# Active Aging Community Needs Assessment

Dear Resident,

We invite you to complete this community needs assessment if you are ***50 years of age and older***. It is helpful to have as many people participate in the assessment so we genuinely know the interests and needs of the community.

***Do not put your name on this survey. We will keep all the information private.***

If you need any help, please do not hesitate to ask.

Thank you for sharing your time!

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***Getting to Know You***

1. How long have you lived here? _____
2. How old are you? _____
3. How many people live in your household? _____
4. How do you identify yourself? ❑[1] Male ❑[2] Female ❑[3] Transgender ❑[4] non-Binary
5. What is your race? (Check all that apply)

   ❑[1] White
   ❑[2] Black or African American
   ❑[3] Asian
   ❑[4] Native Hawaiian or Other Pacific Islander
   ❑[5] American Indian or Alaska Native
   ❑[5] Middle Eastern
   ❑[5] Hispanic, Latino, or Spanish origin
   ❑[6] Other _____

6. What is the language you speak at home?

   ❑[1] English ❑[2] Spanish ❑[3] Farsi ❑[4] Chinese ❑[5] Korean ❑[5] Other: _____

7. What is your current marital status?

   ❑[1] Married ❑[2] Separated ❑[3] Divorced ❑[4] Widowed ❑[5] Single

8. Are you a veteran or active member of the U.S. Armed Forces or the National Guard and Reserve? ❑[1] Yes ❑[2] No
9. Are you currently working? ❑[1] Yes ❑[2] No
10. What is your highest level of education you have completed?

    ❑[1] 8th grade or less
    ❑[2] 9th – 12th
    ❑[3] High school diploma or GED
    ❑[4] Some college, no degree
    ❑[5] College degree
    ❑[6] Post graduate degree

11. Do you have a car that you park at the property? ❑[1] Yes ❑[2] No

    If No, what type of transportation do you use to get groceries, go to the doctor, etc.?

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❑[1] Bus ❑[2] Walk ❑[3] Bike ❑[4] Taxi/Uber ❑[5] Metro Access ❑[6] Someone else drives me

12. Would you be interested in participating in any of the programs and activities below?

**Social Activities** ❑[1] Yes ❑[2] No

**If YES,** check all that applies:

❑[1] Arts and crafts
❑[2] Cooking
❑[3] Dancing
❑[4] Discussion groups
❑[5] Music/singing
❑[6] Gardening
❑[7] Games
❑[8] Outings
❑[9] Movies
❑[10] Others _____

**Educational Programs** ❑[1] Yes ❑[2] No

**If YES**, check all that applies:

❑[1] Learning another language ❑[2] Learning to read ❑[3] Financial Planning ❑[4] Others _____

**Computer Programs** ❑[1] Yes ❑[2] No

**If YES,** would you be interested in:

❑[1] Learning to use a computer ❑[3] Learning to use programs to connect with friends/family
❑[2] Learning to use the internet ❑[4] Others _____

**Exercise or Fitness Programs** ❑[1] Yes ❑[2] No

**If YES,** would you be interested in:

❑[1] Walking programs
❑[2] Group Exercise
❑[3] Improving your strength
❑[4] Improving your balance
❑[5] Others _____

**Wellness and prevention programs** ❑[1] Yes ❑[2] No

**If YES**, would you be interested in:

❑[1] Education (learning about nutrition, medications, diseases like Alzheimer's, etc.)
❑[2] Health screenings (mammograms, hearing, vision, etc.)
❑[3] Preventing or managing health problems
❑[4] Others _____

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| **Wellness Clinic** (for answering health questions, checking vital signs, understanding doctor's orders, etc.) ❑[1] Yes ❑[2] No |
| **Other** (Please list any other interests you may have) |

***Physical Health***

13. In general, would you say your health is:

❑[1] Excellent ❑[2] Very good ❑[3] Good ❑[4] Fair ❑[5] Poor

14. Do you have any of the following health conditions?

| | Yes | No |
|---|---|---|
| A. High blood pressure or hypertension | ☐ | ☐ |
| B. Diabetes or high blood sugar | ☐ | ☐ |
| C. Cancer | ☐ | ☐ |
| D. Chronic lung disease/breathing problems | ☐ | ☐ |
| E. Heart problems | ☐ | ☐ |
| F. Arthritis or rheumatism | ☐ | ☐ |
| G. Eye problems like cataracts, glaucoma, or macular degeneration | ☐ | ☐ |
| H. Neurological problems | ☐ | ☐ |
| I. Memory-related disease | ☐ | ☐ |
| J. Emotional, nervous, or psychiatric problems | ☐ | ☐ |

