COMMUNITY SURVEY FOR OLDER ADULTS

Please complete the survey only once. You may skip any question that you do not understand or are not comfortable answering.

1. Right now, how concerned are you about:	Not Concerned	Somewhat Concerned	Very Concerned	Not Applicable
Being able to live in your home as you get older	☐	☐	☐	☐
Being physically, emotionally or financially abused	☐	☐	☐	☐
Being the victim of a financial scam	☐	☐	☐	☐
Driving safely or not being able to drive	☐	☐	☐	☐
Falling or the fear of falling	☐	☐	☐	☐
Feeling lonely or being alone	☐	☐	☐	☐
Having enough money in retirement	☐	☐	☐	☐
Losing your memory or having dementia	☐	☐	☐	☐
Maintaining and repairing your home	☐	☐	☐	☐
Obtaining or understanding benefits (Social Security, Medicare, Medicaid)	☐	☐	☐	☐
Providing care to a spouse, partner or other loved one	☐	☐	☐	☐
Raising a grandchild or grandchildren	☐	☐	☐	☐
The amount of clutter or belongings in your home	☐	☐	☐	☐

2. How often do you:	Never	Sometimes	Often	Not applicable
Attend community activities or events	☐	☐	☐	☐
Depend on someone else to drive you somewhere	☐	☐	☐	☐
Feel lonely or isolated	☐	☐	☐	☐
Visit with friends or family	☐	☐	☐	☐
Volunteer in the community	☐	☐	☐	☐

3. Do you:	No	Yes	Not applicable
Actively move about or exercise daily	☐	☐	☐
Eat fruits and vegetables daily	☐	☐	☐
Go to the dentist at least once a year	☐	☐	☐
Go to the doctor at least once a year	☐	☐	☐

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4. Do you have difficulty paying for:	No	Yes	Not Applicable
Assistive devices (hearing aids, eye glasses)	☐	☐	☐
Dental care including cleanings, extractions	☐	☐	☐
Enough food to eat	☐	☐	☐
Fresh/healthy food to eat (fruits, vegetables)	☐	☐	☐
Healthcare including doctor visits or hospitalizations	☐	☐	☐
Medication	☐	☐	☐
Rent, mortgage or property taxes	☐	☐	☐
Transportation (gas, insurance, repairs, public transit)	☐	☐	☐
Utilities (heating, cooling, water)	☐	☐	☐

5. How difficult is it for you to:	Not difficult	Somewhat difficult	Very difficult	Someone does this for me	Not applicable
Clean the house	☐	☐	☐	☐	☐
Do the laundry	☐	☐	☐	☐	☐
Enter and/or exit your home	☐	☐	☐	☐	☐
Get dressed	☐	☐	☐	☐	☐
Handle Paperwork/Pay Bills	☐	☐	☐	☐	☐
Manage your medication	☐	☐	☐	☐	☐
Prepare a meal	☐	☐	☐	☐	☐
Shop for groceries	☐	☐	☐	☐	☐
Shovel snow or complete yard work	☐	☐	☐	☐	☐
Take a shower or bath	☐	☐	☐	☐	☐

6. Please rate the following:	Poor	Fair	Good	Excellent	Prefer not to answer
Your overall physical health	☐	☐	☐	☐	☐
Your overall mental health	☐	☐	☐	☐	☐
Your ability to live life with quality and dignity	☐	☐	☐	☐	☐
Your community as a place to age well	☐	☐	☐	☐	☐
Your overall oral health	☐	☐	☐	☐	☐

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Please tell us a little more about you:

7. Where do you go for information about senior services and activities (check all that apply)?

- ☐ Prefer not to answer
- ☐ My doctor
- ☐ Faith community (churches)
- ☐ A family member or friend
- ☐ Area Agency on Aging
- ☐ Internet
- ☐ Newspaper/Newsletters
- ☐ Local library
- ☐ Commission or Council on Aging
- ☐ Local senior center
- ☐ Other (please specify) _____
- ☐ I haven't needed information

8. How many times have you fallen in the last year?

☐ Prefer not to answer ☐ No falls ☐ 1 – 2 falls ☐ 3 - 4 falls ☐ 5+ falls

9. How many times have you used the Urgent Care or Emergency Room in the last year?

☐ Prefer not to answer ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

10. Your age group: ☐ Prefer not to answer

☐ Under 60 ☐ 60-64 ☐ 65-74 ☐ 75-84 ☐ 85+

11. Your gender: ☐ Prefer not to answer

☐ Male ☐ Female ☐ Prefer to self-describe:_____

12. Are you employed? ☐ Prefer not to answer

☐ No ☐ Yes (0-20 hours/week) ☐ Yes (21-40 hours/week)

13. Household income per year: ☐ Don't Know ☐ Prefer not to answer

☐ $12,490 or less (1 person household) ☐ $16,920 or less (2 person household)

☐ More than $12,490 (1 person household) ☐ More than $16,920 (2 person household)

14. Living arrangement: ☐ Prefer not to answer

☐ Live alone ☐ Live with significant other ☐ Live with friends or relatives ☐ Other

15. What is your primary county of residence: ☐ Prefer not to answer

☐ Allegan ☐ Ionia ☐ Kent ☐ Lake ☐ Mason

☐ Mecosta ☐ Montcalm ☐ Newaygo ☐ Osceola ☐ Other

16. What is your race/ethnicity (Select all that apply): ☐ Prefer not to answer

- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White Hispanic
- ☐ White Non-Hispanic
- ☐ Other race/ethnicity

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DO YOU PROVIDE CARE TO AN AGING OR ILL INDIVIDUAL?
IF SO, PLEASE COMPLETE THESE QUESTIONS.

Please tell us about the care you provide to others.

1. Who do you provide care for (check all that apply)?

☐ Significant other ☐ Adult child with health conditions ☐ Aging parent(s) or in-law(s)
☐ Neighbor ☐ Friend ☐ Other relative
☐ Other (please specify): _____

2. How much time do you spend caregiving each week?

☐ Less than 8 hours ☐ 8-20 hours ☐ 21-40 hours ☐ 41+ hours

3. What types of care do you provide (check all that apply)?

☐ House cleaning ☐ Lawn and snow care ☐ Socialization
☐ Bathing or dressing ☐ Home maintenance ☐ Transportation
☐ Meal preparation ☐ Handling bills ☐ Grocery shopping or errands
☐ Handling medications ☐ Accompaniment to Medical Appointments ☐ Other (please specify): _____

4. As a caregiver, what services are (or would be) most helpful (check all that apply)?

☐ Adult day center ☐ Help finding services ☐ In-home respite care
☐ Caregiver support groups ☐ Financial planning for care needs ☐ Planning for assisted living or nursing home care
☐ Legal planning (wills, trusts, Power of Attorney, etc.) ☐ Cleaning/meal preparation ☐ Education about caregiving
☐ Assistance to help with bathing and dressing ☐ Planning for end of life (medical decisions, funeral arrangements) ☐ Other (please specify): _____

For further information about the topics listed above, please visit https://www.aaawm.org/ or contact 1-888-456-5664 or 616-456-5664

IF YOU HAVE COMPLETED THIS SURVEY AND ARE NOT SURE WHERE TO RETURN IT PLEASE CALL 1-888-456-5664 ATTN LACEY CHARBONEAU OR MAIL TO:
AAAWM, 3215 EAGLECREST DRIVE NE, GRAND RAPIDS, MI 49525
EMAIL: LACEYC@AAAWM.ORG

To be entered in a drawing for prizes:

Printed Name:	Phone: