

Otsego County Office for the Aging Community Needs Survey



We want to hear about what is important to you to live independently in your community. Our hope is that you will assist us in determining what kinds of services are important and necessary in Otsego County to support residents as they age. Please take a few minutes to complete our survey. THANK YOU!

What town do you live in? _____

Transportation

1) How do you normally get around?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Drive yourself | <input type="checkbox"/> Take a taxi/cab | <input type="checkbox"/> Walk |
| <input type="checkbox"/> Have family/friends drive you | <input type="checkbox"/> Privately hired driver | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Public transportation | <input type="checkbox"/> Ride a bike | <input type="checkbox"/> Other _____ |

2) Have you recently had trouble with any of the following due to a lack of transportation?

- | | |
|--|--|
| <input type="checkbox"/> Getting to a medical appointment within the county | <input type="checkbox"/> Difficulty obtaining food |
| <input type="checkbox"/> Getting to a medical appointment outside of the county | <input type="checkbox"/> I do not have any trouble |
| <input type="checkbox"/> Attend an event/social function | <input type="checkbox"/> Other _____ |

3) What kind of difficulties do you have in getting the transportation that you need?

(Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> I do not drive | <input type="checkbox"/> No one I can depend on/help unavailable |
| <input type="checkbox"/> Public transportation is unavailable | <input type="checkbox"/> Physical or other impairments |
| <input type="checkbox"/> Public transportation is inconvenient | <input type="checkbox"/> Do not want to ask for help or inconvenience others |
| <input type="checkbox"/> Costs too much | <input type="checkbox"/> Fear of crime |
| <input type="checkbox"/> Cannot get to a bus stop | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> I do not have difficulties | |

Nutrition / Food

4) Do you always have enough money to buy nutritious food that you need? Yes No

If not, how do you get the food that you need?

- | | |
|--|---|
| <input type="checkbox"/> Friends/family help out | <input type="checkbox"/> Church or other faith-based donation |
| <input type="checkbox"/> SNAP (Food stamps) | <input type="checkbox"/> Food pantry |
| <input type="checkbox"/> I go without | <input type="checkbox"/> Other _____ |

5) Are you able to shop and cook for yourself? Yes No

If not, who helps you with this?

- | | |
|---|--|
| <input type="checkbox"/> Friends/family | <input type="checkbox"/> Church or other faith-based group |
| <input type="checkbox"/> Home delivered meals | <input type="checkbox"/> Privately hired home care aide |
| <input type="checkbox"/> Food pantry | <input type="checkbox"/> I've had to modify the foods that I eat |
| <input type="checkbox"/> Other _____ | |

Housing

6) Do you rent or own your primary residence? Rent Own Other _____

7) What is your current living situation?

- | | |
|---|--|
| <input type="checkbox"/> Alone | <input type="checkbox"/> With spouse or partner |
| <input type="checkbox"/> I'm living with children/other relative(s) | <input type="checkbox"/> Children/relative(s) living with me |
| <input type="checkbox"/> With non-relative(s) | <input type="checkbox"/> Other _____ |

8) How confident are you that you will be able to continue living in your current residence?

- Very confident Somewhat confident Not too confident Not confident at all

9) What are some reasons you might consider moving from your current home?

- | | |
|--|--|
| <input type="checkbox"/> I don't plan on moving | <input type="checkbox"/> To be closer to family |
| <input type="checkbox"/> No longer able to maintain home | <input type="checkbox"/> Better access to hospitals/health services |
| <input type="checkbox"/> Reduce living costs | <input type="checkbox"/> Better access to transportation services |
| <input type="checkbox"/> Better climate | <input type="checkbox"/> Better access to community and social activities |
| <input type="checkbox"/> Lower crime/more safety | <input type="checkbox"/> My home has too many stairs and/or no bathroom on the first floor (accessibility) |
| <input type="checkbox"/> Isolation | |
| <input type="checkbox"/> Other _____ | |

10) Does your home need any major repairs such as a new roof, heating system or a septic system that could cost \$1,000 or more to fix? Yes No

Explain: _____

If yes, why has it not been fixed? (*Check all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> High cost | <input type="checkbox"/> Difficulty finding a good contractor |
| <input type="checkbox"/> Unable to physically do it myself | <input type="checkbox"/> In progress/scheduled |
| <input type="checkbox"/> Other _____ | |

11) Does your home need any small repairs such as installing a railing or replacing a faucet that you are unable to take care of yourself? Yes No

