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

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| --- | --- | --- | --- | --- |
| 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 |  |  |  |  |

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| 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 |  |  |  |  |

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| 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) |  |  |  |

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| 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 |  |  |  |  |  |

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| 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  Newspaper/Newsletters  My doctor  Local library  Faith community (churches)  Commission or Council on Aging  A family member or friend  Local senior center  Area Agency on Aging  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Internet  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/**](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**](mailto:LACEYC@AAAWM.ORG)

|  |  |
| --- | --- |
| **To be entered in a drawing for prizes:** | |
| Printed Name: | Phone: |