

Responses Overview

Active

Responses

319



Average Time

10:04



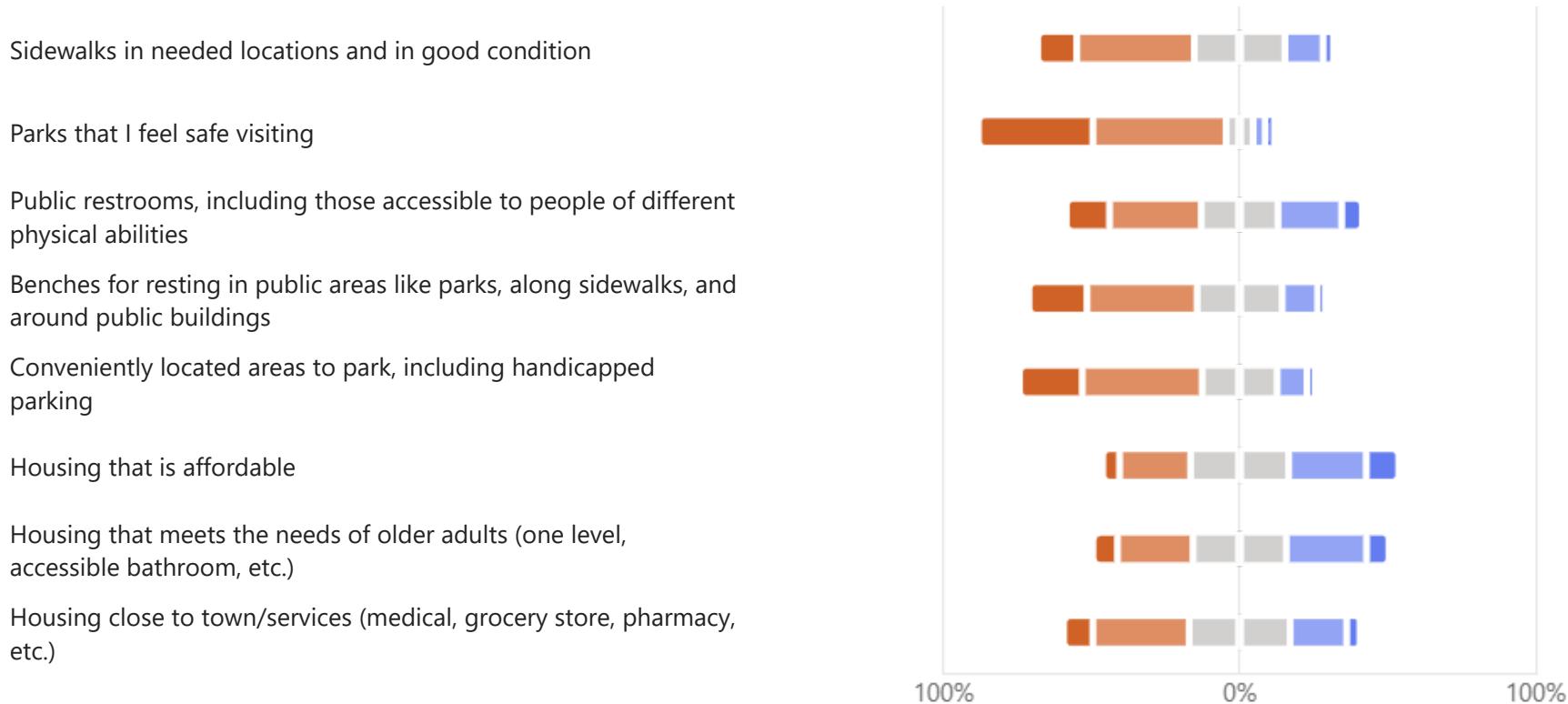
Duration

153 Days

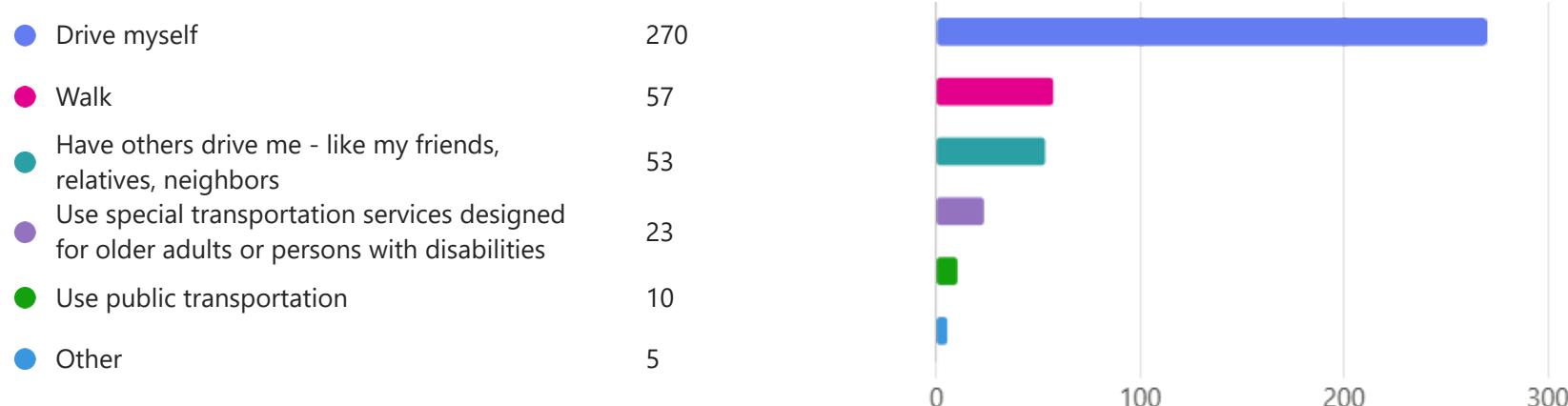


1. How would you rate your community on the availability of the following features?

● Very Good ● Good ● Fair ● Poor ● Not sure



2. When you go out into your community, how do you get around for things like shopping, visiting the doctor, running errands, or other things? (check all that apply)



3. To what extent do you agree with the following statements about the role of transportation in your life?

