

AGING WELL IN WALDO COUNTY

To all those 50 and older who participate in our survey, we at *Aging Well in Waldo County* thank you! Filling out this form is voluntary; your name will not be part of our information gathering. Feel free to answer any or all questions and stop if you want to for any reason. We hope to learn more about our county-wide strengths and needs. Your answers will be helpful for planning and decision making. Call _____ if you have questions about this survey. And thanks again.

Please answer all that apply on any question.

ABOUT YOU:

- 1. Where in Waldo County do you live?** _____ (please write in your town/city)
 can walk to the center of town cannot walk to the center of town
- 2. How many years have you lived in Waldo County?** 0-5 6-20 21-50 all my life
- 3. How do you identify yourself?** female male non-binary
- 4. How many years old are you?**
 50-55 56-60 60-65 66-70 71-75 76-79 80+
- 5. What is your marital status?** single married widowed divorced have a partner

ABOUT YOUR HOUSING SITUATION:

- 6. Check all that apply:** own my own home rent live in a group facility live alone
 live with relatives relatives live with me have an apartment am homeless
- 7. How do you feel about your housing situation?** ideal for me now **I'd rather be:** downsizing living with family members living in a group facility living alone having someone live with me
- 8. How many people live in your household?** (including yourself) 1 2 3 4 or more
- 9. Are you warm enough in the winter?** yes no (if no, please check those that apply to your situation)
 paying for fuel is a problem there are problems with insulation

HOW YOU GET FROM HERE TO THERE:

- 10. How do you get around?** my car the bus bike a friend takes me walk most places
 boat/ferry taxi homebound and get deliveries family significant other
- 10A-If transportation is a problem for you, why?** no problems money is an issue no vehicle
 no public transportation uncomfortable asking for rides difficulty walking
- 11. What keeps you from getting out ?** nothing use a wheelchair/walker difficulty seeing
 I have trouble hearing weather conditions dislike going out dislike going alone

AT HOME IN YOUR COMMUNITY:

- 12. Do you feel included and respected as an older person?** yes no, (please explain) _____
- 13. Would you like to be more involved in community activities?** yes no
- 14. How do you find out what's happening?** read the newspaper use the Internet go to church
 talk to friends watch TV listen to the radio
- 15. Is it easy to find out about community events and local activities?** yes no somewhat

16. When you go out, what kinds of things do you do? walks exercise class sport visit friends
 church cards or bingo restaurant hobby group volunteer classes errands
 medical appointments work hunting and fishing book group

17. Are you as social as you want to be? yes no (if no, please check those that apply to your situation)
 no one to go with cannot afford to go out no ride nothing to do too far to drive
 do not know what's happening do not like to go after dark event times are not convenient

18. Please check the services you need now. home health care providers help with government forms
 where to get medical equipment daily phone check to make sure I'm ok wellness classes
 how to find care help with home chores (plowing, gardening) none

19. Are you: working full-time working part-time retired looking for work homemaker

20. Do you volunteer? help out through a local organization, service group, or church
 help others informally would like to do more not interested in volunteering

THE PUBLIC PLACES YOU VISIT:

21. Do you visit any of these public spaces? public parks public buildings/libraries walking trails no

21A-Public spaces are a problem for me because: no problem no wheelchair/walker access
 no parking nearby doors are difficult to open no public restrooms poor sidewalks poor lighting

22. Where do you get your food? supermarket farmers' market convenience stores co-op
 local farms food pantry/soup kitchen my own garden do not have enough food

WHEN YOU LOOK AHEAD:

23. Where will you live? current home sell home and rent go on renting
 move in with family member have someone move in with me move to assisted living
 move to a senior community move closer to the center of town do not know

24. How will you get around? public transportation rides for seniors will drive as long as I can
 my family will drive me someone will help do not know

25. Who will you spend time with? my larger community people my age family only
 friends family worry about being alone do not expect this to be a problem

26. What are your concerns about dying? being in pain being alone adequate care medical bills

26A-Where do you prefer to die? home hospital hospice facility nursing home don't care

27. What is working for you in your community: What is not?

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