



Survey of _____ in _____
DESCRIPTION OF THE SAMPLE GROUP AREA OF THE SURVEY

YOUR COMMUNITY

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

(This would be the geographical location where your home is located. A community can be located within a city or town or county.)

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

2. What is the name of your community? _____

3. What is your 5-digit ZIP code?

4. How long have you lived in this 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
- ₂ 35 years but less than 45
- ₁ 45 years or more

5. How long have you lived in your county?

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

6. Some people reside in places outside of their state for part of the year.

Which of the following describes how you reside in in your state? [CHECK ONLY ONE]

- ₁ Year round, do not reside anywhere outside of [THE SURVEY AREA]
- ₂ Seasonally, reside outside of [THE SURVEY AREA] during Winter, Spring, Summer or Fall on a regular basis

7. Thinking about your retirement years when you do not work at all for pay, how likely is it that you will move to a different home *in* your community?

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

8. Thinking about your retirement years when you do not work at all for pay, how likely is it that you will move to a different home *outside* of your community?

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

9. If you were to consider moving out of your community during your retirement when you do not work at all, would the following factors impact your decision to move?

	Yes	No	Not sure
a. Looking for a different home size that meets your needs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. Maintaining your current home will be too expensive.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. Fearing for your personal safety or security concerns	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. Looking for a home that will help you live independently as you age	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e. Wanting to move to an area that has better health care facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
f. Wanting to be closer to family.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
g. Needing more access to public transportation.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
h. Wanting to live in a different climate	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
i. Looking for an area that has a lower cost of living	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
j. Other, please specify: _____			

10. How important is it for you to remain in your community as you age?

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

HOUSING

11. Do you own or rent your primary home — or do you have some other type of living arrangement, such as living with a family member or friend?

- ₁ Own
₂ Rent
₃ Other type of living arrangement

12. What type of home is your primary home?

- ₁ Single family home
₂ Mobile home
₃ Town home or duplex
₄ Apartment
₅ Condominium or coop
₆ Other, please specify: _____

13. 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

14. People sometimes make modifications to their home so they can stay there as they age.

Do you think you will need to make the following types of modifications or improvements to your home to enable you to stay there as you age?

	Yes	No	Not Sure
a. Easier access into or within your home such as a ramp, chairlift or elevator, or wider doorways	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. Bathroom modifications such as grab bars, handrails, a higher toilet or non-slip tiles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. Putting a bedroom, bathroom and kitchen on the first floor.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. Improving lighting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e. Installing a medical emergency response system that notifies others in case of emergency	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
f. Other, please specify: _____			

15. How important do you think it is to have the following in your community?

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not At All Important
a. Home 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
b. 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
c. A home repair service for low-income and older adults that helps with repairs.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. Seasonal services such as lawn work or snow removal 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
e. 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
f. Homes that are equipped with features such as a no-step entry, wider doorways, first floor bedroom and bath, grab bars in bathrooms	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
g. Well-maintained and safe low-income housing	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

16. Does the community where you live have the following?

	Yes	No	Not Sure
a. Home repair contractors who are trustworthy, do quality work and are affordable	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. Well-maintained homes and properties	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. A home repair service for low-income and older adults that helps with repairs.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. Seasonal services such as lawn work or snow removal for low-income and older adults.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e. 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
f. Homes that are equipped with features such as a no-step entry, wider doorways, first floor bedroom and bath, grab bars in bathrooms	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀

OUTDOOR SPACES AND BUILDINGS

17. How important do you think it is to have the following in your community?

	Extremely important	Very important	Somewhat important	Not Very important	Not at all important
a. Well-maintained and safe parks that are within walking distance of your home	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Public parks with enough benches	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. Sidewalks that are in good condition, free from obstruction and are safe for pedestrian use 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
d. Well-maintained public buildings and facilities 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
e. 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
f. Well-maintained public 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
g. Neighborhood watch programs	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

18. Does the community where you live have the following?

	Yes	No	Not Sure
a. Well-maintained and safe parks that are within walking distance of your home.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. Public parks with enough benches	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. Sidewalks that are in good condition, free from obstruction and are safe for pedestrian use and accessible for wheelchairs or other assistive mobility devices	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. Well-maintained public buildings and facilities that are accessible to people of different physical abilities.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e. Separate pathways for bicyclists and pedestrians	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
f. Well-maintained public restrooms that are accessible to people of different physical abilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
g. Neighborhood watch programs.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀

TRANSPORTATION AND STREETS

19. Do you get around for things like shopping, visiting the doctor, running errands or going to other places in the following ways?

	Yes	No
a. Drive yourself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Have others drive you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Walk	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Ride a bike.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Use public transportation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Take a taxi/cab	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Use a special transportation service, such as one for seniors or persons with disabilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Other, please specify: _____		

20. How important do you think it is to have the following in your community?

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not At All Important
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
b. Affordable public transportation.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<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
d. Reliable public transportation	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e. Safe public transportation stops or areas	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<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
g. Well-maintained streets.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
h. 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
i. Enforced speed limits	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
j. Public parking lots, spaces and areas to park.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
k. Affordable public parking	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
l. Well-lit, safe streets and intersections for all users (pedestrians, bicyclists, drivers)	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
m. Audio/visual pedestrian crossings.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
n. Driver education/refresher courses	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

21. Does the community where you live have the following?

	Yes	No	Not Sure
a. Accessible and convenient public transportation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. Affordable public transportation.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. Well-maintained public transportation vehicles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. Reliable public transportation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e. Safe public transportation stops or areas	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
f. Special transportation services for people with disabilities and older adults.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
g. Well-maintained streets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
h. Easy to read traffic signs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
i. Enforced speed limits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
j. Public parking lots, spaces and areas to park.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
k. Affordable public parking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
l. Well-lit, safe streets and intersections for all users (pedestrians, bicyclists, drivers)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
m. Audio/visual pedestrian crossings.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
n. Driver education/refresher courses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀

HEALTH AND WELLNESS

22. In general, when compared to most people your age, how would you rate your health?

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

23. How often do you engage in some form of physical exercise (such as walking, running, biking, swimming, sports, strength training, yoga, stretching)?

- ₇ Everyday
- ₆ Several times a week, but not everyday
- ₅ About once a week
- ₄ About once every other week
- ₃ About once a month
- ₂ Less than once a month
- ₁ Never

24. How important is it to you to remain physically active for as long as possible?

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

25. How important do you think it is to have the following in your community?

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not At All Important
a. 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
b. Fitness activities specifically geared to older adults	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<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
d. A service that helps seniors 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
e. Conveniently located emergency care centers	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
f. Easy to find information on local health and supportive services	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
g. Home care services including health, personal care and housekeeping	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
h. 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
i. 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
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
k. 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
l. Health care professionals who speak different languages ...	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
m. 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
n. 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

26. Does the community where you live have the following?

	Yes	No	Not Sure
a. Health and wellness programs and classes in areas such as nutrition, smoking cessation, and weight control	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. Fitness activities specifically geared to older adults.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. Conveniently located health and social services	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. A service that helps seniors find and access health and supportive services	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e. Conveniently located emergency care centers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
f. Easy to find information on local health and supportive services	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
g. Home care services including health, personal care and housekeeping ...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
h. Well-trained certified home health care providers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
i. Affordable home health care providers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
j. Well-maintained hospitals and health care facilities.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
k. A variety of healthcare professionals including specialists	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
l. Health care professionals who speak different languages	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
m. Easily understandable and helpful local hospital or clinic answering services	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
n. Respectful and helpful hospital and clinic staff.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀

SOCIAL PARTICIPATION, INCLUSION AND EDUCATION OPPORTUNITIES

27. About how frequently do you interact with your friends, family or neighbors in your community? This interaction could be by phone, in person, email or social media (such as Facebook).

- ₈ More than once a day
- ₇ About once a day
- ₆ Several times a week
- ₅ Once a week
- ₄ Once every 2 or 3 weeks
- ₃ Once a month
- ₂ Less than monthly
- ₁ Never

28. Where do you typically go for continuing education or self-improvement classes/workshops in your community? [CHECK ALL THAT APPLY]

- ₁ University/Community College
- ₂ Department of Parks and Recreation
- ₃ Faith community
- ₄ Local organizations or businesses
- ₅ Community center
- ₆ Senior center
- ₇ Offerings through my work
- ₈ Online programs
- ₉ Other, please specify:
- ₀ I do NOT participate in any continuing education/self-improvement classes

29. How important do you think it is to have the following in your community?

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not At All Important
a. Conveniently located venues for entertainment.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Activities specifically geared to older adults	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<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
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
e. Activities involving young <i>and</i> older people	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
f. Accurate and widely publicized information about social activities.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
g. 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
h. 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
i. Continuing education classes	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
j. Social clubs such as for books, gardening, crafts or hobbies	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

30. Does the community where you live have the following?	Yes	No	Not Sure
a. Conveniently located venues for entertainment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. Activities specifically geared to older adults	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. Activities that offer senior discounts.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. Activities that are affordable to all residents	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e. Activities that involve both younger and older people	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
f. Accurate and widely publicized information about social activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
g. A variety of cultural activities for diverse populations.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
h. Local schools that involve older adults in events and activities.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
i. Continuing education classes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
j. Social clubs such as for books, gardening, crafts or hobbies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀

VOLUNTEERING AND CIVIC ENGAGEMENT

31. How important do you think it is to have the following in your community?

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not At All Important
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
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
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
d. Easy to find information about local volunteer opportunities	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<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

32. Does the community where you live have the following?

	Yes	No	Not Sure
a. A range of volunteer activities to choose from.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. Volunteer training opportunities to help people perform better in their volunteer roles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. Opportunities for older adults to participate in decision making bodies such as community councils or committees.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. Easy to find information about local volunteer opportunities.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀

Job Opportunities

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

- ₇ Self-employed, part-time → **GO TO Question 34**
- ₆ Self-employed, full-time → **GO TO Question 34**
- ₅ Employed, part-time → **GO TO Question 34**
- ₄ Employed, full-time → **GO TO Question 34**
- ₃ Unemployed, but looking for work → **GO TO Question 34**
- ₂ Retired, not working at all → **GO TO Question 35**
- ₁ Not in labor force for other reasons → **GO TO Question 35**

34. How likely is it that you will continue to work for 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

35. How important do you think it is to have the following in your community?

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not At All Important
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
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
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

36. Does the community where you live have the following?

	Yes	No	Not Sure
a. A range of flexible job opportunities for older adults	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. Jobs that are adapted to meet the needs of people with disabilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀

COMMUNITY INFORMATION

37. 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
a. Local senior centers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Local Area Agency on Aging (AAA)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Family or Friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Local nonprofit organizations.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. AARP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Faith-based organizations such as churches or synagogues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Internet.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Phone book.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Your doctor or other health care professional.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j. Local government offices such as the Department of Health.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
k. Library.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

38. How important do you think it is to have the following in your community?

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not At All Important
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
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
c. An automated community information source that is easy to understand like a toll-free telephone number.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. 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
e. 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
f. Community information that is available in a number of different languages.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

39. Does the community where you live have the following?

	Yes	No	Not Sure
a. Access to community information in one central source	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. Clearly displayed printed community information with large lettering...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. An automated community information source that is easy to understand like a toll-free telephone number	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. Free access to computers and the Internet in public places such as the library, senior centers or government buildings.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e. 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
f. Community information that is available in a number of different languages	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀

ABOUT YOU

D1. Are you male or female?

- ₁ Male
- ₂ Female

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. Are you or your spouse currently a member of AARP?

- ₁ Yes
- ₂ No

D5. Besides yourself, 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 or friend 18 or older	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

D6. Do you have any of the following kinds of health care coverage?

	Yes	No	Not Sure
a. Insurance through a current or former employer of yours or your spouse ...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
b. Insurance purchased directly from an insurance company (not through an employer)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
c. Medicare (for people 65 and older or people with certain health disabilities)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
d. Medicaid or any kind of government assistance plan for those with low incomes or a disability	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
e. Veterans Administration or other military health care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀
f. Any other insurance coverage	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀

D7. Does any disability, handicap, or chronic disease keep you and/or your spouse or partner from fully participating 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

D8. Are you of Hispanic, Spanish, Latino origin or descent?

- ₁ Yes → **GO TO Question D9**
- ₂ No → **GO TO Question D10**

D9. If you are Hispanic or Latino, please indicate which one best represents the language (s) you speak at home. [CHECK ONLY ONE]

- ₁ Spanish only
- ₂ Spanish most of the time
- ₃ Spanish and English equally but prefer Spanish
- ₄ Spanish and English equally and do not have a preference
- ₅ Spanish and English equally but prefer English
- ₆ English most of the time
- ₇ English only

D10. What is your race and/or ethnicity? [CHECK ALL THAT APPLY]

- ₁ White or Caucasian
- ₂ Black or African American
- ₃ American Indian or Alaska Native
- ₄ Asian
- ₅ Native Hawaiian or other Pacific Islander
- ₆ Other, please specify: _____

D11. What is the highest level of education you have 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. Thinking about state elections for [STATE] Governor and Legislators in the last five years, how often would you say you voted?

- ₅ Always
- ₄ Most of the time
- ₃ About half of the time
- ₂ Seldom
- ₁ Never

D13. Do you consider yourself to be a Democrat, a Republican, an Independent or something else?

- ₁ Democrat
- ₂ Republican
- ₃ Independent
- ₄ Something else

D14. In general, how often do you go online to access the Internet for things like sending or receiving email, getting news and information, paying bills or managing finances or buying products or services? This includes access from home, work, a mobile device (such as a smartphone), or someplace else.

- ₁ Several times a day
- ₂ About once a day
- ₃ 3-6 days a week
- ₄ 1-2 days a week
- ₅ Once every few weeks
- ₆ Once a month or less
- ₇ Never go online

D15. What was your annual household income before taxes in the most recent tax year?

- 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
- ₅ \$50,000 to \$74,999
- ₆ \$75,000 to \$99,999
- ₇ \$100,000 to \$149,999
- ₈ \$150,000 or more

D16. Please use the space below for any additional comments.

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