Strongly Agree Agree Not sure Disagree Strongly Disagree

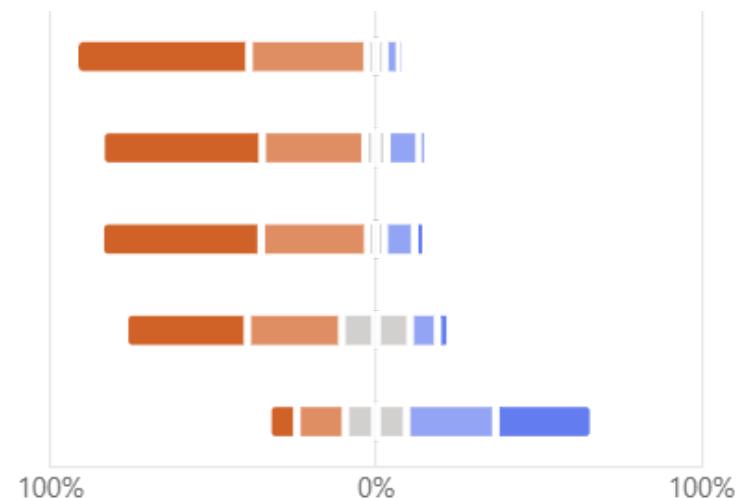
I have transportation to get to the places I want and need to go during the DAY.

I have transportation to get to the places I want and need to go during the EVENING.

I have transportation to get to the places I want and need to go during the WEEKEND.

I have transportation options to meet my needs in the future.

Lack of transportation makes it harder for me to get to the places I need to go and/or makes me feel more isolated.



