not a problem; Minor problem; Moderate problem; Major problem; Don't know |
| 7. Thinking back over the past 12 months, how many days did you spend… |  |  |  |  |  |  |  |  |
| **As a patient in a hospital?** |  |  | number of days |  |  |  |  |
| **In a nursing home or in-patient rehabilitation facility?** |  |  | number of days |  |  |  |  |
| **8. Thinking back over the past 12 months, how many times have you fallen and injured yourself?** |  |  | Never; Once or twice; 3-5 times; More than 5 times |  |  |
| **9. How likely or unlikely are you to recommend living in your community to older adults?** |  |  | Very likely; Somewhat likely; Somewhat unlikely; Very unlikely; Don't know |
| **10. How likely or unlikely are you to remain in your community throughout your retirement?** |  |  | Very likely; Somewhat likely; Somewhat unlikely; Very unlikely; Don't know |
| 11. In the last 12 months, about how many times, if ever, have you participated in or done each of the following? |  |  |  |  |  |  |  |  |
| **Used a senior center in your community** |  |  | Never; Once or twice; 3 to 12 times; 13 to 26 times; More than 26 times |  |
| **Used a recreation center in your community** |  |  | Never; Once or twice; 3 to 12 times; 13 to 26 times; More than 26 times |  |
| **Used a public library in your community** |  |  | Never; Once or twice; 3 to 12 times; 13 to 26 times; More than 26 times |  |
| **Attended a meeting of your community’s local elected officials or other local public meeting** |  |  | Never; Once or twice; 3 to 12 times; 13 to 26 times; More than 26 times |  |
| **Visited a neighborhood park** |  |  | Never; Once or twice; 3 to 12 times; 13 to 26 times; More than 26 times |  |
| 12. During a typical week, how many hours, if any, do you spend doing the following? |  |  |  |  |  |  |  |  |
| **Participating in a club (including book, dance, game and other social)** |  |  | Never; 1-3 hours; 4-5 hours; 6-10 hours; 11 or more hours; Don't know |  |
| **Participating in a civic group (including, Elks, Kiwanis, Masons, etc.)** |  |  | Never; 1-3 hours; 4-5 hours; 6-10 hours; 11 or more hours; Don't know |  |
| **Communicating/visiting with friends and/or family** |  |  | Never; 1-3 hours; 4-5 hours; 6-10 hours; 11 or more hours; Don't know |  |
| **Participating in religious or spiritual activities with others** |  |  | Never; 1-3 hours; 4-5 hours; 6-10 hours; 11 or more hours; Don't know |  |
| **Participating in a recreation program or group activity** |  |  | Never; 1-3 hours; 4-5 hours; 6-10 hours; 11 or more hours; Don't know |  |
| **Providing help to friends or relatives** |  |  | Never; 1-3 hours; 4-5 hours; 6-10 hours; 11 or more hours; Don't know |  |
| **Volunteering your time to some group/activity in your community** |  |  | Never; 1-3 hours; 4-5 hours; 6-10 hours; 11 or more hours; Don't know |  |
| 13. During a typical week, how many hours do you spend providing care for one or more individuals withwhom you have a significant personal relationship (such as a spouse, other relative, partner, friend,neighbor or child), whether or not they live with you? |  |  |  |  |  |  |  |  |  |  |  |  |
| **One or more individuals age 60 or older** |  |  | Never; 1-3 hours; 4-5 hours; 6-10 hours; 11-19 hours; 20 or more hours; Don't know |  |  |  |  |
| **One or more individuals age 18 to 59** |  |  | Never; 1-3 hours; 4-5 hours; 6-10 hours; 11-19 hours; 20 or more hours; Don't know |  |  |  |  |
| **One or more individuals under age 18** |  |  | Never; 1-3 hours; 4-5 hours; 6-10 hours; 11-19 hours; 20 or more hours; Don't know |  |  |  |  |
| **14. Whether or not they live with you, does someone provide assistance to you almost every day?** |  |  | Yes;No |  |  |  |  |  |  |  |  |  |
| **D1. How many years have you lived in your community?** |  |  | Less than 1 year; 1-5 years; 6-10 years; 11-20 years; More than 20 years |  |  |  |  |  |
| **D2. Which best describes the building you live in?** |  |  | Single family home; Townhouse, condominium, duplex orapartment; Mobile home; Assisted living residence; Nursing home; Other |
| **D3. Do you currently rent or own your home?** |  |  | Rent; Own (With a mortgage payment); Own (Free and clear) |  |  |  |  |  |  |
| **D4. About how much is your monthly housing cost for the place you live (including rent, mortgage payment, property tax, property insurance and homeowners’ association (HOA) fees)?** |  |  | Less than $300 per month; $300 to $599 per month; $600 to $999 per month; $1,000 to $1,499 per month; $1,500 to $2,499 per month; $2,500 or more per month |
| **D5. How many people, including yourself, live in your household?** |  |  | ...members |  |  |  |  |  |  |  |  |  |  |
| **D6. How many of these people, including yourself, are 60 or older?** |  |  | ...members |  |  |  |  |  |  |  |  |  |  |
| **D7. What is your employment status?** |  |  | Fully retired; Go to Question D9; Working full time for pay; Working part time for pay; Unemployed, looking for paid work |  |  |
| **D8. [IF NOT YET FULLY RETIRED] At what age do you expect to retire completely and not work for pay at all?** |  |  | …years old |  |  |  |  |  |  |  |  |  |  |
