

Age-Friendly Community Survey

We would like to find out about your community and what you'll need as you get older to make your community a great place to live. Your views are important, and we would greatly appreciate your participation in this survey. This survey is being conducted for research purposes only, and we promise that your name and individual opinions will be kept confidential. This survey will take about 20 minutes to complete.

YOUR HOME AND COMMUNITY

Q1. Are you a resident of Santa Clara County, California **?**
[INSERT STATE, CITY, COUNTY, TOWN, OTHER AREA]?

- ₁ Yes
- ₂ No
- ₀ Not sure

Q1a. What is the name of your community? _____

NOTE: For some people, this will mean the town or village in which they live, or it could be their neighborhood, their subdivision or housing development.

Q2. How long have you lived in your community?

- ₆ Less than 5 years
- ₅ 5 years but less than 15 years
- ₄ 15 years but less than 25 years
- ₃ 25 years but less than 35 years
- ₂ 35 years but less than 45 years
- ₁ 45 years or more

Q3. How long have you lived in your current residence?

- ₆ Less than 5 years
- ₅ 5 years but less than 15 years
- ₄ 15 years but less than 25 years
- ₃ 25 years but less than 35 years
- ₂ 35 years but less than 45 years
- ₁ 45 years or more

Q4. How would you rate your current community as a place for people to live as they age?

- ₅ Excellent
- ₄ Very good
- ₃ Good
- ₂ Fair
- ₁ Poor

Q5. Thinking about your future years, are you more likely to move to a different community, move to a different residence within your current community, or stay in your current residence and never move? [Check only one.]

- ₁ Move to a different community
- ₂ Move into a different residence within your current community
- ₃ Stay in your current residence and never move

Q6. Some people find that they need or want to move out of their home as they get older. If you were to consider moving out of your current residence, would the following be a major factor, a minor factor, or not a factor at all in your decision to move?

	MAJOR FACTOR	MINOR FACTOR	NOT A FACTOR	NOT SURE
a. Wanting a smaller size home	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. Wanting a larger size home	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. The cost of maintaining your current home	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. Wanting a home that will help you live independently	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
as you age, for example a home without stairs				

Q7. Some people find that they need or want to move out of their community as they get older. If you were to consider moving out of your current community, would the following be a major factor, a minor factor, or not a factor at all in your decision to move?

	MAJOR FACTOR	MINOR FACTOR	NOT A FACTOR	NOT SURE
a. Your personal safety or security concerns	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. Wanting to move to an area that has better health care facilities	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. Wanting to be closer to family	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. Needing more access to public transportation	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e. Wanting to live in a different climate	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

Continued →



- f. Wanting to live in an area that has a lower cost of living ₃ ₂ ₁ ₀
- g. Wanting to live in an area with better opportunities ₃ ₂ ₁ ₀
for social interaction

Q8. How important is it for you to remain in your current community for as long as possible?

- ₅ Extremely important
- ₄ Very important
- ₃ Somewhat important
- ₂ Not very important
- ₁ Not at all important

Q9. Which of the following types of homes best describes where you currently live? [Check only one.]

- ₁ Single family house
- ₂ Two family house that has two separate living units
- ₃ Townhouse or row house
- ₄ Apartment
- ₅ Condominium or coop
- ₆ Mobile home
- ₇ Senior housing or assisted living facility
- ₈ ADU (accessory dwelling unit)
- ₉ Multi-family housing
- ₁₀ Some other type of living arrangement

Q10. Do you own or rent your primary home, or do you have some other type of living arrangement, such as living with a family member or friend?

- ₁ Own → *Go to Question 11*
- ₂ Rent → *Skip to Question 12*
- ₃ Neither own nor rent but live with adult child or others → *Skip to Question 12*

Q11. Do you currently have a mortgage on your residence or is your residence fully paid for?

- ₁ I currently have a mortgage on my residence
- ₂ I have no mortgage; my residence is completely paid for
- ₀ Not sure

Q12. How important is it for you to be able to live independently in your own home as you age?