5. How would you rate the availability of the following services in your community?

● Very good ● Good ● Fair ● Poor ● Not sure

Hospitals



Medical Clinics



Mental Health Services



Pharmacies



Affordable home care services, including personal care and housekeeping



Grocery stores



Food Shelf



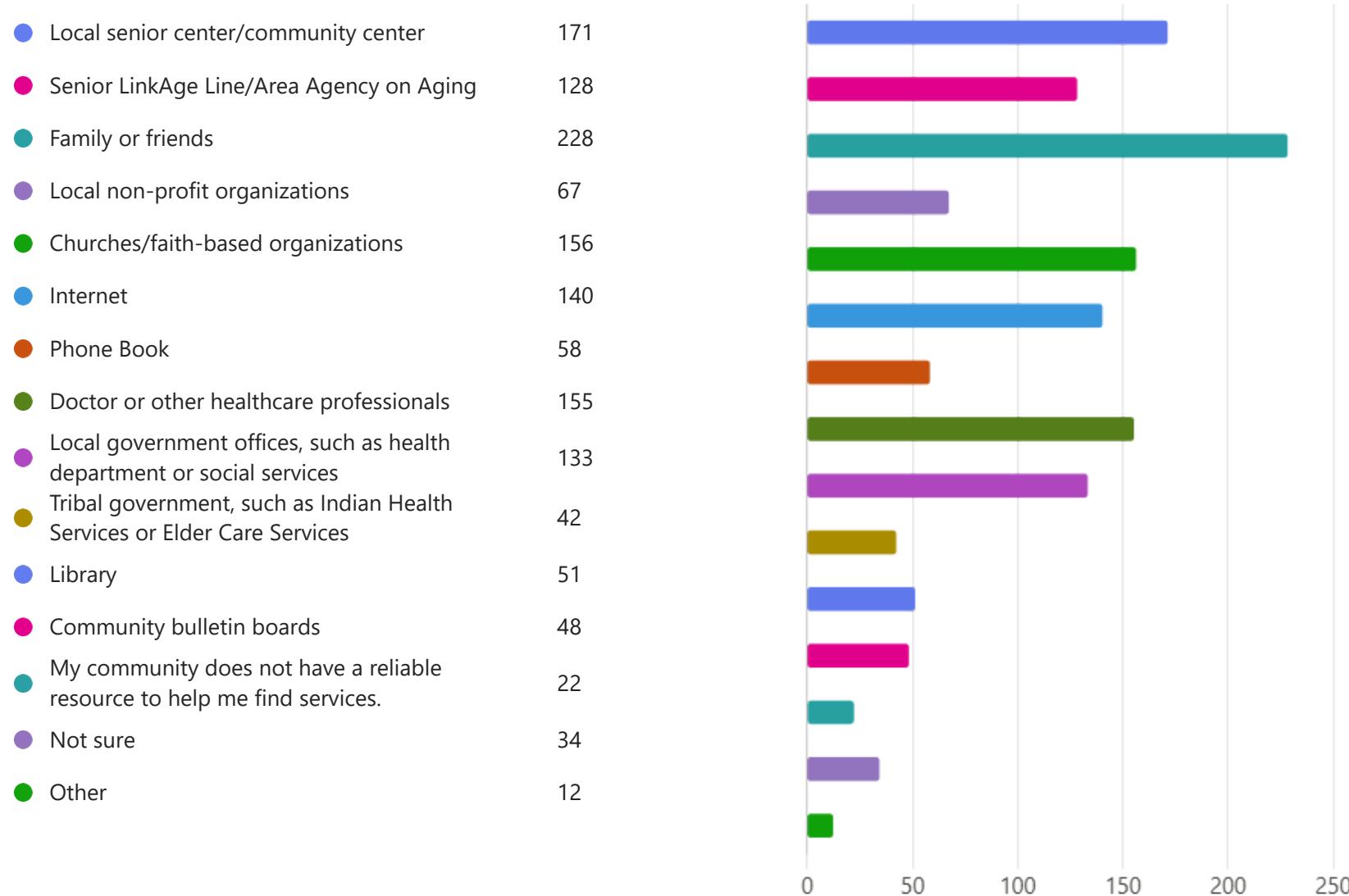
Affordable services for yard work or home repairs



Health, wellness, or exercise classes at a community center, senior center, or fitness center

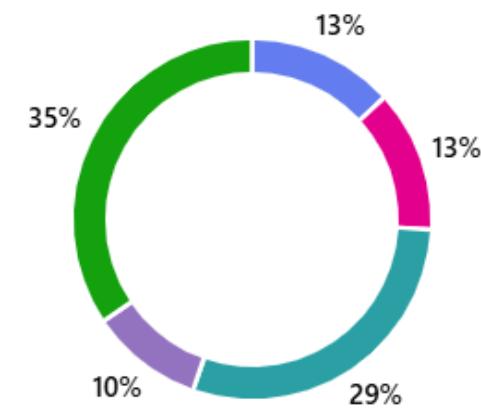


6. Which of the following resources would you turn to if you, a family member, or a friend needed information about services for older adults, such as caregiving services, home delivered meals, home repair, medical transport, or social activities? (Check all that apply)

