



2019 SENIOR (AGE 60+) SURVEY

Your responses are completely anonymous. They will help us to plan for services and advocate for funding to meet the needs of our growing senior population in Santa Cruz and San Benito Counties. Thank you for your time!

YOU CAN TAKE THIS SURVEY ONLINE AT www.seniorscouncil.org

Are any of these a challenge for you?

	YES	NO	SOMETIMES
Paying my mortgage or rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been at risk of losing my housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining my home (yardwork, home repairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying for help in my home if I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying for health care costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying for medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying for dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing debt, including credit cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have money saved for unexpected expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting legal help for issues like benefits or housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding Medicare/Medi-Cal coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling lonely or isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling sad or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding a reliable person to help me if I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns with someone who is managing your money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt scared of or hurt by a family member or caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel safe in your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a fall within the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Access to Nutrition

	YES	NO	SOMETIMES
Do you have enough money to purchase food for healthy, balanced meals each month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to get to the grocery store, shop for food, and carry the bags of groceries home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you physically able to cook nutritious meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2019 Senior Needs Assessment Survey

Do you use: cell phone computer in my home public computer iPad/tablet

Do you have someone to help you if you need it? YES NO

If yes: Family Friend Neighbor Paid Caregiver

What type of help do they give you? Housework Prepare Meals Rides

Shopping Yard Work Companionship Other: _____

Do you provide help to someone else? YES NO

Who do you take care of? Spouse/Partner Friend/Neighbor Other Adult Family

What type of help do you give them? Housework Prepare Meals Rides

Shopping Yard Work Other: _____

How stressed or burdened do you feel as a caregiver?

I'm doing OK I'm kind of stressed I'm very stressed I'm overwhelmed

Does the person you are caring for have Alzheimers or other dementia? YES NO

What type of help do you need as a caregiver? Respite, so I can take a break

Information, help finding services Support groups Education Other: _____

Information about nursing homes/facilities Someone to help me navigate the system

Do you provide regular care for a grandchild? YES NO Hours per week: _____

Do you know who to call if you need information about services? YES NO

How do you currently get information about senior programs?

Senior Network Services phone resource guide website Live Oak Watsonville

Jovenes de Antaño (San Benito Co.) phone at community center website

211 Senior Center Friends Newspaper Internet Church

Other: _____

Are you receiving help from any senior programs right now? YES NO

If yes, what services have you received?

Meals on Wheels Meals at Senior Dining Centers Rides to Senior Meal Sites

Grey Bears (Brown Bag Food Program) Brown Bag Food Program (San Benito Co.)

Senior Legal Assistance Project SCOUT Tax Assistance Helping Hands Home Repair

Peer Counseling Services for low vision/blind Elderday (Adult Day Health Care)

HICAP (Assistance with Medicare enrollment and plans)

In-Home Supportive Services (IHSS) MSSP Adult Protective Services

Ombudsman (for families and residents of skilled nursing and assisted living facilities)

Home Help/ Respite Registry (Senior Network) Home Care Agency Private Caregiver

Other: _____

Caregiver Support: Family Caregiver Support Program (Senior Network Services)

Family Caregiver Support Program (Jovenes de Antaño)

Del Mar Caregiver Resource Center Alzheimer's Association

2019 Senior Needs Assessment Survey

In general, when you need to get somewhere, how do you get there?

- Drive myself Friend/family member Volunteer Driver Uber/Lyft
 SC Metro Bus SC Metro Paracruz Lift Line
 Dial-a-Ride/County Express (San Benito Co.) Jovenes de Antaño (San Benito Co.)

Is it ever difficult for you to to get to: medical appointments shopping social events

Currently, I am: Active Mobile, but with some limitations Homebound

Compared to other people your age, would you say your health is:

- excellent good fair poor

What is the most important thing you need to remain independent in your home?

What is the most important thing you need to improve the quality of your life?

What is your biggest concern looking ahead as you get older? _____

Please complete this section, your answers are totally anonymous

Age: 60-64 65-69 70-74 75-79 80-84 85-89 90+

Zip Code: _____ **Live Alone?** Yes No **Veteran?** Yes No

Marital Status: Married Single Widowed Divorced Domestic Partner

Annual Household Income: \$12,490 or less \$12,491-\$24,999 \$25,000-\$49,999

\$50,000 or above **Number of people in household:** _____

Race/Ethnicity: White Hispanic Black/African American

Asian - Race: _____ Native Hawaiian Pacific Islander

American Indian/Alaskan Native Other: _____

Employment: Full-time Part-time Looking for work Retired

Education: Grades 1-8 High School Some college College grad.

Housing: homeowner with mortgage homeowner no mortgage mobile home

renter senior housing live w/relative or friend unsheltered/homeless

What was your sex at birth? Female Male

What is your Gender? Female Male Transgender Female to Male

Transgender Male to Female Genderqueer/Gender non-binary Prefer not to answer

How do you describe your sexual orientation or sexual identity?

Straight/Heterosexual Bisexual Gay/Lesbian/Same-gender loving

Questioning/unsure Other: _____ Prefer not to answer

THANK YOU FOR COMPLETING THIS SURVEY! YOUR VOICE COUNTS!

IF YOU NEED HELP OR ANSWERS ABOUT SENIOR PROGRAMS

CALL 1-800-510-2020



SENIORS COUNCIL/AREA AGENCY ON AGING

**SERVING SANTA CRUZ AND SAN BENITO COUNTIES AS
THE AREA AGENCY ON AGING FOR 40 YEARS**

For more information about the Seniors Council visit:

www.seniorscouncil.org

831-688-0400

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