| **D9. How much do you anticipate your household’s total income before taxes will be for the current year? (Please include in your total income money from all sources for all persons living in your household.)** |  |  | Less than $15,000; $15,000 to $24,999; $25,000 to $49,999; $50,000 to $74,999; $75,000 to $99,999; $100,000 or more |
| D12. In which category is your age? |  |  | 60-64 years; 80-84 years; 65-69 years; 85-89 years; 70-74 years; 90-94 years; 75-79 years; 95 years or older |
| D13. What is your sex? |  |  | Female; Male |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2. Types of accessible housing available to older adults in the community. *(Check all that apply)*** | 9 |  | 1 | 2 | 2 |  |
| > Accessory Apartments (e.g., granny flats, mother-in-law suites) |  |  |  |  |  | yes, no |
| > Apartments with Elevators |  |  |  |  |  | yes, no |
| > Two-Family Houses |  |  |  |  |  | yes, no |
| > Assisted Living Centers |  |  |  |  |  | yes, no |
| > Housing Choice Vouchers (previously known as Section 8) |  |  |  |  |  | yes, no |
| > Nursing Homes |  |  |  |  |  | yes, no |
| > Over 55 Adult Development Centers |  |  |  |  |  | yes, no |
| > Single-Family Homes with first floor bedrooms and bathrooms |  |  |  |  |  | yes, no |
| > Section 202 Supportive Housing for the Elderly |  |  |  |  |  | yes, no |
| > Townhomes/Condominiums |  |  |  |  |  | yes, no |
| > Other: |  |  |  |  |  | yes, no |
| 4. Indicate the types of home safety and repair programs the community provides for older adults. | 2 |  | 1 | 2 | 1 |  |
| 4. Indicate the programs or assistance the community provides to older adults with financial, utility and legal matters. (Check all that apply.) | 7 |  | 1 | 2 | 1 |  |
| > Income Tax Preparation |  |  |  |  |  | yes, no |
| > Living Will Declarations |  |  |  |  |  | yes, no |
| > Medicare Forms |  |  |  |  |  | yes, no |
| > Overcharges on Utility Bills |  |  |  |  |  | yes, no |
| > Predatory Lending |  |  |  |  |  | yes, no |
| > Powers of Attorney |  |  |  |  |  | yes, no |
| > Utility Disconnect Notices |  |  |  |  |  | yes, no |
| > Other: |  |  |  |  |  |  |
| **3. The median sales price of a single-family home in the community is $ \_\_\_\_\_\_\_\_ for the Year\_\_\_\_\_\_\_.** | 8 |  | 1 | 2 | 1 |
| **4. The median gross rent for the community is $ \_\_\_\_\_\_\_\_ for the Year\_\_\_\_\_\_\_.** | 8 |  | 1 | 2 | 1 |
| **2. Mobility is a problem for older adults in the community.** | 3 |  | 2 | 1 |  | major problem, moderate problem, minor problem, not a problem |  |  |
| **3. Older adults feel they have a variety of travel modes within the community (i.e., walking, biking, riding, and driving).** | 3 |  | 2 | 1 |  | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **8. Older adults in the community have access to other public transportation services (Check all that apply.)** | 3 |  | 1 | 2 | 2 |  |
| **> Community circulator** |  |  |  |  |  | yes, no |
| **> Paratransit services** |  |  |  |  |  | yes, no |
| **> Park-n-ride lots** |  |  |  |  |  | yes, no |
| **> Special shuttle bus services** |  |  |  |  |  | yes, no |
| **> Transit centers** |  |  |  |  |  | yes, no |
| **> Other:** |  |  |  |  |  | yes, no |
| **1. The community is addressing the mobility needs of older adults.** | 3 |  | 2 | 2 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **1. Percentage of the community that does not have sidewalks or pedestrian walkways in places where they are needed.** | 3 |  | 2 | 2 | 2 |  |
| 3. The community’s street infrastructure addresses the needs of its citizens. |  |  |  |  |  |  |  |  |
| **> Streets and sidewalks are well maintained all year.** | 3 |  | 2 | 2 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Sidewalks are suitable for persons requiring motorized scooters and wheelchairs.** | 10 |  | 2 | 3 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Sidewalks are wide enough to accommodate wheelchairs, motorized scooters and pedestrians.** | 10 |  | 1 | 2 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Signals are timed to allow anyone to cross comfortably and safely.** | 3 |  | 2 | 2 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Pedestrian devices such as buttons that stop traffic and walk/don’t walk signals are available to allow safe crossing.** | 3 |  | 1 | 2 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Streets are striped appropriately and traffic signs, name markers and addresses are clear, unobstructed, readable and suitably placed.** | 3 |  | 2 | 2 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Intersections have safety features such as bright, reflective lane markings, directional signals and overhead indicators that are present for turning lanes and left turn lanes.** | 2 |  | 1 | 2 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Crosswalks and curb ramps are well signed and striped appropriately.** | 3 |  | 2 | 2 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |  |  |  |
| **> Crosswalks and curb ramps are well lit at night.** | 2 |  | 2 | 2 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |  |  |  |
| **> Curb ramps are low, textured for traction, and have the appropriate slope and width for persons with disabilities.** | 10 |  | 2 | 2 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |  |  |  |