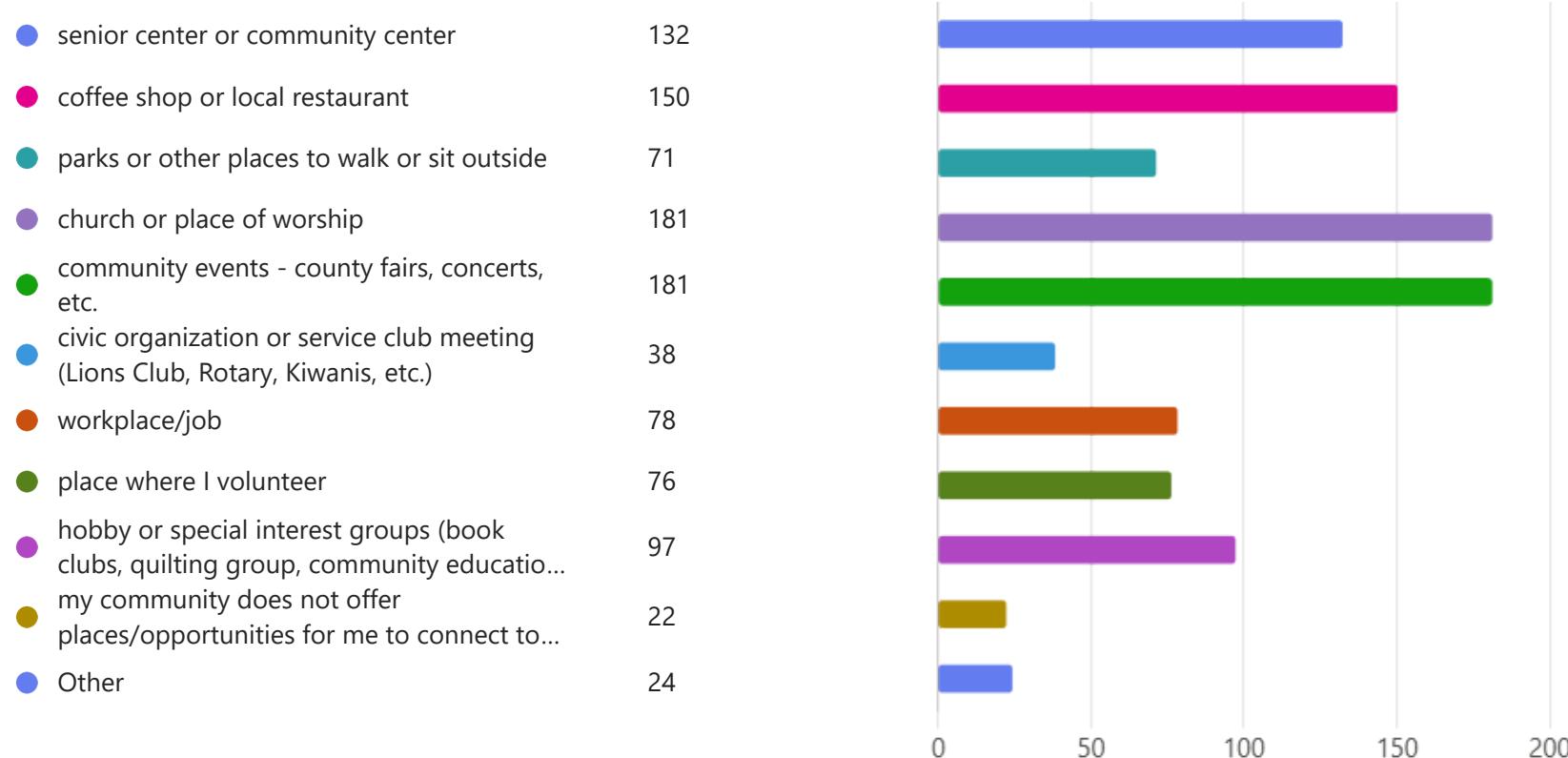


7. In thinking about technology, like access to the internet and devices like Smartphones, Laptops, iPads, and desktop computers which statement(s) apply to you: (Check all that apply)

- I would like to use the Internet, but I do not have Internet access. 26
- I would like to use the Internet, but I do not have a device (such as smartphone, tablet, iPad, desktop... 25
- I would like to use the Internet, but I need a class or some other type of training to learn how to use it. 58
- I am not interested in using the Internet. 20
- Other 68

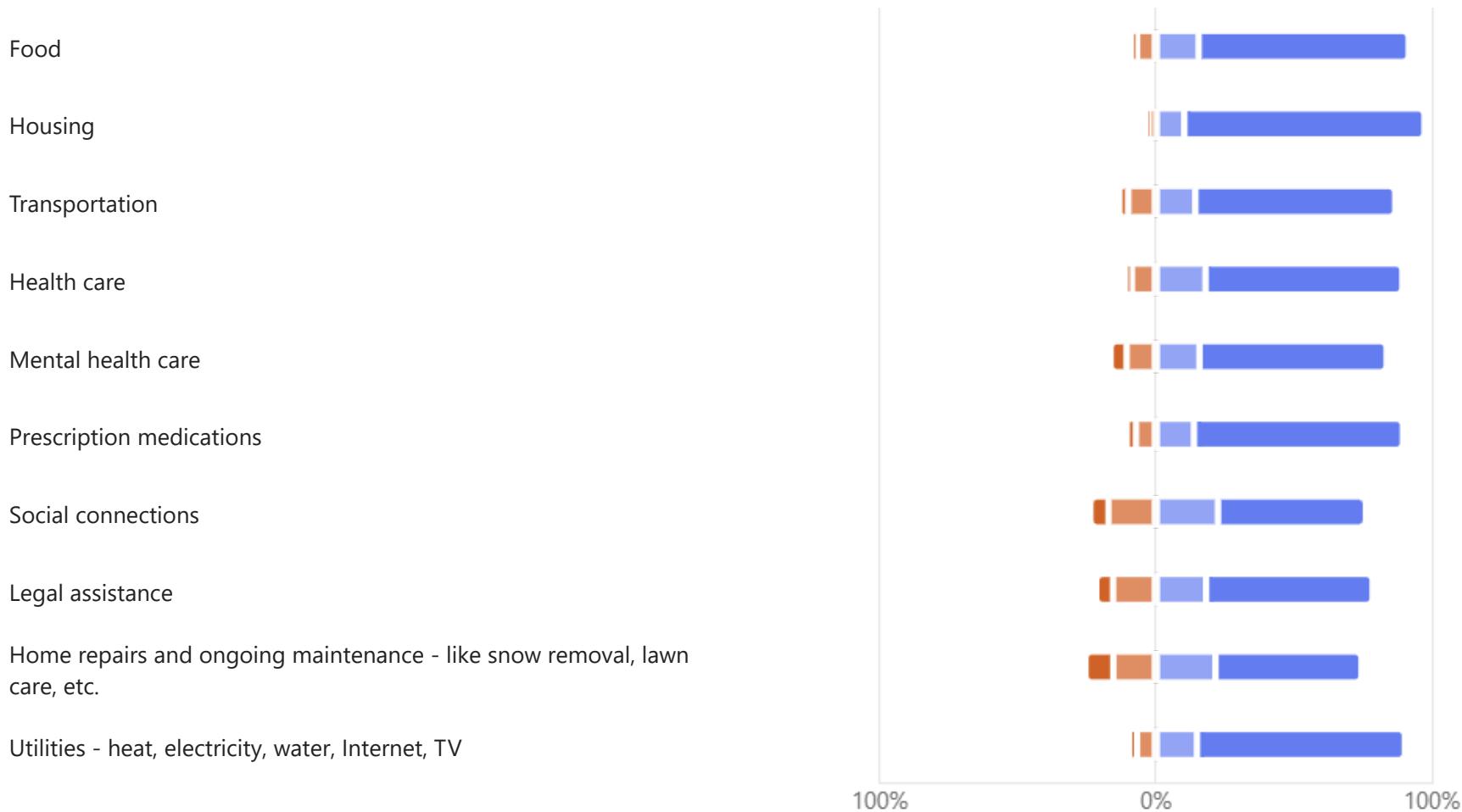


8. When you think about connecting with people in your community, where do you tend to spend time with others: (Check all that apply)

