

Age Friendly Community Survey

We would like to find out about your community and what you'll need as you get older to make your community a great place to live. Your views are important and we would greatly appreciate your participation in this survey. All your responses will be kept entirely confidential. This survey will take about 20 minutes to complete.

Are you answering for yourself or someone else?

Your Home and Community

Q1. I am a resident of:

- ₁ San Leandro
- ₂ Alameda
- ₂ Hayward
- ₂ Oakland
- ₀ Unincorporated Alameda County (Ashland, Castro Valley, Cherryland, San Lorenzo)

Q2. How long have you lived in your community?

- ₆ Less than 5 years
- ₅ 5 years but less than 15 years
- ₄ 15 years but less than 25 years
- ₃ 25 years but less than 35 years
- ₂ 35 years but less than 45 years
- ₁ 45 years or more

Q3. How long have you lived in your current residence?

- ₆ Less than 5 years
- ₅ 5 years but less than 15 years
- ₄ 15 years but less than 25 years
- ₃ 25 years but less than 35 years
- ₂ 35 years but less than 45 years
- ₁ 45 years or more

Q4. How would you rate your current community as a place for people to live as they age?

- 5 Excellent
- 4 Very good
- 3 Good
- 2 Fair
- 1 Poor

Q5. Thinking about your future years, are you more likely to move to a different community, move to a different residence within your current community or stay in your current residence and never move? **[CHECK ONLY ONE]**

- 1 Move to a different community
- 2 Move into a different residence within your current community
- 3 Stay in your current residence and never move

Q6. Some people find that they need or want to move out of their home as they get older. If you were to consider moving out of your current residence, would the following be a major factor, a minor factor, or not a factor at all in your decision to move?

	Major factor	Minor factor	Not a factor	Not sure
a. Wanting a smaller size home	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. Wanting a larger size home	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
c. The cost of maintaining your current residence	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
d. Wanting a home that will help you live independently as you age, for example a home without stairs	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Q7. Some people find that they need or want to move out of their community as they get older. If you were to consider moving out of your current community, would the following be a major factor, a minor factor, or not a factor at all, or not sure in your decision to move?

	Major factor	Minor factor	Not a factor	Not sure
a. Your personal safety or security concerns...	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. Wanting to move to an area that has better health care facilities	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
c. Wanting to be closer to family.....	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
d. Needing more access to public transportation	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
e. Wanting to live in a different climate	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
f. Wanting to live in an area that has a lower cost of living	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
g. Wanting to live in an area with better opportunities for social interaction	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Q8. How important is it for you to remain in your current community for as long as possible?

- 5 Extremely important
- 4 Very important
- 3 Somewhat important
- 2 Not very important
- 1 Not at all important

Q9. Which of the following types of homes best describes where you currently live?
[CHECK ONLY ONE]

- 1 Single family house
- 2 Two family house that has two separate living units
- 3 Townhouse or row house
- 4 Apartment
- 5 Condominium or coop
- 6 Mobile home
- 7 Senior housing or assisted living facility
- 8 Some other type of living arrangement

Q10. Do you own or rent your primary home or do you have some other type of living arrangement like living with a family member or friend?

- ₁ Own
- ₂ Rent
- ₃ Neither own nor rent but live with adult child or others
- ₂ Unsheltered

Q11. How important is it for you to be able to live independently in your own home as you age?

- ₅ Extremely important
- ₄ Very important
- ₃ Somewhat important
- ₂ Not very important
- ₁ Not at all important

Q12. Some people find that they need to make modifications to their residence to enable them to stay there for as long as possible. Does your current residence need any major repairs, modifications, or changes to enable you to stay there for as long as possible?

- ₁ Yes
- ₂ No
- ₀ Not sure

Homes, Public Buildings, and Spaces

Q13. Would you rate your community as excellent, very good, good, fair, poor, or not sure on having the following?

	Excellent	Very good	Good	Fair	Poor	Not Sure
a. Home modification and repair contractors who are trustworthy, do quality work and are affordable	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. A home repair service for low-income and older adults that helps with things like roof or window repairs	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. Seasonal services such as lawn work for low income and older adults	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

Q14. Would you rate your community as excellent, very good, good, fair, poor, or not sure on having the following?

	Excellent	Very good	Good	Fair	Poor	Not sure
a. Sidewalks that are in good condition, safe for pedestrians, and accessible for wheelchairs or other assistive mobility devices	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
b. Well-lit, accessible, safe streets and intersections for all users	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
c. Audio and visual pedestrian crossings	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
d. Separate pathways for bicyclists and pedestrians	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
e. Well-maintained streets	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
f. Easy to read traffic signs	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
g. Enforced speed limits	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1

Q15. Would you rate your community as excellent, very good, good, fair, poor or not sure on having the following?

	Excellent	Very good	Good	Fair	Poor	Not Sure
a. Well-maintained homes and properties	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
b. Affordable housing options for adults of varying income levels such as older active adult communities, assisted living and communities with shared facilities and outdoor spaces	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
c. Homes that are built with things like a no step entrance, wider doorways, and first floor bedrooms and bathrooms	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
d. Well-maintained, safe low-income housing	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
e. Well-maintained parks	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
f. Safe parks	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
g. Public buildings and spaces including restrooms that are accessible to people of different physical abilities	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
h. Enough benches for resting in public areas like parks, along sidewalks, and around public buildings	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1

i. Conveniently located emergency care centers

5

4

3

2

1

0

Q15 (Continued.) Would you rate your community as excellent, very good, good, fair, poor or not sure on having the following

	Excellent	Very good	Good	Fair	Poor	Not Sure
j. Well-maintained hospitals and health care facilities	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
k. Neighborhood watch programs	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
l. Conveniently located public parking lots and areas to park including handicapped parking	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
m. Affordable public parking	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1

Transportation

Q16. How do you usually get around your community for things like shopping, visiting the doctor, running errands, or other things?

	Yes	No
a. Walk	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Drive yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Have others drive you	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Take a taxi.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Use a ride share company such as Uber or Lyft	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Use a special transportation service, such as one for seniors or persons with disabilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Use public transportation	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Ride a bike	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Some other way.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

ia *If yes how?* _____

j. I do not get out of the house	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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Q17. Would you rate your community as excellent, very good, good, fair, poor or not sure on having the following?

	Excellent	Very good	Good	Fair	Poor	Not Sure
a. Accessible and convenient public transportation	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
b. Affordable public transportation	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
c. Well-maintained public transportation vehicles	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
d. Timely public transportation	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
e. Safe public transportation stops or areas that are accessible to people of varying physical abilities	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
f. Special transportation services for people with disabilities and older adults	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1

Health and Wellness

Q18. Thinking now about health care professionals in your community, would you rate your community as excellent, very good, good, fair, poor or not sure on having the following?

	Excellent	Very good	Good	Fair	Poor	Not Sure
a. Well-trained certified home health care providers	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
b. Affordable home health care providers	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
c. A variety of health care professionals including specialists.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
d. Health care professionals who speak my primary language	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
e. Respectful and helpful hospital and clinic staff	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1

Q19. Thinking about health and wellness services in your community, would you rate your community as excellent, very good, good, fair, poor or not sure on having the following?

	Excellent	Very good	Good	Fair	Poor	Not sure
a. Affordable health and wellness programs and classes in areas such as nutrition, smoking cessation, and weight control.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
b. Affordable fitness activities specifically geared towards older adults	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
c. Conveniently located health and social services	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
d. A service that provides people to help seniors easily find and access health and supportive services	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
e. Affordable home care services including personal care and housekeeping	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
f. Easily understandable and helpful local hospital or clinic answering services.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1

Social Participation, Inclusion and Education Opportunities

Q20. How often do you have contact with family, friends, or neighbors who do not live with you?

- 7 Everyday
- 6 Several times a week, but not everyday
- 5 Once a week
- 4 Once every 2 or 3 weeks
- 3 Once a month
- 2 Less than monthly
- 1 Never

If YES to any of the above How do you keep in contact? _____

Q21. How often do you feel the following?

	Often	Sometimes	Rarely	Never	Not Sure
a. I lack companionship	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
b. I feel left out.....	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
c. I feel isolated from others	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1

Q22. If you were in trouble, do you have friends or family who can help you at any time of the day or night?

₁ Yes
 ₂ No

Q23. Do you use the following sources for continuing education or self-improvement classes or workshops in your community?

	Yes	No
a. Parks and Recreation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Faith community	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Local organizations or businesses.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Community Center.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Senior Center	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Offerings through my work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Online programs.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Some other source.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. I do NOT participate in any continuing education/self-improvement classes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q24. Would you rate your community as excellent, very good, good, fair, poor or not sure on having the following?

	Excellent	Very good	Good	Fair	Poor	Not sure
a. Conveniently located entertainment venues	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
b. Activities geared specifically towards older adults.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
c. Activities that offer senior discounts.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
d. Activities that are affordable to all residents	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
e. Activities that involve both younger and older people	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
f. A variety of cultural activities for diverse populations	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
g. Local schools that involve older adults in events and activities.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
h. Continuing education classes or social clubs to pursue new interests, hobbies or passions.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
i. Driver education or refresher courses	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁

Volunteering and Civic Engagement

Q25. Would you rate your community as excellent, very good, good, fair, poor , or not sure on having the following?

	Excellent	Very good	Good	Fair	Poor	Not Sure
a. A range of volunteer activities to choose from	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
b. Volunteer training opportunities to help people perform better in their volunteer roles	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
c. Opportunities for older adults to participate in decision making bodies such as community councils or committees.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
d. Easy to find information on available local volunteer opportunities.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
e. Transportation to and from volunteer activities for those who need it.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1

Job Opportunities

Q26. Which of the following best describes your current employment status?

- 1 Self-employed, part-time
- 3 Employed, part-time
- 4 Employed, full-time
- 5 Unemployed, but looking for work
- 6 Retired, not working at all → **SKIP TO Question 28**
- Not in labor force for other reasons → **SKIP TO Question 28**

Q27. How likely is it that you will continue to work as long as possible, rather than choosing to retire and no longer work for pay?

- 5 Extremely likely
- 4 Very likely
- 3 Somewhat likely
- 2 Not very likely
- 1 Not at all likely
- 0 Not sure

Q27a Do you need to return to work?

- 1 Yes
- 2 No
- 0 Not sure

Q27b Do you expect to return to work?

- ₁ Yes
- ₂ No
- ₀ Not sure

Q28. Would you rate your community as excellent, very good, good, fair, poor or not sure on having the following?

	Excellent	Very good	Good	Fair	Poor	Not sure
a. A range of flexible job opportunities for older adults	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
b. Job training opportunities for older adults who want to learn new job skills within their job or get training in a different field of work.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
c. Jobs that are adapted to meet the needs of people with disabilities	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
d. Policies that ensure older adults can continue to have equal opportunity to work for as long as they want or need to regardless of their age.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁

Community Information

Q29. Would you turn to the following resources if you, a family member or friend needed information about services for older adults such as caregiving services, home delivered meals, home repair, medical transport, or social activities?

	Yes	No	Not sure
a. Local Senior Centers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
b. Alameda County Area Agency on Aging.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
c. Family or friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
d. Local nonprofit organizations.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
e. AARP	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
f. Faith-based organizations like churches or synagogues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
g. Internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
h. Phonebook.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
i. Your doctor or other health care professional	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
j. Local government offices like the Health Department.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
k. Library.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0
l. Some other source.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0

Q30. Would you rate your community as excellent, very good, good, fair, or poor or not sure on having the following?

	Excellent	Very good	Good	Fair	Poor	Not sure
a. Access to community information in one central source.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
b. Clearly displayed printed community information with large lettering.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
c. Free access to computers and the Internet in public places such as the library, senior centers or government buildings	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
d. Community information that is delivered in person to people who may have difficulty or may not be able to leave their home	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1
e. Community information that is available in my primary language.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 1

Demographics

D1. Gender: _____

D2. What is your age as of your last birthday? [AGE IN YEARS]

D3. What is your current marital status?

- ₁ Married
- ₂ Not married, living with partner
- ₃ Separated
- ₄ Divorced
- ₅ Widowed
- ₆ Never married

D4. Self-identify your race/ethnicity:

- African American
- Native American
- Asian
- Filipino
- Hispanic or Latino
- Pacific Islander
- White Not Hispanic
- Two or more races

Other _____
 Decline to state

D5. Check the primary language used in your household.

- English
- Spanish
- Cantonese
- Filipino or Tagalog
- Vietnamese
- Hindi
- Arabic
- Mandarin
- American Sign Language
- Other _____
- Decline to state

D6. Besides you, do you have any of the following people living in your household?

	Yes	No
a. Child/children under 18.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Child/children 18 or older.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Child/children away at college	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Parents.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Other adult relative, tenant, or friend 18 or older.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

D7. In general how would you rate your health?

- 5 Excellent
- 4 Very good
- 3 Good
- 2 Fair
- 1 Poor

D8. Does any disability, handicap, or chronic disease keep you or your spouse or partner from participating fully in work, school, housework, or other activities? [CHECK **ONLY ONE**]

- 1 Yes, myself
- 2 Yes, my spouse or partner
- 3 Yes, both me and my spouse or partner
- 4 No

D9. A family caregiver is someone who provides care for a loved one who is ill, frail, elderly, or has a physical, mental, or emotional disability. This care may include helping with personal needs like bathing or dressing, meals, household chores, shopping, transportation, managing medical care or finances, or even visiting regularly to see how they are doing. (This person need not live with you).

Are you currently a family caregiver providing unpaid care to a loved one to help them take care of themselves?

- 1 Yes [SKIP TO D10]
- 2 No [GO TO D11]

D10. How likely is it that you will provide or continue to provide, unpaid care to one or more than one adult or child with special needs in the future?

- ₅ Extremely likely
- ₄ Very likely
- ₃ Somewhat likely
- ₂ Not very likely
- ₁ Not at all likely

D11. What is the highest level of education that you completed?

- ₁ K-12th grade (no diploma)
- ₂ High school graduate, GED or equivalent
- ₃ Post-high school education/training (no degree)
- ₄ 2-year college degree
- ₅ 4-year college degree
- ₆ Post-graduate study (no degree)
- ₇ Graduate or professional degree(s)

D12. What was your annual household income before taxes in 2021?

- ₁ Less than \$10,000
- ₂ \$10,000 to \$19,999
- ₃ \$20,000 to \$29,999
- ₄ \$30,000 to \$49,999
- ₅ \$50,000 to \$74,999
- ₆ \$75,000 to \$99,999
- ₇ \$100,000 to \$149,999
- ₈ \$150,000 or more

D13. What is your 5-digit zip code? _____

D14. What would improve your quality of life? _____

**Thank you very much for completing this survey.
Your assistance in providing this information is very much appreciated**