- ₅ Extremely important
- ₄ Very important
- ₃ Somewhat important
- ₂ Not very important
- ₁ Not at all important

Q13. As you grow older, would you consider sharing your home?

	YES	NO	NOT SURE
a. With a family member or members, not including a spouse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. With a friend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. With a stranger, someone I do not know	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀

Q14. Some people find that they need to make modifications to their residence to enable them to reside in their home for long as possible. Does your current residence need any major repairs, modifications, or changes to enable you to stay there for as long as possible?

- ₁ Yes
- ₂ No
- ₀ Not sure

HOMES, PUBLIC BUILDINGS AND SPACES

Q15. How would you rate your community for having each of the following?

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT SURE
a. Home modification and repair contractors who are trustworthy, do quality work, and are affordable	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. A home repair service for low-income and older adults that helps with projects such as roof or window repairs	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. Seasonal services, such as lawn-mowing and landscaping, for low-income and older adults	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀



Q16. How would you rate your community for having each of the following?

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT SURE
a. Sidewalks that are in good condition, safe for pedestrians, and accessible for people using wheelchairs or other assistive mobility devices	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. Well-lit, accessible, safe streets and intersections for all users	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. Audio and visual pedestrian crossings	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. Separate pathways for bicyclists and pedestrians	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e. Well-maintained streets	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. Easy to read traffic signs	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
g. Enforced speed limits	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

Q17. How would you rate your community for having each of the following?

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT SURE
a. Well-maintained homes and properties	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. Affordable housing options — such as older active adult communities, assisted living and communities with shared facilities and outdoor spaces — for adults of varying income levels	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. Homes that are built with things like a no-step entrance, wider doorways, and first-floor bedrooms and bathrooms	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. Well-maintained, safe, low-income housing	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e. Well-maintained parks	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. Safe parks	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
g. Public buildings and spaces including restrooms that are accessible to people of different physical abilities	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. Enough benches for resting in public areas, including parks, along sidewalks, and around public buildings	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. Conveniently located emergency care centers	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

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- j. Well-maintained hospitals and health care facilities ₅ ₄ ₃ ₂ ₁ ₀
- k. Neighborhood Watch programs ₅ ₄ ₃ ₂ ₁ ₀
- l. Conveniently located public parking and handicapped parking ₅ ₄ ₃ ₂ ₁ ₀
- m. Affordable public parking ₅ ₄ ₃ ₂ ₁ ₀

TRANSPORTATION

Q18. How do you usually get around your community for activities including (but not limited to) shopping, errands, medical appointments, socializing?

- | | YES | NO |
|---|---------------------------------------|---------------------------------------|
| a. Walk | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Drive yourself | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Have others drive you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Take a taxi | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Use a ride source company such as Uber or Lyft | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Use a special transportation service, such as one for seniors or persons with disabilities | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Use public transportation | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| h. Ride a bike | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| i. Some other way | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| j. I do not get out of the house | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

Q19. How would you rate your community for having each of the following?

- | | EXCELLENT | VERY GOOD | GOOD | FAIR | POOR | NOT SURE |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Accessible and convenient public transportation | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| b. Affordable public transportation | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| c. Well-maintained public transportation vehicles | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| d. Timely public transportation | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| e. Safe public transportation stops or areas that are accessible to people of varying physical abilities | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |
| f. Special transportation services for people with disabilities and older adults | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₀ |



HEALTH AND WELLNESS

Q20. How would you rate your community for having each of the following?

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT SURE
a. Well-trained, certified home health care providers	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. Affordable home health care providers	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. A variety of health care professionals including specialists	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. Health care professionals who speak different languages	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e. Respectful and helpful hospital and clinic staff	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

Q21. How would you rate your community for having each of the following?

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT SURE
a. Affordable health and wellness programs (such as classes) related to nutrition, smoking cessation, weight control and similar topics	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. Affordable fitness activities that are specifically geared toward older adults	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. Conveniently located health and social services	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. A service that provides people who can help seniors easily find and access health and supportive services	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e. Affordable home care services including personal care and housekeeping	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. Easily understandable and helpful local hospital or clinic answering services	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
g. Access to telehealth care services	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

SOCIAL PARTICIPATION, INCLUSION AND EDUCATIONAL OPPORTUNITIES

Q22. How often do you have contact with family, friends or neighbors who do not live with you?