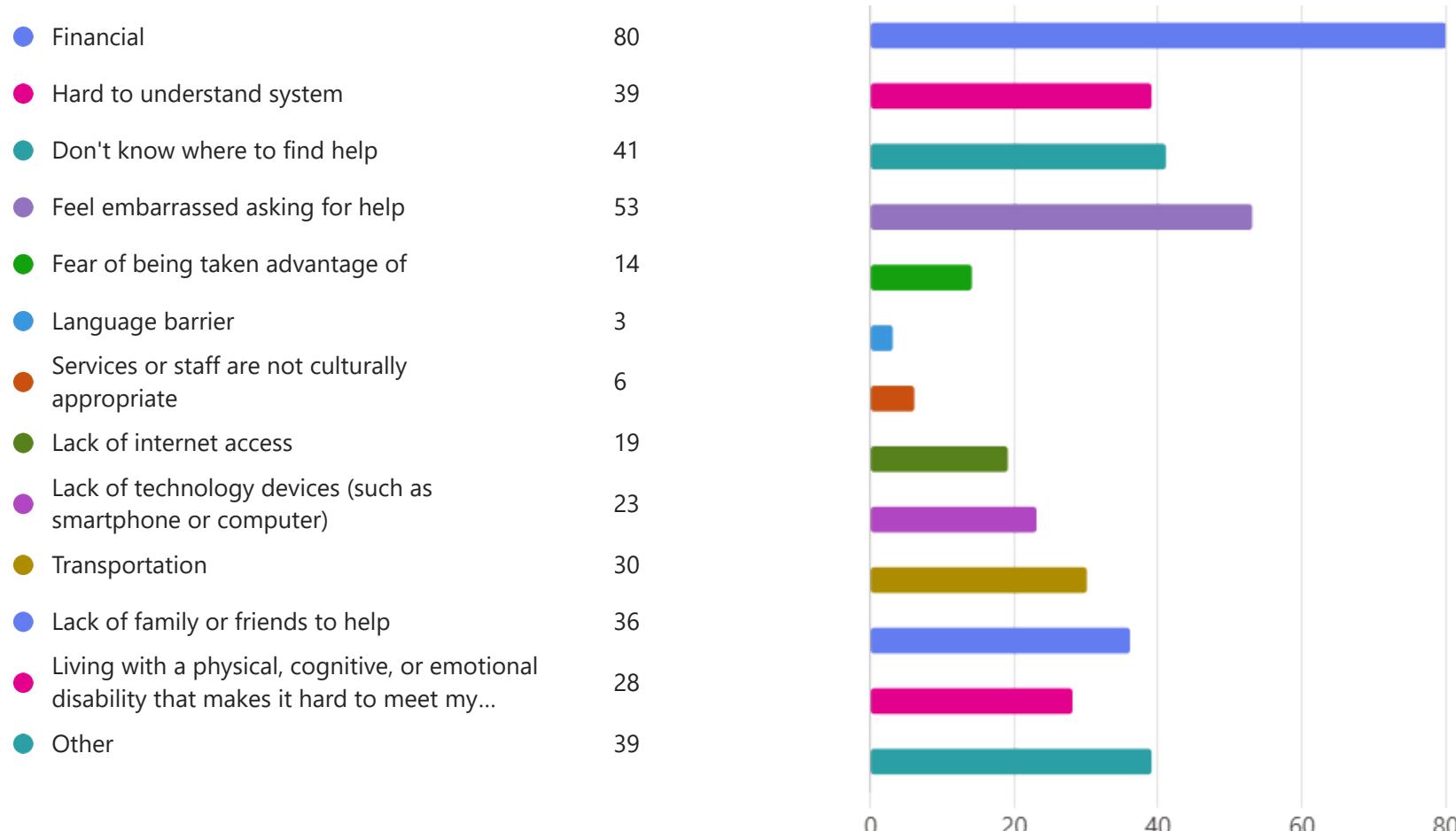


10. How often do you go without any of the needs listed below?

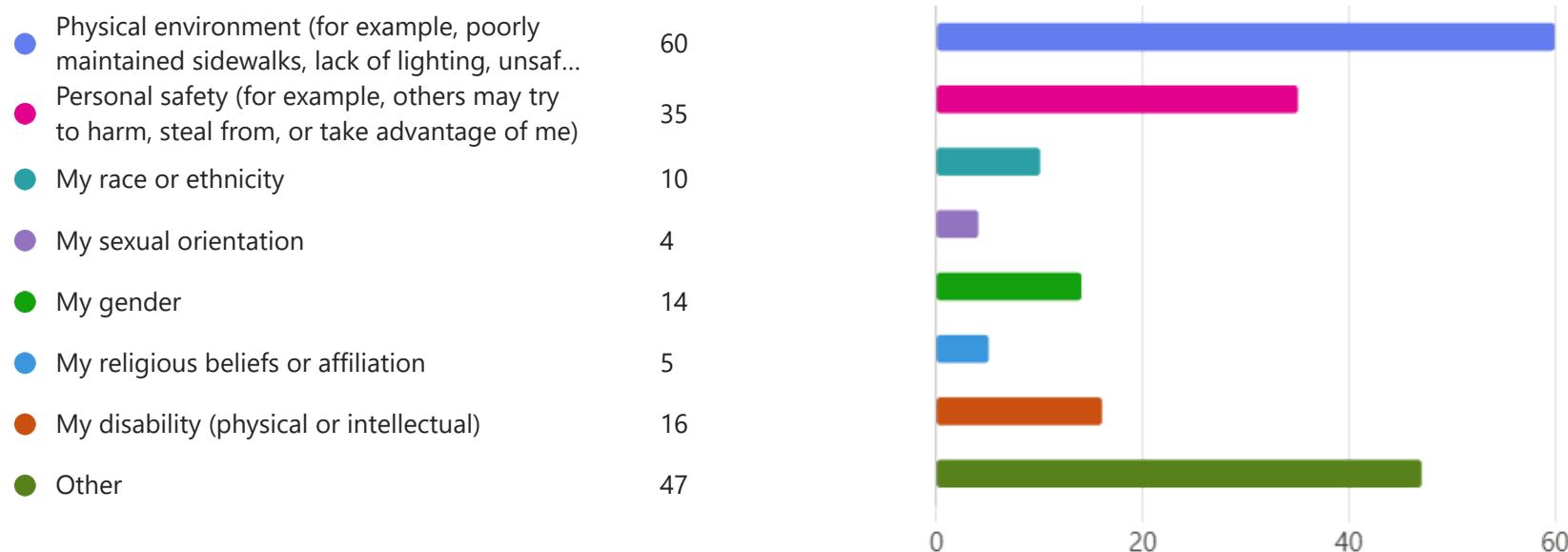