15. Do you have other health conditions that you would like to share? _____

16. Do you use any of the following assistive devices?

❑[1] Eye glasses/contact lenses
❑[2] Wheelchair
❑[3] Walker
❑[4] Cane
❑[5] Assistance of others
❑[6] Motorized scooter
❑[7] Hearing aids
❑[8] Oxygen
❑[9] Other _____
❑[10] None

17. Are you legally disabled? ❑[1] Yes ❑[2] No

18. Do you or anyone in your household have a hearing problem that prevents them from hearing what is said in normal conversation, even with a hearing aid? ❑[1] Yes ❑[2] No

19. Do you or anyone in your household have a vision problem that prevents them from seeing when wearing glasses or contacts? ❑[1] Yes ❑[2] No

20. Do you or anyone in your household have any condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? ❑[1] Yes ❑[2] No

| 21. I need help with… | YES | NO |
|---|---|---|
| A. Bathing/showering | ☐ | ☐ |
| B. Dressing | ☐ | ☐ |
| C. Get in and out of bed/chair | ☐ | ☐ |
| D. Using the toilet | ☐ | ☐ |
| E. Controlling your bladder | ☐ | ☐ |
| F. Eating | ☐ | ☐ |
| G. Using the telephone | ☐ | ☐ |
| H. Shopping | ☐ | ☐ |
| I. Preparing meals | ☐ | ☐ |
| J. Housekeeping | ☐ | ☐ |
| K. Doing laundry | ☐ | ☐ |
| L. Traveling to places out of walking distance | ☐ | ☐ |
| M. Managing medications | ☐ | ☐ |
| N. Managing money or finances | ☐ | ☐ |
| O. Managing relationships | ☐ | ☐ |

***Physical Activity***

22. How many days a week are you physically active for at least 30 minutes? ____ Days

23. Is there anything that keeps you from engaging in physical activity?

❑[1] No ❑[3] Don't know what to do

❑[2] Not motivated ❑[4] Physical or health limitations

***Volunteering***

24. Do you participate in volunteer activities? (share your time, skills, talents to help other, give back, help a neighbor, do community service, etc.) ❑[1] Yes ❑[2] No

25. How long have you been active as a volunteer?

❑[1] More than 5 years ❑[2] 3-4 years ❑[3] 1-2 years ❑[4] Less than 1 year

26. How often in the past month have you participated in volunteer activity?

❑[1] More than 50 HRS
❑[2] 30 - 49 HRS
❑[3] 10–29 HRS
❑[4] Less than 10 HRS
❑[5] I have not participated in volunteer activities during the past month

27. Please describe where you volunteer and the type of activities you perform.

_____
_____

28. Please describe why you choose to engage in volunteer activities.

_____
_____

***Community and Support Network***

29. Do you have a home health aide? ❑[1] Yes ❑[2] No

30. Do you have family or friends in the area? ❑[1] Yes ❑[2] No

31. Do you have family or friends who call you regularly? ❑[1] Yes ❑[2] No

32. Do you have family or friends who visit you regularly? ❑[1] Yes ❑[2] No

33. How would you describe the amount of help your family members or friends provide?

❑[1] I do not need help
❑[2] Do not provide help
❑[3] Limited help

❑[4] Moderate help

❑[5] Lots of help

***Digital Impact***

34. Do you have internet services? ❑[1] Yes ❑[2] No

35. Do you have access to a computer or mobile phone? ❑[1] Yes ❑[2] No

36. What is your preferred connection to the internet? ❑[1] Computer ❑[2] Mobile Phone

37. How are you receiving City Information? ❑[1] Website ❑[2] Public Meetings ❑[3] Community

38. Do you participate in the City's Public Hearings and, or Work sessions? ❑[1] Yes ❑[2] No

Additional Participant Comments:

_____

_____