1. What is your age? ________________________________  ☐ Decline to state

(Please write the number here, e.g. 65)

2. What city do you live in?

☐ Alameda  ☐ Fairview  ☐ San Leandro
☐ Albany  ☐ Fremont  ☐ San Lorenzo
☐ Ashland  ☐ Hayward  ☐ Sunol
☐ Berkeley  ☐ Livermore  ☐ Union City
☐ Castro Valley  ☐ Newark  ☐ Other ____________
☐ Cherryland  ☐ Oakland  ☐ Other
☐ Dublin  ☐ Piedmont  ☐ Pleasanton

(If not in Alameda County, please do not complete the survey)
### AVAILABILITY OF RESOURCES AND SERVICES

3. Each of the following statements asks if you believe these resources and services are available to you **personally**. Please respond by checking “Yes”, “No” or “I don’t know”

<table>
<thead>
<tr>
<th>Resource Description</th>
<th>Yes</th>
<th>No</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Places to socialize that are welcoming to you (e.g. community centers, community or religious organizations)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Places to socialize that are affordable for you</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fitness and exercise activities that are appropriate for you</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Free or affordable opportunities for you to learn (e.g. about computers, internet, health, politics)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Job opportunities for people your age</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Opportunities for you to volunteer in the community</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Opportunities for you to participate in local or community decisions (e.g. political events and meetings, town halls, commissions)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Information about news and events in a language you understand</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A computer that you feel comfortable using</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A trusted source to go to when you have a need (e.g. medical care, food, a ride somewhere)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A trusted source to go to when you can’t understand something (e.g. a filling out a form, understanding requirements)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Health services that are culturally appropriate and in a language you understand (e.g. primary care, specialty care)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Emotional health services that are culturally appropriate and in a language you understand (e.g. for depression, anxiety)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fresh vegetables and fruit that you can afford</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Resources that help you to feel safe in the community (e.g. community watch networks or police presence)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Clean and well-kept sidewalks for you to walk on</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Safe, well-lit streets and intersections</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A form of transportation that is affordable for you</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A form of transportation that is easy for you to use</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Affordable housing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Housing that is suited to your needs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### CONCERNS ABOUT AGING

4. How concerned do you currently feel about each of the statements below? Please mark how concerned you are on a scale of 1 to 5 (1 = Not Concerned and 5 = Very Concerned)

<table>
<thead>
<tr>
<th>“My level of concern about this is…”</th>
<th>Not concerned</th>
<th>Somewhat concerned</th>
<th>Very Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Being valued by your community for past and present contributions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Being included in making decisions that affect your lifestyle</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ability to be a caregiver for someone else</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ability to financially support dependents in your life</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Being able to prepare healthy, nutritious food</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Falling (being at risk for falls)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Being able to afford housing as you age</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Being able to stay in your current home as you age</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Having the ability to maintain your home</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Having enough income to meet all your basic needs (e.g. food, medical care, housing, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Having enough income to save and plan for the future</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Finding a health care provider (e.g. doctor)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Personal safety and protection from abuse</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Confusion or memory loss that is happening more often or is getting worse</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Feeling anxious or stressed</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Being isolated from others</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

5. What are your some of your concerns for the future? __________________________________________________________
   __________________________________________________________

6. a. Are you an active volunteer in your community? ☐ Yes ☐ No
   b. Are you interested in volunteering? ☐ Yes ☐ No
7. Your zip code is: ________________________________
   (Please write your zip code here, e.g. 94605)

8. a. Are you a veteran? ☐ Yes ☐ No
   b. Are you a family member of a veteran? ☐ Yes ☐ No

9. Are you of Hispanic origin? ☐ Yes ☐ No

10. What is your race?
    ☐ American Indian or Alaskan Native  ☐ Asian or Pacific Islander
    ☐ Black  ☐ White  ☐ Decline to state

11. Your primary language is: ____________________________________________

12. You are: ☐ Male  ☐ Female  ☐ Transgender  ☐ Other _________________

13. You are: ☐ Heterosexual  ☐ Homosexual  ☐ Bisexual  ☐ Other _________________

14. Who do you currently live with? Please check all that apply.
    ☐ No one (Alone)  ☐ Extended family
    ☐ Spouse/Significant other  ☐ Friends/Acquaintances
    ☐ Parents  ☐ Other: ________________________________
    ☐ Child(ren)  ☐ Other: ________________________________

15. What type of housing do you currently live in?
    ☐ House  ☐ Skilled Nursing Facility
    ☐ Condominium/Townhouse  ☐ Independent Retirement Community
    ☐ Apartment  ☐ No residence
    ☐ Mobile Home/Trailer  ☐ Shared
    ☐ Hotel/Boarding House  ☐ Other: ________________________________
    ☐ Board and Care/Assisted Living

16. Do you have someone in your life who is a caregiver? (If yes, please check all that apply.)
    ☐ No, I do not have a caregiver  ☐ In-Home Supportive Services (IHSS)
    ☐ Family/acquaintance  ☐ Private paid caregiver

17. Are you a caregiver for someone else?
    ☐ No  ☐ Yes, someone age 19-54
    ☐ Yes, someone under age 18  ☐ Yes, someone over age 55
18. The form of transportation that you use is... (Please check all that apply)
☐ You drive yourself
☐ Relatives drive you
☐ Friends drive you
☐ Public transportation
☐ Taxi
☐ Para-Transit
☐ Volunteer driver programs
☐ Bicycle
☐ Walking
☐ Other: ________________________________

19. How would you describe your current employment situation?
☐ Full-time employed
☐ Part-time employed
☐ Retired
☐ Unemployed - Not looking for work
☐ Unemployed - Looking for work

20. Do you experience any of the following limitations to your daily activity? Please check all that apply.
☐ Hearing
☐ Vision
☐ Mobility
☐ Memory Loss
☐ Other

21. Do you experience any of the following health issues? Please check all that apply.
☐ Cancer
☐ Diabetes
☐ Heart Disease
☐ Stroke
☐ Arthritis
☐ Obesity
☐ Asthma
☐ Other

22. Do you have any future planning documents? Please check all that apply.
☐ Will
☐ Power of Attorney
☐ Advanced Health Care Directive
☐ Burial Plan
☐ Long term care insurance
☐ None

23. For statistical purposes only, what is your total estimated yearly income?
☐ $0 - $11,770
☐ $11,771 - $17,500
☐ $17,501 - $26,000
☐ $26,001 - $35,000
☐ $35,001 - $45,000
☐ $45,001 - $60,000
☐ $60,001 - $85,000
☐ $85,001 and above

24. How did you hear about this survey?
☐ Email
☐ Website
☐ Mail
☐ Senior center
☐ Non-profit agency
☐ Faith-based agency
☐ Other

Is there anything else you’d like to share? ________________________________

Thank you for taking the time to share your thoughts with us! Please return to Sandra Braxton, 6955 Foothill Boulevard, Suite 300, Oakland, CA 94605. To learn more, please visit the Alameda County Area Agency on Aging Planning website at this link: http://goo.gl/G6Tt7M