● Often ● Sometimes ● Rarely ● Never



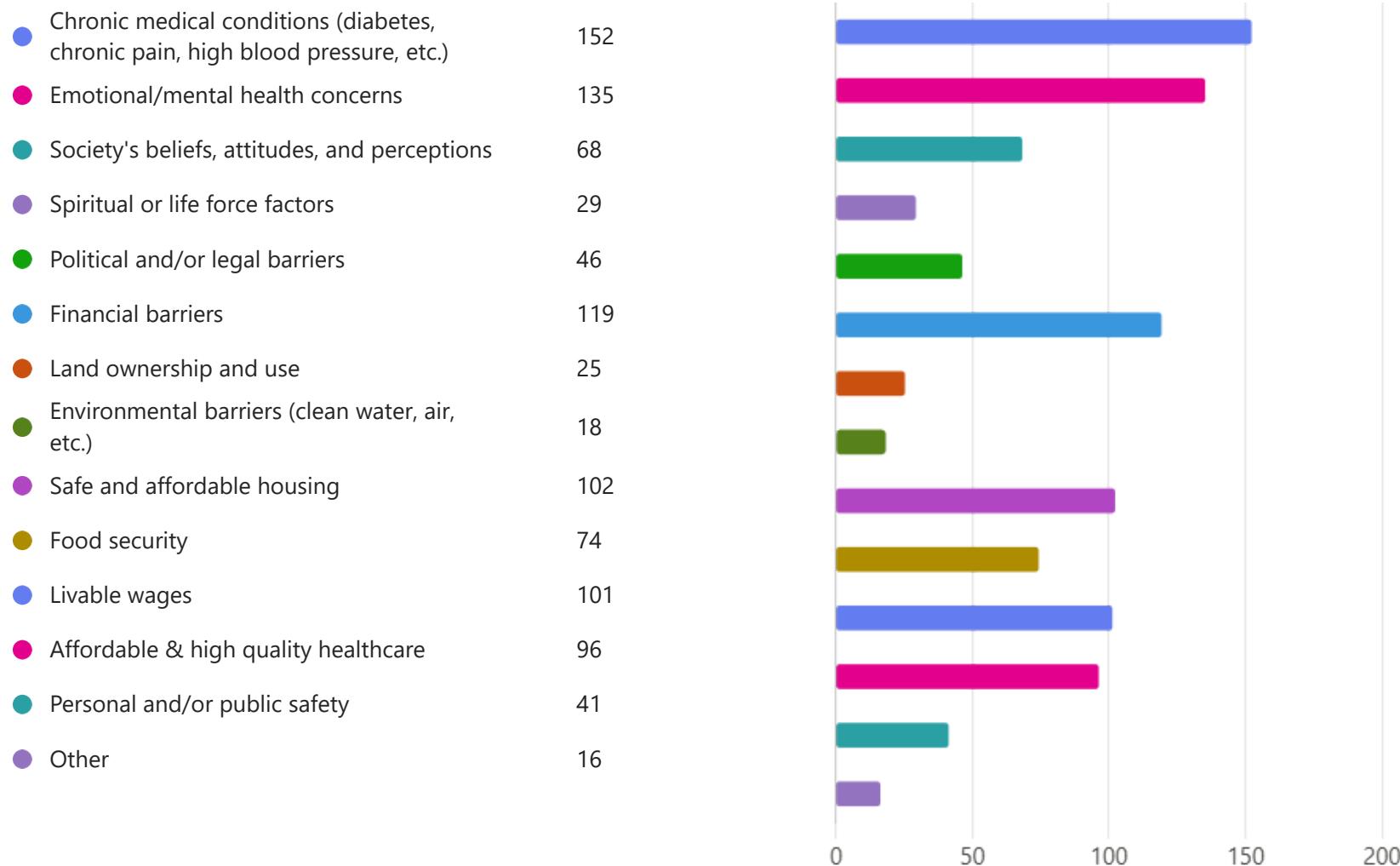
11. What challenges are you facing when trying to meet the needs listed above? (Check all that apply)