| **1. The retail businesses in the community (e.g., restaurants, grocery stores, drug stores) are sensitive to the needs of older adults and provide the following mobility amenities to older adults** | 8 |  | 2 | 2 | 1 | Carry-out assistance, Transportation to and from store, Motorized shopping carts, Waiting and resting areas, Secured on-line shopping, Wheelchairs, Secured home delivery services, 24-hour pharmacy access, Shopping selection assistance, Other: |
| 4. The community’s businesses and institutions provide the following mobility amenities. |  |  |  |  |  |  |  |  |  |
| **> Have large, lightweight, power assist doors, and push-plate entrances.** |  |  |  |  |  | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Provide direct access from the entrance route that do not require the use of stairs for persons with disabilities.** |  |  |  |  |  | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Are close to the parking lots and require a minimum of footsteps, no stairs and tight building angles to maneuver around.** |  |  |  |  |  | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Allow persons to move throughout the building.** |  |  |  |  |  | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Are well-marked, free of clutter and designed to allow persons with disabilities to move throughout the building.** |  |  |  |  |  | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Are handicapped accessible.** |  |  |  |  |  | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Have unobstructed entrances, appropriate thresholds, and door handles.** |  |  |  |  |  | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **1. The community’s trails have the following mobility amenities.** |  |  |  |  |  | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Are multi-purpose, (i.e., suitable for walking, running and biking).** | 3 |  | 2 | 2 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Are barrier-free and can be used by persons with disabilities.** | 10 |  | 2 | 2 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Have sufficient width with acceptable surfaces and slopes, and allowing for safe passing.** | 10 |  | 2 | 2 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Have clearly marked signs and trail markings.** | 3 |  | 2 | 2 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Connect to neighborhoods, parks, other bike lanes, streets, retail centers and other common destinations.** | 3 |  | 1 | 2 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **> Have appropriately situated resting areas with benches.** | 10 |  | 2 | 2 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **2. The community’s most recent Master Plan studied the needs of older adults and made recommendations to help meet these needs.** | 4 |  | 1 | 2 | 1 | yes, no |
| **1. The community’s recreation programs and facilities meet the needs of older adults.** | 1 |  | 2 | 3 | 2 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **2. Indicate on Table C-5 whether the recreation programs that are provided to older adults meet their needs.** |  |  |  |  |  |  |
| **> Art and Crafts** | 1 |  | 2 | 3 | 1 | meets need, does not meet need, not provided |
| **> Community Celebrations (dances, parties)** | 1 |  | 2 | 3 | 1 | meets need, does not meet need, not provided |
| **> Continuing Education/Life Long Learning (computer/Internet training and use, musical training, local history)** | 6 |  | 2 | 3 | 1 | meets need, does not meet need, not provided |
| **> Cultural Outings/Day trips** | 1 |  | 2 | 3 | 1 | meets need, does not meet need, not provided |
| **> Exercise/Physical Fitness** | 11 | 1 | 2 | 3 | 1 | meets need, does not meet need, not provided |
| **> Gardening/Outdoor Nature Activities** | 11 | 2 | 2 | 3 | 1 | meets need, does not meet need, not provided |
| **> Intergenerational Activities** | 1 |  | 2 | 3 | 1 | meets need, does not meet need, not provided |
| **> Socialization Activities** | 1 |  | 2 | 3 | 1 | meets need, does not meet need, not provided |
| **> Wellness Programs (health-related programs/seminars/speakers)** | 11 | 1 | 2 | 3 | 1 | meets need, does not meet need, not provided |
| **6. The community has community organizations (e.g., Kiwanis, YMCA) that provide programs to older adults.** | 1 |  | 1 | 2 | 1 | yes, no |  |  |
| > Please describe |  |  |  |  |  |  |  |  |
| **7. There are places of worship in the community provide programs to older adults.** | 1 |  | 1 | 2 | 1 | yes, no |  |  |
| > Please describe |  |  |  |  |  |  |  |  |
| **1. The community promotes volunteer and mentoring opportunities for older adults.** | 4 |  | 2 | 2 | 1 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **2. The community encourages and supports neighborhood activities (e.g., block parties, picnics).** | 1 |  | 2 | 2 | 1 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **3. The community actively helps older adults find employment (i.e. employment counseling, job search assistance, training and placement).** | 8 |  | 2 | 2 | 1 | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **4. Estimate the number of older adults the municipality hires and employs.** | 8 |  | 1 | 2 | 1 | many, some, few, very few, none |