- ₇ Everyday
- ₆ Several times a week, but not everyday
- ₅ Once a week
- ₄ Once every 2 or 3 weeks
- ₃ Once a month
- ₂ Less than monthly
- ₁ Never

Q23. How often do you feel the following?

- | | OFTEN | SOMETIMES | RARELY | NEVER |
|--------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. I lack companionship | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |
| b. I feel left out | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |
| c. I feel isolated from others | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₁ |

Q24. If you were in trouble, do you have friends or family who can help you at any time of the day or night?

- ₁ Yes
- ₂ No

Q25. Do you use any of following community sources for continuing education, self-improvement classes or workshops?

- | | YES | NO |
|--|---------------------------------------|---------------------------------------|
| a. Department of parks and recreation | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Faith community | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Local organizations or businesses | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Community center | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Senior center | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Offerings through my work | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Online programs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| h. Some other source | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| i. I do not participate in any continuing education ..
or self-improvement programs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

Q26. How would you rate your community for having each of the following?

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT SURE
a. Conveniently located entertainment venues	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. Activities geared specifically toward older adults .	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. Activities that offer senior discounts	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. Activities that are affordable to all residents	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e. Activities that involve both younger and older people	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. Cultural activities for diverse populations	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
g. Local schools that involve older adults in. events and activities	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. Continuing education classes or social clubs for pursuing new interests, hobbies or passions	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. Driver education or refresher courses	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
j. Access to reliable and affordable high-speed internet services at home	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

VOLUNTEERING AND CIVIC ENGAGEMENT

Q27. How would you rate your community for having each of the following?

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT SURE
a. A range of volunteer activities to choose from	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. Volunteer training opportunities to help people perform better in their volunteer roles	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. Opportunities for older adults to participate in decision-making bodies, such as community councils or committees	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. Easy to find information on available local volunteer opportunities	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e. Transportation to and from volunteer activities ..	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
for those who need it						
f. A range of public in-person events	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀



JOB OPPORTUNITIES

Q28. Which of the following best describes your current employment status?

- ₁ Self-employed, part-time → *Go to Question 29*
- ₂ Self-employed, full-time → *Go to Question 29*
- ₃ Employed, part-time → *Go to Question 29*
- ₄ Employed, full-time → *Go to Question 29*
- ₅ Unemployed, but looking for work → *Go to Question 29*
- ₆ Retired, not working at all → *Skip to Question 30*
- ₇ Not in labor force for other reasons → *Skip to Question 30*

Q29. How likely is it that you will continue to work for as long as possible rather than choosing to retire and no longer work for pay?

- ₅ Extremely likely
- ₄ Very likely
- ₃ Somewhat likely
- ₂ Not very likely
- ₁ Not at all likely
- ₀ Not sure

Q30. How would you rate your community for having each of the following?

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT SURE
a. A range of flexible job opportunities for older adults	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. Job training opportunities for older adults who want to learn new job skills within their job or get training in a different field of work	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. Jobs that are adapted to meet the needs of people with disabilities	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. Policies that ensure older adults can continue to have equal opportunity to work for as long as they want or need to regardless of their age	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

COMMUNITY INFORMATION

Q31. Would you turn to the following resources if you, a family member or friend needed information about services for older adults such as caregiving services, home delivered meals, home repair, medical transport or social activities?

	YES	NO	NOT SURE
a. A local senior center	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. An office of healthy aging (formerly a department of “elderly affairs”)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. Family or friends.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. Local nonprofit organizations.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e. AARP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
f. Faith-based organizations including churches or synagogues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
g. Internet.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
h. Your doctor or other health care professional.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
i. Local government offices such as the health department.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
j. Library	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
k. Some other source.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀

Q32. How would you rate your community for having each of the following?