12. If you ever feel unsafe and/or unwelcome in your community, what are the reasons? (check all that apply)

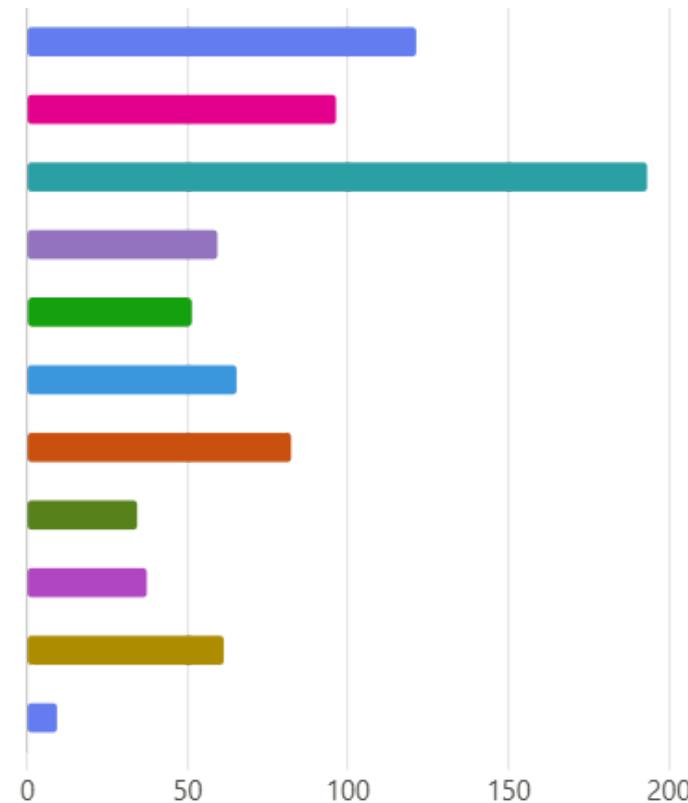


13. What challenges do members of your community face in achieving health and wellness? Check all that apply)



14. In the event of an emergency or disaster (flood, tornado, snow storm, public health emergency, etc.) I am most concerned about:
(Check all that apply)

● Food and water supply	121
● Prescription medications or other medical needs	96
● Loss of power/electricity	193
● Caring for an aging family member or friend during an emergency	59
● Caring for a family pet(s) during an emergency	51
● My physical safety	65
● How I will receive information about the emergency situation and what to do	82
● Not having an emergency plan with my family and friends	34
● Not having transportation if needing to evacuate	37
● Not having shelter if needing to evacuate	61
● Other	9

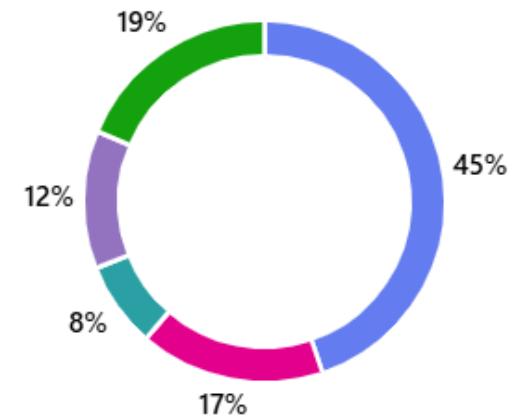


15. How would you rate your current community as a place for people to live as they age?

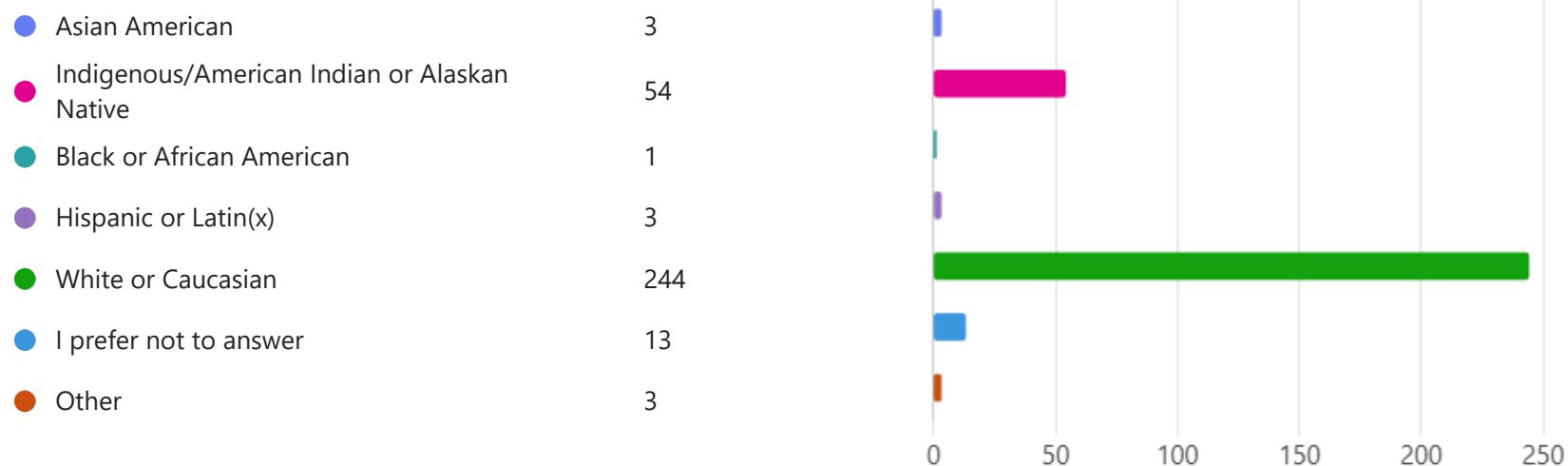


17. Please mark the description(s) that align with your interest in older adults in your community. (Check all that apply)

- Older Adult (aged 60 and up) 211
- Caregiver to an older adult (family member, friend, or neighbor) 78
- Older adult (aged 60 and up) caring for a family member's child/children under age 18) 36
- Provider/staff of services for older adults 58
- Concerned community member 88



19. What is your race/ethnicity? (check all that apply)



20. Please mark all statement(s) that apply to you or someone you are caring for:

