

Please complete this questionnaire if you are the resident age 60 or older in the household who most recently had a birthday. The year of birth of the 60+ age resident does not matter. Please circle the response that most closely represents your opinion for each question. Your responses are anonymous and will be reported in group form only.

1. Please circle the number that comes closest to your opinion for each of the following questions:

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Don't know</i>
How do you rate your community as a place to live?	1	2	3	4	5
How do you rate your community as a place to retire?	1	2	3	4	5

2. Please rate each of the following characteristics as they relate to adults age 60 or older in your community:

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Don't know</i>
Opportunities to volunteer	1	2	3	4	5
Employment opportunities	1	2	3	4	5
Opportunities to enroll in skill-building or personal enrichment classes	1	2	3	4	5
Recreation opportunities (including games, arts, and library services, etc.) ..	1	2	3	4	5
Fitness opportunities (including exercise classes and paths or trails, etc.) ...	1	2	3	4	5
Opportunities to attend social events or activities	1	2	3	4	5
Opportunities to attend religious or spiritual activities	1	2	3	4	5
Opportunities to attend or participate in meetings about local government or community matters	1	2	3	4	5
Availability of affordable quality housing	1	2	3	4	5
Variety of housing options	1	2	3	4	5
Availability of information about resources for older adults	1	2	3	4	5
Availability of financial or legal planning services	1	2	3	4	5
Availability of affordable quality physical health care	1	2	3	4	5
Availability of affordable quality mental health care	1	2	3	4	5
Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)	1	2	3	4	5
Availability of affordable quality food	1	2	3	4	5
Sense of community	1	2	3	4	5
Openness and acceptance of the community towards older residents of diverse backgrounds	1	2	3	4	5
Ease of bus travel in your community	1	2	3	4	5
Ease of rail or subway travel in your community	1	2	3	4	5
Ease of car travel in your community	1	2	3	4	5
Ease of walking in your community	1	2	3	4	5
Ease of getting to the places you usually have to visit	1	2	3	4	5
Overall feeling of safety in your community	1	2	3	4	5
Valuing older residents in your community	1	2	3	4	5
Neighborliness of your community	1	2	3	4	5

3. How would you rate the overall services provided to older adults in your community?

- Excellent
- Good
- Fair
- Poor
- Don't know

4. In general, how informed or uninformed do you feel about services and activities available to older adults in your community?

- Very informed
- Somewhat informed
- Somewhat uninformed
- Very uninformed

5. Please circle the number that comes closest to your opinion for each of the following questions:

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Don't know</i>
How do you rate your overall physical health?	1	2	3	4	5
How do you rate your overall mental health/emotional well being?	1	2	3	4	5
How do you rate your overall quality of life?	1	2	3	4	5

6a. The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?

	<i>Not a problem</i>	<i>Minor problem</i>	<i>Moderate problem</i>	<i>Major problem</i>	<i>Don't know</i>
Having housing to suit your needs	1	2	3	4	5
Your physical health.....	1	2	3	4	5
Performing regular activities, including walking, eating and preparing meals.....	1	2	3	4	5
Having enough food to eat.....	1	2	3	4	5
Doing heavy or intense housework.....	1	2	3	4	5
Having safe and affordable transportation available.....	1	2	3	4	5
No longer being able to drive.....	1	2	3	4	5
Feeling depressed.....	1	2	3	4	5
Experiencing confusion or forgetfulness.....	1	2	3	4	5
Maintaining your home.....	1	2	3	4	5
Maintaining your yard.....	1	2	3	4	5
Finding productive or meaningful activities to do.....	1	2	3	4	5
Having friends or family you can rely on.....	1	2	3	4	5
Falling or injuring yourself in your home.....	1	2	3	4	5
Finding affordable health insurance.....	1	2	3	4	5
Getting the health care you need.....	1	2	3	4	5
Affording the medications you need.....	1	2	3	4	5
Getting the oral health care you need.....	1	2	3	4	5
Having tooth or mouth problems.....	1	2	3	4	5
Having enough money to meet daily expenses.....	1	2	3	4	5
Having enough money to pay your property taxes.....	1	2	3	4	5

6b. The following questions list a number of other problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?

	<i>Not a problem</i>	<i>Minor problem</i>	<i>Moderate problem</i>	<i>Major problem</i>	<i>Don't know</i>
Staying physically fit.....	1	2	3	4	5
Maintaining a healthy diet	1	2	3	4	5
Having interesting recreational or cultural activities to attend	1	2	3	4	5
Having interesting social events or activities to attend.....	1	2	3	4	5
Feeling bored	1	2	3	4	5
Feeling like your voice is heard in the community.....	1	2	3	4	5
Finding meaningful volunteer work	1	2	3	4	5
Providing care for another person.....	1	2	3	4	5
Dealing with legal issues.....	1	2	3	4	5
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	1	2	3	4	5
Finding work in retirement.....	1	2	3	4	5
Building skills for paid or unpaid work.....	1	2	3	4	5
Not knowing what services are available to older adults in your community	1	2	3	4	5
Feeling lonely or isolated	1	2	3	4	5
Dealing with the loss of a close family member or friend	1	2	3	4	5
Being a victim of crime	1	2	3	4	5
Being a victim of fraud or a scam.....	1	2	3	4	5
Being physically or emotionally abused	1	2	3	4	5
Dealing with financial planning issues.....	1	2	3	4	5

7. Thinking back over the past 12 months, how many days did you spend...

As a patient in a hospital? ... _____ number of days

In a nursing home or in-patient
rehabilitation facility? _____ number of days

8. Thinking back over the past 12 months, how many times have you fallen and injured yourself? Was it...

- Never
- Once or twice
- 3-5 times
- More than 5 times
- Don't know

9. How likely or unlikely are you to recommend living in your community to older adults?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Don't know

10. How likely or unlikely are you to remain in your community throughout your retirement?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Don't know

11. In the last 12 months, about how many times, if ever, have you participated in or done each of the following?

	<i>Never</i>	<i>Once or twice</i>	<i>3 to 12 times</i>	<i>13 to 26 times</i>	<i>More than 26 times</i>
Used a senior center in your community.....	1	2	3	4	5
Used a recreation center in your community.....	1	2	3	4	5
Used a public library in your community	1	2	3	4	5
Attended a meeting of your community's local elected officials or other local public meeting	1	2	3	4	5
Watched a meeting of your community's local elected officials or other public meeting on cable television, the Internet or other media.....	1	2	3	4	5
Used public transit (e.g., bus, subway, light rail, etc.) within your community.....	1	2	3	4	5
Visited a neighborhood park	1	2	3	4	5

12. During a typical week, how many hours, if any, do you spend doing the following?

	<i>Never (no hours)</i>	<i>1 to 3 hours</i>	<i>4 to 5 hours</i>	<i>6 to 10 hours</i>	<i>11 or more hours</i>	<i>Don't know</i>
Participating in a club (including book, dance, game and other social).....	1	2	3	4	5	6
Participating in a civic group (including, Elks, Kiwanis, Masons, etc.).....	1	2	3	4	5	6
Communicating/visiting with friends and/or family	1	2	3	4	5	6
Participating in religious or spiritual activities with others	1	2	3	4	5	6
Participating in a recreation program or group activity.....	1	2	3	4	5	6
Providing help to friends or relatives.....	1	2	3	4	5	6
Volunteering your time to some group/activity in your community.....	1	2	3	4	5	6

13. During a typical week, how many hours do you spend providing care for one or more individuals with whom you have a significant personal relationship (such as a spouse, other relative, partner, friend, neighbor or child), whether or not they live with you?

	<i>Never (no hours)</i>	<i>1 to 3 hours</i>	<i>4 to 5 hours</i>	<i>6 to 10 hours</i>	<i>11 to 19 hours</i>	<i>20 or more hours</i>	<i>Don't know</i>
One or more individuals age 60 or older.....	1	2	3	4	5	6	7
One or more individuals age 18 to 59.....	1	2	3	4	5	6	7
One or more individuals under age 18.....	1	2	3	4	5	6	7

14. Whether or not they live with you, does someone provide assistance to you almost every day?

- Yes
- No

Our last questions are about you and your household. Again, all of your responses to this survey are completely anonymous and will be reported in group form only.

- D1. How many years have you lived in your community?**
 Less than 1 year 11-20 years
 1-5 years More than 20 years
 6-10 years
- D2. Which best describes the building you live in?**
 Single family home
 Townhouse, condominium, duplex or apartment
 Mobile home
 Assisted living residence
 Nursing home
 Other
- D3. Do you currently rent or own your home?**
 Rent
 Own (with a mortgage payment)
 Own (free and clear; no mortgage)
- D4. About how much is your monthly housing cost for the place you live (including rent, mortgage payment, property tax, property insurance and homeowners' association (HOA) fees)?**
 Less than \$300 per month
 \$300 to \$599 per month
 \$600 to \$999 per month
 \$1,000 to \$1,499 per month
 \$1,500 to \$2,499 per month
 \$2,500 or more per month
- D5. How many people, including yourself, live in your household?** _____ members
- D6. How many of these people, including yourself, are 60 or older?** _____ members
- D7. What is your employment status?**
 Fully retired → *Go to Question D9*
 Working full time for pay
 Working part time for pay
 Unemployed, looking for paid work
- D8. [IF NOT YET FULLY RETIRED] At what age do you expect to retire completely and not work for pay at all?** _____ years old

- D9. How much do you anticipate your household's total income before taxes will be for the current year? (Please include in your total income money from all sources for all persons living in your household.)**
 Less than \$15,000
 \$15,000 to \$24,999
 \$25,000 to \$49,999
 \$50,000 to \$74,999
 \$75,000 to \$99,999
 \$100,000 or more
- D10. Are you Spanish/Hispanic/Latino?**
 Yes No
- D11. What is your race? (Mark one or more races to indicate what race you consider yourself to be)**
 American Indian or Alaskan native
 Asian or Pacific Islander
 Black, African American
 White/Caucasian
 Other
- D12. In which category is your age?**
 60-64 years 80-84 years
 65-69 years 85-89 years
 70-74 years 90-94 years
 75-79 years 95 years or older
- D13. What is your sex?**
 Female Male
- D14. What is your sexual orientation?**
 Heterosexual Gay
 Lesbian Bi-sexual
- D15. Are you registered to vote in your jurisdiction?**
 Yes Ineligible to vote
 No Don't know
- D16. Many people don't have time to vote in elections. Did you vote in the last general election?**
 Yes Ineligible to vote
 No Don't know

Thank you for completing this survey. Please return the completed survey in the postage paid envelope to: National Research Center, Inc., P.O. Box 549, Belle Mead NJ 08502-9922