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	NOT SURE
a. Access to community information in one..... central source	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. Clearly displayed, printed community	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. Free access to computers and the internet	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
in public places such as a library, senior center or government building						
d. Community information that is delivered	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
in person to people who might have difficulty accessing other sources or may not be able to leave their home						
e. Community information that is available	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
in a variety of languages						

DEMOGRAPHICS

The following questions are for classification purposes only and will be kept confidential.

D1. What is your gender?

- ₁ Male
- ₂ Female
- ₃ Non-binary
- ₄ Another gender identity

D2. Which term best describes how you currently identify? [Select all that apply.]

- ₁ Straight or Heterosexual
- ₂ Gay or Lesbian
- ₃ Bisexual or Pansexual
- ₄ Asexual
- ₅ Queer
- ₆ Questioning or other
- ₇ Prefer not to say

D3. What is your age in years as of your last birthday? _____

D4. What is your current marital status?

- ₁ Married
- ₂ Not married but living with a partner
- ₃ Separated
- ₄ Divorced
- ₅ Widowed
- ₆ Never married

D5. Are you or your spouse or partner currently a member of AARP?

- ₁ Yes
- ₂ No
- ₀ Not sure



D6. Besides yourself, do any of the following people live in your household?

- | | YES | NO |
|---|---------------------------------------|---------------------------------------|
| a. Child/children under 18 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Child/children 18 or older | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Child/children away at college | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Parents | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Other adult relative or friend 18 or older | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

D7. In general, how would you rate your health?

- ₅ Excellent
- ₄ Very good
- ₃ Good
- ₂ Fair
- ₁ Poor

D8. Does any disability, handicap, or chronic disease keep you or your spouse or partner from participating fully in work, school, housework, or other activities? [Check only one.]

- ₁ Yes, myself
- ₂ Yes, my spouse or partner
- ₃ Yes, both me and my spouse or partner
- ₄ No

D9. A family caregiver is someone who provides care for an adult loved one who is ill, frail, elderly or has a physical, mental or emotional disability. This care may include helping with meals, household chores, shopping, transportation, personal needs such as bathing or dressing, managing medical care or finances, or even visiting regularly to see how they are doing. This adult need not live with you.

Are you currently a family caregiver providing unpaid care to an adult loved one?

- ₁ Yes → *Skip to Question D10*
- ₂ No → *Skip to Question D11*

D10. How likely is it that you will provide unpaid care to an adult loved one in the future?

- ₅ Extremely likely
- ₄ Very likely
- ₃ Somewhat likely
- ₂ Not very likely
- ₁ Not at all likely

D11. What is the highest level of education you have completed?

- ₁ K-12th grade (no diploma)
- ₂ High school graduate, GED or equivalent
- ₃ Post-high school education/training (no degree)
- ₄ 2-year college degree
- ₅ 4-year college degree
- ₆ Post-graduate study (no degree)
- ₇ Graduate or professional degree(s)

D12. Are you of Hispanic, Spanish or Latino origin or descent?

- ₁ Yes → *Go to Question D13*
- ₂ No → *Skip to Question D14*

D13. If you are Hispanic or Latino, please indicate which language best represents the language you speak at home?

- ₁ English
- ₂ Spanish
- ₃ Do not have a preference

D14. What is your race? [Check all that apply.]

- ₁ Black or African American
- ₂ White or Caucasian
- ₃ Asian
- ₄ American Indian or Alaska Native
- ₅ Native Hawaiian or other Pacific Islander
- ₆ Other, please specify: _____

D15. How concerned are you that cost-of-living increases, over which you have no control, may reduce your standard of living during your retirement years?

- ₁ Very concerned
- ₂ Somewhat concerned
- ₃ Not very concerned
- ₄ Not concerned at all
- ₀ Not sure

D16. What was your annual household income before taxes last year?

- ₁ Less than \$10,000
- ₂ \$10,000 to \$19,999
- ₃ \$20,000 to \$29,999
- ₄ \$30,000 to \$49,999
- ₅ \$50,000 to \$74,999
- ₆ \$75,000 to \$99,999
- ₇ \$100,000 to \$149,999
- ₈ \$150,000 or more

D17. What is your 5-digit zip code? _____

Thank you very much for completing this survey.

Your assistance in providing this information is greatly appreciated.