If yes, what is your difficulty in getting this repaired? (*Check all that apply*)

- High cost Difficulty finding a good contractor
 Unable to physically do it myself In progress/scheduled
 Other _____

12) Does your home need accessibility modifications to help you remain there as you age?
 Yes No I don't know

If yes, what would those modifications be? (*Please explain*) _____

Health

13) How would you rate your overall physical health? (*Select one*)

- Excellent Very good Good Fair Poor

14) Do you see a primary health care provider on a regular basis? Yes No

If no, what prevents you from getting the care you need? (*Check all that apply*)

- Lack of transportation to a health care The wait for an appointment was too long
 Cost of medical care Too much paperwork
 Fear/distrust of health care system Cannot leave my pets/find pet care
 Medical staff do not speak my language Other _____

15) Have you fallen in the past 12 months? Yes No

If yes, have you discussed the fall with your primary care provider? Yes No

16) Do you feel that you get enough exercise or physical activity? Yes No

If no, why not? _____

17) How would you rate your overall mental or emotional health? (*Select one*)

- Excellent Very good Good Fair Poor

18) Do you feel there are barriers to getting mental health services in the community?

- Yes No

If yes, please explain: _____

Social

19) What is the one most common way you interact with your friends, family or neighbors?
 In person Phone Email Social media (Facebook, Facetime/Skype)

20) Do you have access to the internet? Yes No

21) Sometimes, do you feel you are social isolated? Yes No
If yes, what prevents you from doing more social activities you would enjoy?
 I do not have transportation I fear for my safety
 I do not have enough money I do not feel welcomed
 I cannot physically do activities I would enjoy I am not aware of activities available
 I have a hard time finding activities I would enjoy Other _____

22) Do you feel that there are enough social activities in your community for older adults?
 Yes No I don't know
What additional activities would you recommend? _____

23) If you were looking for a volunteer opportunity, would you know where to look?
 Yes No

24) Please answer the following questions:

I experience a general sense of emptiness	<input type="checkbox"/> Yes	<input type="checkbox"/> More or Less	<input type="checkbox"/> No
I miss having people around me	<input type="checkbox"/> Yes	<input type="checkbox"/> More or Less	<input type="checkbox"/> No
I often feel rejected	<input type="checkbox"/> Yes	<input type="checkbox"/> More or Less	<input type="checkbox"/> No
There are plenty of people I can rely on when I have problems	<input type="checkbox"/> Yes	<input type="checkbox"/> More or Less	<input type="checkbox"/> No
There are many people I can trust completely	<input type="checkbox"/> Yes	<input type="checkbox"/> More or Less	<input type="checkbox"/> No
There are enough people I feel close to	<input type="checkbox"/> Yes	<input type="checkbox"/> More or Less	<input type="checkbox"/> No

Financial

25) In the past year, were there any times when you did not have enough money to:
 Pay rent, mortgage or real estate taxes Obtain dental care
 Pay utility bills Obtain eyeglasses
 Fill a prescription for medicine Obtain a hearing aid
 Pay for health insurance premiums Buy food
 Obtain needed medical care Other _____
 I have enough money to pay my bills

Caregiving

26) A caregiver is someone who provides or has provided unpaid assistance to care for a spouse, partner, relative or friend. Given this information, do you consider yourself a current or former caregiver? Yes No

If yes, as a current or former caregiver, which of these types of supports would be helpful?

- Assistance with providing transportation Finding paid help
 Short breaks/respites from caregiving tasks Connecting with other caregivers
 Assistance completing forms and applications Assistance understanding medical info
 Information about available caregiver resources Other _____

Demographics

27) How old are you? _____

28) What is your sex? Male Female Other _____

29) What is your sexual orientation?

- Straight or Heterosexual Gay, Lesbian or Homosexual Bisexual
 Other Prefer not to answer

30) Marital Status (*Select one*)

- Single/Never Married Married Divorced Separated Widowed

31) How many people live in your home? 1 2 3 4+

32) Are you or your spouse a Veteran? Yes No

33) What is your approximate yearly gross household income? (*Select one*)

- Less than \$10,000 \$10,000 - \$19,999
 \$20,000 - \$29,999 \$30,000 - \$39,999
 \$40,000 - \$49,999 \$50,000 - \$59,999
 \$60,000 - \$69,999 \$70,000 +

34) What is your employment status?

- Full time Part time Retired Unemployed Looking Other

35) Is there anything else that you would like to share that would help you live independently?