| **5. Estimate the number of older adults businesses in the community hire and employ.** | 8 |  | 1 | 2 | 1 | many, some, few, very few, none |
| **2. Indicate the number of programs/classes/events per month geared towards older adults that are provided by the local library.** | 1 |  | 2 | 2 | 1 |  |
| **1. The community staffs its own Office on Aging or Department of Aging.** | 6 |  | 1 | 2 | 1 | yes, no |
| **4. Indicate the outreach methods used to communicate with older adults in the community.** | 6 |  | 1 | 2 | 1 | Automated Hot-line, Community Ombudsman, In-person/individual consultation, Mailings, Newsletter articles/alerts, Program/service/activity posting(s) at Senior Center/ City Hall/ Library, Speaker presentations, Telephone (live operator), Web site, Other: |
| **8. Older adults in the community that may have difficulty communicating with others:** |  |  |  |  |  |  |
| **(a) Percent of non-English speaking older adults in the community. %** | 6 |  | 1 | 1 |  |  |
| **(b) Percent of older adults in the community with the following types of disabilities: Physical, Mental, Sensory, Self-care, Going outside the home** | 11 | 3 | 1 | 1 |  |  |
| **9. Older adults in the community who have communication challenges (e.g., language barriers, sight and/or hearing impairments) can contact the community for assistance.** | 6 |  | 2 | 1 |  | yes, no |
| 1. Indicate in Table C-3 whether the assistive maintenance services provided to older adults meets demand. |  |  |  |  |  |  |  |  |
| **Errand service** | 7 |  | 2 | 2 | 1 | available & meets demand, available & does not meet demand, not available |
| **Home delivery service (groceries, etc.)** | 7 |  | 2 | 2 | 1 | available & meets demand, available & does not meet demand, not available |
| **Leaf raking/removal in fall** | 7 |  | 2 | 2 | 1 | available & meets demand, available & does not meet demand, not available |
| **Lawn mowing program** | 7 |  | 2 | 2 | 1 | available & meets demand, available & does not meet demand, not available |
| **Library book delivery** | 7 |  | 2 | 2 | 1 | available & meets demand, available & does not meet demand, not available |
| **Mail delivery service (from street box to older adults door)** | 7 |  | 2 | 2 | 1 | available & meets demand, available & does not meet demand, not available |
| **Senior chore program** | 1 |  | 2 | 2 | 1 | available & meets demand, available & does not meet demand, not available |
| **Snow removal in winter** | 7 |  | 2 | 2 | 1 | available & meets demand, available & does not meet demand, not available |
| **Trash to curbside program** | 7 |  | 2 | 2 | 1 | available & meets demand, available & does not meet demand, not available |
| Other : |  |  |  |  |  | available & meets demand, available & does not meet demand, not available |
| 2. Indicate whether the supportive services provided to older adults meets their needs. |  |  |  |  |  |  |  |  |  |
| **Adult day care** | 7 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |
| **Bereavement support** | 11 | 2 | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |
| **Community-sponsored meals (central location)** | 1 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |
| **Defensive driving and/or screening** | 3 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |
| **Home delivered meals (Meals on Wheels)** | 7 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |
| **Home visitations** | 1 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |
| **Kinship Caregiver Supports** | 1 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |
| **Medical equipment loan program** | 11 | 1 | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |
| **Medical services (i.e., blood pressure checks, vaccinations, medication management, home health aides)** | 11 | 1 | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |
| **Nutrition counseling** | 11 | 1 | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |
| **Transportation services** | 3 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |
| Other : |  |  |  |  |  | available & meets demand, available & does not meet demand, not available |  |
| **1. Older adults in the community feel secure within their homes and in close proximity to their house. For example, they feel comfortable enough to open their doors and windows in the summer, walk down their street, and talk with their neighbors.** | 9 |  | 2 | 1 |  | Strongly Agree, Mildly Agree, Neither Agree nor Disagree, Mildly Disagree, Strongly Disagree |
| **9. A community “Block Watch” program exists in the community.** | 2 |  | 1 | 2 | 1 | yes, no |
| 10. Indicate on Table C-2 whether safety-oriented programs and/or services provided to older adults meet their needs. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **911 emergency response service** | 2 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |  |  |  |  |  |  |
| **Reverse 911** | 2 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |  |  |  |  |  |  |
| **Cell phones for older adults** | 2 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |  |  |  |  |  |  |
| **CPR training** | 2 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |  |  |  |  |  |  |
| **Fire safety course** | 2 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |  |  |  |  |  |  |
| **Smoke detectors provided and installed** | 2 |  | 2 | 3 | 2 | available & meets demand, available & does not meet demand, not available |  |  |  |  |  |  |  |
| **Distress counseling** | 2 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |  |  |  |  |  |  |
| **Elder abuse education** | 6 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |  |  |  |  |  |  |
| **Phone check-up** | 2 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |  |  |  |  |  |  |
| **“Gate Keeper”** | 11 | 1 | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |  |  |  |  |  |  |
| **“Vial of Life”** | 11 | 1 | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |  |  |  |  |  |  |
| **Fraud prevention education** | 2 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |  |  |  |  |  |  |
| **Fraud counseling** | 2 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |  |  |  |  |  |  |
| **Police presence in public places** | 2 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |  |  |  |  |  |  |
| **Other safety-related programs** | 2 |  | 2 | 3 | 1 | available & meets demand, available & does not meet demand, not available |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Housing: Check the response that characterizes the availability of each type of housing in your community: | excellent, adequeate, poor, don't know |  |  |  |  |  |  |  |  |
| **a. Affordable rental apartments** | excellent, adequeate, poor, don't know |  |  |  |  |  |  |  |  |
| **b. Affordable houses and condos for homeowners** | excellent, adequeate, poor, don't know |  |  |  |  |  |  |  |  |
| **c. Assisted living units** | excellent, adequeate, poor, don't know |  |  |  |  |  |  |  |  |
| **d. Long-term-care units with skilled nursing** | excellent, adequeate, poor, don't know |  |  |  |  |  |  |  |  |
| **e. Other alternatives, such as home-sharing or adult foster care** | excellent, adequeate, poor, don't know |  |  |  |  |  |  |  |  |
| **2. Services to help older adults live at home: Check the services that are available in your community:** | Home health care, Housekeeping, Yard work, Snow shoveling, Heavy cleaning, Home repairs, Volunteer visitor program, Home grocery, Home pharmacy delivery, Personal care service, Phone-buddy program to check up on people, Religious group support, like parish nursing |
| **3. Nutrition: Check the services that are available in your community:** | Home-delivered meals on wheels, Senior Nutrition Program or group meals, Home grocery delivery |  |  |  |  |  |
| **7. Support for caregiving: Check the response that fits each type of support in your community:** |  |
| **a. Respite care (a volunteer comes in and gives the caregiver a break)** | excellent, adequeate, poor, don't know |
| **b. Senior day care** | excellent, adequeate, poor, don't know |
| **c. Hospice program for the terminally ill** | excellent, adequeate, poor, don't know |
| **d. Caregiver support groups** | excellent, adequeate, poor, don't know |
| **8. Information about basic services: Check how you find out about services in your community:** | Newspapers, TV, Radio, Word of mouth, Internet (computer) postings, Agency referrals, Churches and faith-based institutions, Senior center, library, or other public agencies |  |
| **d. Transportation is available for the following needs: check as many as apply** | Medical appointments, Shopping and haircuts, Social and religious events |  |
| **e. Transportation is available at the following times: check as many as apply** | 1 to 2 days per week, Most weekdays, Evenings and weekends |  |
| 3. Support for community participation Check the response that characterizes support for each type of participation in your community: |  |  |  |  |  |  |  |  |  |
| **a. The community recognizes the contributions of older adults.** | excellent, adequate, poor, don't know |  |  |  |  |  |  |  |  |
| **b. The community promotes intergenerational activities.** | excellent, adequate, poor, don't know |  |  |  |  |  |  |  |  |
| **c. The community provides a range of opportunities for volunteering.** | excellent, adequate, poor, don't know |  |  |  |  |  |  |  |  |
| **d. Older adults participate as civic leaders.** | excellent, adequate, poor, don't know |  |  |  |  |  |  |  |  |
| **e. The community offers a welcoming environment for diverse groups.** | excellent, adequate, poor, don't know |  |  |  |  |  |  |  |  |
| **4. Meeting places: Check the places that are available:** | Senior center, Park center, Library, Other community center |  |  |  |  |  |  |  |  |
| **1. Opportunities for exercise: Check the opportunities that are available:** | Walking and biking paths, Fitness centers and gyms, Swimming pools with adult swim times or aquatic exercise, Other indoor recreation, such as bowling, handball, or tennis, Other outdoor recreation, such as golf, tennis, horseshoes, or skiing |
| **2. Educational and outreach programs for health and wellness: Check the opportunities that are available:** | Classes, Health fairs, Free preventive health checkups |  |  |  |  |  |  |  |  |
| **3. Creative arts activities: Check the opportunities that are available:** | Crafts clubs, Drama groups, Music making, Storytelling, Dance groups, Visual arts groups, Fun! |  |  |  |  |  |  |
| 5. Social and economic vitality: Check the response that characterizes each type of social or economic opportunity in your community: |  |
| **a. Shopping** | excellent, adequate, poor, don't know |
| **b. Encouragement for entrepreneurial start-ups** | excellent, adequate, poor, don't know |
| **c. Opportunities for employment** | excellent, adequate, poor, don't know |

|  |  |  |
| --- | --- | --- |
| **Q1 How much help do you need with jobs around the house (e.g., preparing food, cleaning the house or gardening)?** |  | I can do all these tasks very quickly and efficiently without any help; I can do these tasks relatively easily without help; I can do these tasks only very slowly without help; I cannot do most of these tasks unless I have help; I can do none of these tasks by myself |
| **Q2 Thinking about how easy or difficult it is for you to get around by yourself outside your house (e.g., shopping, visiting)** |  | getting around is enjoyable and easy; I have no difficulty getting around outside my house; a little difficulty; moderate difficulty; a lot of difficulty; I cannot get around unless somebody is there to help me |  |  |  |
| **Q3 Thinking about your mobility, including using any aids or equipment such as wheelchairs, frames, sticks:** |  | I am very mobile; I have no difficulty with mobility; I have some difficulty with mobility (for example, going uphill); I have difficulty with mobility. I can go short distances only; I have a lot of difficulty with mobility. I need someone to help me; I am bedridden |
| **Q4 Thinking about washing yourself, toileting, dressing, eating or looking after your appearance** |  | these tasks are very easy for me; I have no real difficulty in carrying out these tasks; I find some of these tasks difficult, but I manage to do them on my own; many of these tasks are difficult, and I need help to do them; I cannot do these tasks by myself at all |
| **Q20 How much do you enjoy your close relationships (family and friends)?** |  | immensly; a lot; a little; not much; I hate it |  |  |  |  |
| **Q21 Your close relationships (family and friends) are:** |  | very satisfying; satisfying; neither satisfying nor dissatisfying; dissatisfying; unpleasant; very unpleasant |
| **Q22 How often do you feel socially isolated?** |  | never; rarely; sometimes; often; always |  |  |  |  |
| **Q23 How often do you feel socially excluded or left out?** |  | never; rarely; sometimes; often; always |  |  |  |  |

1. Can you please tell us about the community you live in?
Is there anything in your community that you do not like?

4. What concerns do you or other seniors have about living in your community
or neighbourhood?
> As seniors living in this community, what concerns do you have as you age?
> What concerns do you think caregivers have?

5. What would you like to see in your community that would make it a better
place for seniors to live?

|  |  |  |
| --- | --- | --- |
| **13a. How many years have you lived in your community?** |   | 1-100, Less than 6 months, More than 6 months to 1 year |
| **3I. Are you the primary caregiver for any grandchildren?** |   | Yes, No, Don't Know, Refused |
| **4. How many living children do you have?** |   | 1-15, Don't Know, Refused |
| **5. How far away is your nearest child? Would you say…?** |   | LIVES WITH CHILD, Less than 20 minutes away, Between 20 and 60 minutes away, Between 1 and 2 hours away, More than two hours away, Don’t know, Refused |
| **6. How often does a neighbor, friend, or family member contact you either in person or by phone? Would you say…?** | 1 | Every day, A few times a week, Once a week, A few times a month, Monthly, A few times a year, Once a year or less frequently |
| **19. Please tell me whether you strongly agree, somewhat agree, disagree, or stronglydisagree with the following statement: What I’d really like to do is stay in my currentresidence for as long as possible. Would you say you…?** | 9 | Strongly agree, Somewhat agree, Disagree, Strongly disagree, NEITHER AGREE NOR DISAGREE, Don't Know, Refused |
| **20. How confident are you that you will be able to afford to live in your current residencefor as long as you would like? Do you feel ?** | 9 | Very confident, Somewhat confident, Not too confident, Not confident at all, Don't Know, Refused |
| **21. Does your current residence need any significant repairs, modifications, or changes toimprove your ability to live in your current residence over the next five years?** | 9 | Yes, No, Don't Know, Refused |
| **22. Would one of the modifications be (INSERT ITEM)?** |  | Yes, No, Don't Know, Refused |
| **a. Better cooling in the summer** | 9 |  |
| **b. Better heating in the winter** | 9 |  |
| **c. Accommodations for easier access into or within your home such as a ramp, chairlift, wheelchair, or elevator** | 9 |  |
| **d. Bathroom modifications such as grab bars, handrails, high toilet, or non-slip tile?** | 9 |  |
| **e. Fix problems with insects or rodents or bugs** | 9 |  |
| **f. Structural changes or major repairs such as a new roof or new plumbing** | 9 |  |
| **g. Cosmetic or minor repairs such as painting or floor refinishing** | 9 |  |
| **h. Install a medical emergency response system that notifies others in case of an emergency** | 9 |  |
| **i. Something else** | 9 |  |
| **23. Are you planning to make this change over the next five years?** | 9 | Yes, No, Don't Know, Refused |
| **24. What is the major reason for not planning to make this change?** | 9 | Can’t afford it, Can’t find information, Unable to do it yourself, Can’t find contractor/workers/others to do it, Can’t get to hardware or supply store, Don’t trust anyone to do it, Not sure will still be residence, No Real Need, Other, Don’t know, Refused |
| **25. What do you like BEST about your neighborhood?** | 9 | Nothing, The quietness of this neighborhood, The kind of people who live in this neighborhood, Friendliness of the people who live in this neighborhood, Safety of the neighborhood, Police protection, The condition of the streets and sidewalks, Public transportation, Closeness to shopping, Closeness to parks and recreational facilities, Snow removal, Sanitation (street cleaning, trash, and garbage collection), The way that people keep up their yards/homes, Closeness to medical services or hospital, Closeness to family and/or friends, Privacy/houses/neighbors far apart/isolated, Small town/community, Grew up/always lived here/used to it/know everyone, Convenient location, The climate, The surroundings/environment, Not too many people around, Close to school, The location, No/little traffic, Everything, Other, Don’t know, Refused |
| **26. What do you like LEAST about your neighborhood?** | 9 | Nothing, The level of noise in this neighborhood, The kind of people who live in this neighborhood, Unfriendliness of the people who live in this neighborhood, Crime in the neighborhood, Police protection, The condition of the streets and sidewalks, Public transportation, Distance to shopping, Distance to parks and recreational facilities, Snow removal, Sanitation (street cleaning, trash, and garbage collection), The way that people keep up their yards/homes, Distance to medical services or hospital, Distance to family and/or friends, Traffic/too much/increasing/speeding, Too many children/kids everywhere/unruly/hanging out, The animals/too many/unrestrained, Cost of living/taxes/too high/increasing, Crowded/getting crowded, Climate/weather conditions, No/limited parking, Isolation/not my age group/not knowing people around me, Littering, The hills/too many, The politicians, Empty/abandoned houses, Rules/regulations, Having to maintain the house/property, Othe, Don’t know, Refused |
| **27. Do you think you will need to move out of your current residence within the next twoyears?** | 9 | Yes, No, Don't Know, Refused |
| **27a. Why do you think you’ll need to move [within the next two years]?** | 9 | Can’t manage my house/apartment, Move to warmer climate, Move to better location, Dissatisfied with features of current home/location, Would like to move to a place with more services, My house/apartment is too big, Rent/mortgage will be too high, Taxes will be too high, Maintenance costs will be too high, Utilities will be too high, Health related reason, Can’t find reliable help, To be closer to relatives or friends, Safety, Buying/building a new home, Too expensive/can't afford it, Too small/need more space, Other, Don’t know, Refused |
| **29. Now, I’m going to read you a list of problems that occur in some neighborhoods. After I mention each problem tell me how big you think the problem is in your neighborhood.How about (INSERT)? Would you say it’s a big problem, a small problem or not aproblem in your neighborhood?** |  | Big problem, Small problem, No problem, Don’t know, Refused |
| **a. Heavy traffic** | 3 |  |
| **b. Crime** | 2 |  |
| **c. Too far away from parks and recreation** | 3 |  |
| **d. Noise** | 7 |  |
| **e. Streets and sidewalks need repair or don’t exist** | 3 |  |
| **f. Streets are too dark** | 2 |  |
| **g. Rundown or abandoned buildings, houses or apartments** | 9 |  |
| **h. Poor public services such as schools, garbage or snow removal** | 7 |  |
| **i. Public transportation too far away, too limited, or not available** | 3 |  |
| **j. Traffic lights are too few or too fast** | 3 |  |
| **k. Too far away from shopping, banks, or other needed services** | 3 |  |
| **l. Not enough arts or cultural activities** | 1 |  |
| **m. Not enough affordable housing** | 9 |  |
| **n. People don’t get involved in efforts to improve the community** | 4 |  |
| **30. Overall, how satisfied are you with this neighborhood as a place to live? Would yousay that you are …?** | 7 | Very satisfied, Somewhat satisfied, Somewhat dissatisfied, Very dissatisfied, Don’t know, Refused |
| **58. Which services have you used? Have you used (INSERT)?** |  | Yes, No, Don't Know, Refused |
| **a. Senior Center** | 1 |  |
| **b. Chore or homemakers services** | 7 |  |
| **c. Congregate meals such as senior lunch programs** | 1 |  |
| **d. Meals-on-wheels or home delivered meals** | 7 |  |
| **k. Other food assistance programs such as food pantries** | 7 |  |
| **e. A service that helps with home repairs** | 9 |  |
| **f. Visiting nurse such as an RN who comes to your home** | # |  |
| **g. Home health aide, personal care attendant, or other assistant who helps with personal needs** | 7 |  |
| **h. Respite (IF NECESSARY: Getting a break from caregiving duties.)** | # |  |
| **i. End of life or hospice care (IF NECESSARY: Medication or services provided to relieve symptoms of terminal illness** | # |  |
| **j. Special transportation service like one for seniors or person with disabilities** | 3 |  |
| **60. Is there someone who would give you help if you were sick or disabled for a shortperiod of time, such as if you had the flu?** | 1 | Yes, No, Don't Know, Refused |
| **61. If you were sick or disabled for a long period of time, do you have relatives or friendsbesides your husband, wife, or partner who would be willing and able to help you overa long period of time?** | 1 | Yes, No, Don't Know, Refused |
| **62. Is there someone you could call on at any hour of the day or night should some emergency come about?** | 1 | Yes, No, Don't Know, Refused |
| **68. Are you able to get transportation to the places you need to go?** | 3 | Yes, No, Depends, Don't know, Refused |
| **69. What kinds of difficulties do you have in getting the transportation that you need?** | 3 | Don’t have a car, Public transportation not available in this community or extremely limited, Taxi service not available in this community or extremely limited, Costs too much, There’s no one i can depend on, Bus schedules are a problem, Bus stops are too far away, Fear of crime stops me from going places, Physical or other impairment makes transportation hard to use, Transportation does not accommodate walking assisting devices: walker, cane, wheelchair, Don’t want to ask others for help, Don’t want to inconvenience others, Other reasons, Don’t know, Refused |
| **70. On average, about how many times per week do you leave your home for any reason?** | 1 | Never go outside of home or apartment, Go out less than once per week, Go out one to three times per week, Go out four to six times per week, Go out every day, Don’t know, Refused |
| **70a. What keeps you from going out more often?** | 1 | Health, Lack of transportation, Don’t need/want to, Caregiver to spouse/friend(s), Finances, Weather conditions, No time/too busy at home, Other reasons, Don’t know, Refused |
| **80. Do you currently provide help or care, or arrange for help or care, to a relative or friendbecause they are unable to do some things for themselves due to illness or disability?** | 1 | Yes, No, Don't Know, Refused |
| **81. What is this person’s relationship to you?** | 1 | Child, Spouse/partner, Parent or in-law, Another relative, Non-relative friend, Other, Don’t know, Refused |
| **82. In total, how long have you been caring for this person?** | 1 | IN WEEKS (RANGE = 1-52), IN MONTHS (RANGE = 1-18), IN YEARS (RANGE = 1-50), Don’t know, Refused |
| **83. On average how many hours per week are you caring for this person?** | 1 | (RANGE = 1-168), Don't know, Refused |
| **84. Do you sometimes get relief or time off from this responsibility?** | 1 | Yes, No, Don't Know, Refused |
| **18. During an average month, how much do you spend on utilities such as telephone, water, sewer, electricity, heating oil, and gas?** | 8 | (RANGE = $0 - $5000), Don't know, Refused |
| **100. Were there any times in the past 12 months, when you or other adults in your householddid not have enough money to …?** |  | Yes, No, Don't Know, Refused |
| **101. In the last 12 months did you or other adults in your household ever cut the size of yourmeals or skip meals because there wasn’t enough money for food?** |  | Yes, No, Don't Know, Refused |
| **a. Pay your rent, mortgage, or real estate taxes** | 8 |  |
| **b. Pay your utility bills** | 8 |  |
| **c. Fill a prescription for medicine** | 8 |  |
| **d. Follow up on tests or treatment recommended by a doctor** | 8 |  |
| **e. Obtain dental care (including check-ups)** | 8 |  |
| **f. Obtain eyeglasses** | 8 |  |
| **g. Obtain a hearing aid** | 8 |  |
| **102. How often did this happen? Would you say…?** |  | Almost every month, Some months, but not every month, Only once or twice in the last year, Less than once in the last year, Don’t know, Refused |
| 105. I am going to read you a list of areas that some people say are problems for them. AfterI read each one, please tell me if it is a very important problem for you, somewhat of a problem for you, or no problem for you. |
| **a. Income** |
| **b. Health and medical care** |
| **c. Help in providing personal care for yourself** |
| **d. Help in providing care for someone else in your household** |
| **e. Housing that meets your needs** |
| **f. Transportation** |
| **g. Leisure time activities** |
| **h. Crime in your neighborhood** |
| **i. Nutrition and food** |
| **j. Isolation and loneliness** |
| **k. Housekeeping or cleaning** |
| **l. Home repair or maintenance** |
| **m. Filling out insurance, medical, or other forms** |
| **107. If you were the leader of this city/community, what changes would you want to make to improve conditions for older persons living here?** |