

2011 Survey of Adult & Aging Populations

1. I live in the following geographic area:
 - North County: Berkeley, Oakland, Emeryville, Albany, Alameda, Piedmont.
 - South County: Fremont, Hayward, Union City, Sunol, Newark.
 - East County: Pleasanton, Dublin, Livermore.
 - Central County: San Leandro, Castro Valley, Cherryland, Ashland, Fairview
2. I have lived in the community for the following number of years: _____
3. Age:
 - 64 and under
 - 65-74
 - 75-84
 - 85 +
4. Gender:
 - Male
 - Female
 - Transgender
5. I am:
 - Heterosexual
 - Homosexual
 - Bisexual
6. Marital Status:
 - Married
 - Gay Couple
 - Lesbian Couple
 - Widowed
 - Separated
 - Divorced
 - Never Married
 - Other
7. My primary language is _____
8. I am a:
 - Veteran
 - Family member of a Veteran
9. 2011 Annual Income (If Married):
 - \$0 – \$14,709
 - \$14,710 - \$25,248
 - \$25,249 - \$46,860
 - \$46,861 - \$60,000
 - \$60,000+
10. 2011 Annual Income (If Single):
 - \$0 - \$10,889
 - \$10,890 - \$16,908
 - \$16,909 - \$38,520
 - \$38,521- \$50,000
 - \$50,000+
11. I am:
 - Full-time employed
 - Part-time employed
 - Unemployed
 - Retired
12. I receive the following income:
 - SSI/SSP
 - CAPI
 - Earned income
 - Retirement income
 - Veterans Benefits
13. My out of pocket medical expenses are:
 - \$0-\$250
 - \$251-\$500
 - \$500+

2011 Survey of Adult & Aging Populations

14. Hispanic Origin

- Yes
 No

15. My Race is:

- American Indian or Alaskan Native
 Asian Indian
 Laotian
 Black or African American
 Cambodian
 Chinese
 Filipino
 Guamanian or Chamorro
 Japanese
 Korean
 Native Hawaiian
 Samoan
 Vietnamese
 White
 Other Asian
 Other Pacific Islander
 Other Race
 Multiple Races
 Declined to state

16. Living arrangement: I live alone:

- Yes
 No

17. I live with _____

18. I have a mortgage:

- Yes
 No

19. Housing: I live in a:

- House
 Condominium/Town House
 Apartment
 Mobile Home/Trailer
 Hotel/ Boarding House
 Board and Care/Assisted Living
 Skill Nursing Facility
 No residence
 Shared
 Other: _____

20. Education: (Please check highest grade level completed):

- 0-8th grade
 9-12th grade
 Some College
 College Graduate
 Post Graduate

21. Public Transportation is accessible to me where I currently live:

- Yes
 No

22. My most often used form of transportation is:

- My own vehicle
 Relatives
 Friends
 Senior Bus
 Public transportation
 Taxi
 Dial-a-ride/Para-Transit
 Bicycle
 None available
 Other: _____

2011 Survey of Adult & Aging Populations

23. Below is a list of issues/conditions/concerns, which could affect your quality of life. Please check the box that best describes how much each one is a problem for you.

PROBLEM	NO PROBLEM	MINOR PROBLEM	SERIOUS PROBLEM
(a) Crime	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(b) Employment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c) Energy/utilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d) Obtaining information about services/benefits	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e) Receiving services/benefits	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f) Health care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(g) Housing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(h) Legal affairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(i) Loneliness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(j) Money to live on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(k) Nutrition/food	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(l) Taking care of another person			
(1) child under 18 years of age	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3
(2) Adult	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(m) Transportation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(n) Household chores	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(o) Isolation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(p) Accidents in the home (e.g., falling)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

24. Below is a list of activities that are difficult for some people. Please check the box that best describes how difficult each activity is for you.

ACTIVITY	No Difficulty	Minor Difficulty	Serious Difficulty	Unable To Do
(a) Eating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) Bathing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) Dressing/undressing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(d) Walking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(e) Getting in and out of bed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(f) Getting to the bathroom	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(g) Preparing meals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(h) Shopping for personal items	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(i) Medication management	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(j) Managing money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(k) Using the telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(l) Doing heavy housework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(m) Doing light housework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(n) Transportation ability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

2011 Survey of Adult & Aging Populations

25. For each activity with which you have difficulty, please check who helps you with that activity. (All answers that apply are checked)

ACTIVITY	Spouse	Other Relative	Friend	Agency Volunteer	Paid Worker	No One
(a) Eating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(b) Bathing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(c) Dressing/undressing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(d) Walking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(e) Getting in and out of bed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(f) Getting to the bathroom	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(g) Preparing meals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(h) Shopping for personal items	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(i) Medication management	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(j) Managing money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(k) Using the telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(l) Doing heavy housework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(m) Doing light housework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(n) Transportation ability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

26. The two problems from Question 25 that affect me the most are:

27. I have the following other problems or concerns:

28. If you need help with any problem, who would you turn to for help (check all that apply).

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Health Care Provider | <input type="checkbox"/> Neighbor |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Senior Center | <input type="checkbox"/> City or County Social Services |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Place of Worship | <input type="checkbox"/> Other |

Other Comments:

You are finished

Thank you for your time!