



Alameda County  
Area Agency on Aging



***Please only fill out this survey if you live in Alameda County and you are age 55 or older.***

***Thank you***

Please complete this 10-15 minute survey to help us learn about how Alameda County can be a better place for older adults to live. All information you provide will not be shared with anyone else.

1. What is your age? \_\_\_\_\_  Decline to state  
(Please write the number here, e.g. 60)

2. What city do you live in?

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Alameda       | <input type="checkbox"/> Fairview   | <input type="checkbox"/> San Leandro                          |
| <input type="checkbox"/> Albany        | <input type="checkbox"/> Fremont    | <input type="checkbox"/> San Lorenzo                          |
| <input type="checkbox"/> Ashland       | <input type="checkbox"/> Hayward    | <input type="checkbox"/> Sunol                                |
| <input type="checkbox"/> Berkeley      | <input type="checkbox"/> Livermore  | <input type="checkbox"/> Union City                           |
| <input type="checkbox"/> Castro Valley | <input type="checkbox"/> Newark     | <input type="checkbox"/> Other _____                          |
| <input type="checkbox"/> Cherryland    | <input type="checkbox"/> Oakland    | (If not in Alameda County, please do not complete the survey) |
| <input type="checkbox"/> Dublin        | <input type="checkbox"/> Piedmont   |   |
| <input type="checkbox"/> Emeryville    | <input type="checkbox"/> Pleasanton |   |

## AVAILABILITY OF RESOURCES AND SERVICES

3. Each of the following statements asks if you believe these resources and services are available to you personally. Please respond by checking “Yes”, “No” or “I don’t know”

“This resource or service is available to me.”	Yes	No	I don't know
Places to socialize that are welcoming to you (e.g. community centers, community or religious organizations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Places to socialize that are affordable for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness and exercise activities that are appropriate for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free or affordable opportunities for you to learn (e.g. about computers, internet, health, politics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job opportunities for people your age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to volunteer in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for you to participate in local or community decisions (e.g. political events and meetings, town halls, commissions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about news and events in a language you understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A computer that you feel comfortable using	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A trusted source to go to when you have a need (e.g. medical care, food, a ride somewhere)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A trusted source to go to when you can't understand something (e.g. a filling out a form, understanding requirements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health services that are culturally appropriate and in a language you understand (e.g. primary care, specialty care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional health services that are culturally appropriate and in a language you understand (e.g. for depression, anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh vegetables and fruit that you can afford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources that help you to feel safe in the community (e.g. community watch networks or police presence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean and well-kept sidewalks for you to walk on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe, well-lit streets and intersections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A form of transportation that is affordable for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A form of transportation that is easy for you to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing that is suited to your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CONCERNS ABOUT AGING**

4. How concerned do you currently feel about each of the statements below? Please mark how concerned you are on a scale of 1 to 5 (1 = Not Concerned and 5 = Very Concerned)

“My level of concern about this is...”	Not concerned		Somewhat concerned		Very Concerned
	1	2	3	4	5
Being valued by your community for past and present contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being included in making decisions that affect your lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to be a caregiver for someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to financially support dependents in your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to prepare healthy, nutritious food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Falling (being at risk for falls)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to afford housing as you age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to stay in your current home as you age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having the ability to maintain your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having enough income to meet all your basic needs (e.g. food, medical care, housing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having enough income to save and plan for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding a health care provider (e.g. doctor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal safety and protection from abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confusion or memory loss that is happening more often or is getting worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling anxious or stressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being isolated from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What are your some of your concerns for the future? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Are you an active volunteer in your community?  Yes  No

7. Are you interested in volunteering?  Yes  No

## A LITTLE BIT MORE ABOUT YOU...

8. What is your zip code? \_\_\_\_\_

(Please write your zip code here, e.g. 94605)

9. Are you a veteran?  Yes  No

10. Are you a family member of a veteran?  Yes  No

11. Are you of Hispanic origin?  Yes  No

12. What is your race?

American Indian or Alaskan Native

Asian or Pacific Islander

Black

White

Decline to state

13. What is your primary language?

\_\_\_\_\_

(Please write language here, e.g. English)

14. What is your gender? (Check one that best describes your current gender identity):

Male

Female

Trans Male

Trans Female

Genderqueer/Gender Non-binary  Other \_\_\_\_\_  Decline to state

15. What was your sex at birth? (Check one)

Male

Female

Decline to state

16. How do you describe your sexual orientation or sexual identity? (Check one)

Straight/Heterosexual

Bisexual

Gay /Lesbian/Same-Gender Loving

Questioning /Unsure

Other \_\_\_\_\_

Decline to state

17. Who do you currently live with? Please check all that apply.

No one (Alone)

Extended family

Spouse/Significant other

Friends/Acquaintances

Parents

Other \_\_\_\_\_

Child(ren)

**18. What type of housing do you currently live in?**

- |   |   |
|---|---|
| <input type="checkbox"/> House                          | <input type="checkbox"/> Skilled Nursing Facility         |
| <input type="checkbox"/> Condominium/Townhouse          | <input type="checkbox"/> Independent Retirement Community |
| <input type="checkbox"/> Apartment                      | <input type="checkbox"/> No residence                     |
| <input type="checkbox"/> Mobile Home/Trailer            | <input type="checkbox"/> Shared                           |
| <input type="checkbox"/> Hotel/ Boarding House          | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Board and Care/Assisted Living |   |

**19. Do you have someone in your life who is a caregiver? (If yes, please check all that apply.)**

- |  |   |
|--|---|
| <input type="checkbox"/> No, I do not have a caregiver | <input type="checkbox"/> In-Home Supportive Services (IHSS) |
| <input type="checkbox"/> Family/acquaintance           | <input type="checkbox"/> Private paid caregiver             |

**20. Are you a caregiver for someone else?**

- |  |   |
|--|---|
| <input type="checkbox"/> No                        | <input type="checkbox"/> Yes, someone age 19-54   |
| <input type="checkbox"/> Yes, someone under age 18 | <input type="checkbox"/> Yes, someone over age 55 |

**21. What is the form of transportation that you use? (Please check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> You drive yourself    | <input type="checkbox"/> Para-Transit              |
| <input type="checkbox"/> Relatives drive you   | <input type="checkbox"/> Volunteer driver programs |
| <input type="checkbox"/> Friends drive you     | <input type="checkbox"/> Bicycle                   |
| <input type="checkbox"/> Public transportation | <input type="checkbox"/> Walking                   |
| <input type="checkbox"/> Taxi                  | <input type="checkbox"/> Other _____               |

**22. How would you describe your current employment situation?**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Full-time employed | <input type="checkbox"/> Unemployed - Not | <input type="checkbox"/> Unemployed - |
| <input type="checkbox"/> Part-time employed | looking for work                          | Looking for work                      |
| <input type="checkbox"/> Retired            |   |                                       |

**23. Do you experience any of the following limitations to your daily activity? Please check all that apply.**  Hearing  Vision  Mobility  Memory Loss  Other \_\_\_\_\_

**24. Do you experience any of the following health issues? Please check all that apply.**

- Cancer  Diabetes  Heart Disease  Stroke  Arthritis  Obesity  
 Asthma  Other \_\_\_\_\_

**25. Do you have any future planning documents? Please check all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Will                           | <input type="checkbox"/> Burial Plan              |
| <input type="checkbox"/> Power of Attorney              | <input type="checkbox"/> Long term care insurance |
| <input type="checkbox"/> Advanced Health Care Directive | <input type="checkbox"/> None                     |

2019 ALAMEDA COUNTY SURVEY FOR OLDER ADULTS

**26. For statistical purposes only, what is your total estimated yearly income?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$12,490      | <input type="checkbox"/> \$26,001 - \$35,000 | <input type="checkbox"/> \$60,001 - \$85,000 |
| <input type="checkbox"/> \$12,491 - \$17,500 | <input type="checkbox"/> \$35,001 - \$45,000 | <input type="checkbox"/> \$85,000 and above  |
| <input type="checkbox"/> \$17,501 - \$26,000 | <input type="checkbox"/> \$45,001 - \$60,000 |  |

**27. How did you hear about this survey?**

- Email  Website  Mail  Senior center  Non-profit agency  Faith-based agency  
 Other \_\_\_\_\_

**Is there anything else you'd like to share?** \_\_\_\_\_

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*Thank you for taking the time to share your thoughts with us! Your input is a valuable resource to help Alameda County grow into a more Age-Friendly Community. Please return to Alameda County Area Agency on Aging Lobby 6955 Foothill Boulevard, Suite 143, Oakland, CA 94605.*