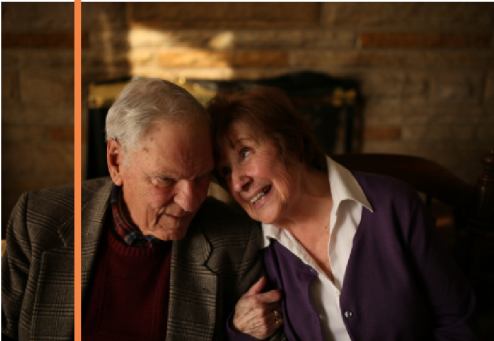




MY LIFE IN DELAWARE COUNTY



A countywide survey of residents about where they live
and what they would improve.

AGE-FRIENDLY *Delaware* *County*

To be completed by a Delaware County resident age 55+



Delaware General Health District

P.O. Box 570
Delaware, OH 43015
740-203-2030

Outdoor Spaces and Buildings (1-15)

1. How important, if at all, do you think it is to have well-maintained sidewalks in your community?

- ☐ Very important
- ☐ Somewhat important
- ☐ Slightly important
- ☐ Not at all important

2. How satisfied or dissatisfied are you with the maintenance of sidewalks that are currently in your community?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply to me

3. How important, if at all, do you think it is to have multi-use trails in your community? (A multi-use trails is one that walkers, bikers, wheelchairs, etc. can use)

- ☐ Very important
- ☐ Somewhat important
- ☐ Slightly important
- ☐ Not at all important

4. How satisfied or dissatisfied are you with the multi-use trails that are currently in your community?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply to me

5. How important, if at all, do you think it is to have tobacco-free outdoor public spaces in your community? (Examples: parks and playgrounds)

- ☐ Very important
- ☐ Somewhat important
- ☐ Slightly important
- ☐ Not at all important

6. How satisfied or dissatisfied are you with the tobacco-free outdoor public spaces that are currently in your community?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply to me

7. How important, if at all, do you think it is to have parks in your community?

- ☐ Very important
- ☐ Somewhat important
- ☐ Slightly important
- ☐ Not at all important

8. How satisfied or dissatisfied are you with the parks that are currently in your community?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply to me

9. How important, if at all, do you think it is to have playgrounds in your community?

- ☐ Very important
- ☐ Somewhat important
- ☐ Slightly important
- ☐ Not at all important

10. How satisfied or dissatisfied are you with the playgrounds that are currently in your community?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply to me

11. How important, if at all, do you think it is to have public parking in your community?

- ☐ Very important
- ☐ Somewhat important
- ☐ Slightly important
- ☐ Not at all important

12. How satisfied or dissatisfied are you with the public parking that is currently in your community?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply to me

13. How safe from crime do you consider your community?

- ☐ Very safe
- ☐ Somewhat safe
- ☐ Slightly safe
- ☐ Not at all safe

14. Do you feel that the outdoor spaces (parks, trails, playgrounds, etc.) in your community are easily accessible to those that have different physical abilities (wheelchairs, scooters, walkers, canes, etc.)?

- ☐ Yes
- ☐ No. If no, why? _____

☐ Not sure

15. Do you feel that the public buildings in your community are easily accessible to those that have different physical abilities (wheelchairs, scooters, walkers, canes, etc.)?

- ☐ Yes
- ☐ No. If no, why? _____

☐ Not sure

Transportation (16-19)

16. Do you regularly use the following methods of transportation?

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Car (driven yourself) |
| <input type="checkbox"/> | <input type="checkbox"/> | Car (driven by someone else) |
| <input type="checkbox"/> | <input type="checkbox"/> | Public transportation |
| <input type="checkbox"/> | <input type="checkbox"/> | Taxi/cab |
| <input type="checkbox"/> | <input type="checkbox"/> | Uber/Lyft |
| <input type="checkbox"/> | <input type="checkbox"/> | Bike |
| <input type="checkbox"/> | <input type="checkbox"/> | Walk |
| <input type="checkbox"/> | <input type="checkbox"/> | Organizational transportation
(church bus or living
community vehicle) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

17. Are there any methods of transportation you wish you could use more often?

- ☐ Yes. Please describe: _____

- ☐ No

18. Are you aware that DATA Bus is available for public transportation throughout Delaware County?

- ☐ Yes
☐ No

19. Have you ever experienced any barriers when using public transportation in Delaware County? (Example: DATA Bus)

- ☐ Yes. Please describe: _____

- ☐ No, I have not experienced any barriers
- ☐ This does not apply to me, I have not tried to use public transportation in Delaware County.

Housing (20-25)

20. How much assistance do you need maintaining the exterior of your home?

(Examples: lawn care, basic repair work, snow removal, etc.)

- ☐ I need assistance with all projects
- ☐ I need assistance with most projects
- ☐ I need assistance with some projects
- ☐ I do not need assistance with any projects
- ☐ This does not apply to me

21. How much assistance do you need maintaining the interior of your home?

(Examples: housekeeping, basic repair work, etc.)

- ☐ I need assistance with all projects
- ☐ I need assistance with most projects
- ☐ I need assistance with some projects
- ☐ I do not need assistance with any projects
- ☐ This does not apply to me

22. How important, if at all, is it to stay in your community as you age?

- ☐ Very important
- ☐ Somewhat important
- ☐ Slightly important
- ☐ Not at all important

23. How important, if at all, is it to remain in your current home as you age?

- ☐ Very important
- ☐ Somewhat important
- ☐ Slightly important
- ☐ Not at all important

24. What type of home is your primary address? (Check all that apply)

- ☐ Apartment
- ☐ Senior living community
- ☐ Low-income or subsidized housing
- ☐ Owned house
- ☐ Rented house
- ☐ Family member's home
- ☐ Condo
- ☐ Other: _____

25. If you were to move, would you consider moving to the following housing types?

- | Yes | No | |
|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Apartment |
| <input type="checkbox"/> | <input type="checkbox"/> | Senior living community |
| <input type="checkbox"/> | <input type="checkbox"/> | Low-income or subsidized housing |
| <input type="checkbox"/> | <input type="checkbox"/> | Owned house |
| <input type="checkbox"/> | <input type="checkbox"/> | Rented house |
| <input type="checkbox"/> | <input type="checkbox"/> | Family member's home |
| <input type="checkbox"/> | <input type="checkbox"/> | Condo |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Community Engagement and Participation (26-45)

26. How important, if at all, do you think it is to have social activities available in your community? (Examples: book clubs, bingo games, art activities, cultural events, etc.)

- ☐ Very important
- ☐ Somewhat important
- ☐ Slightly important
- ☐ Not at all important

27. How satisfied or dissatisfied are you with the social activities currently available in your community?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply to me

28. How important, if at all, do you think it is to have volunteer opportunities available in your community?

- ☐ Very important
- ☐ Somewhat important
- ☐ Slightly important
- ☐ Not at all important

29. How satisfied or dissatisfied are you with the volunteer opportunities currently available in your community?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply to me

30. How important, if at all, do you think it is to have intergenerational activities available in your community?

(Intergenerational activities are activities which engage all ages together)

- ☐ Very important
- ☐ Somewhat important
- ☐ Slightly important
- ☐ Not at all important

31. How satisfied or dissatisfied are you with the intergenerational activities currently available in your community?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply to me

32. How important, if at all, do you think it is to have school engagement in your community? (Examples: school plays, sporting events or other school activities)

- ☐ Very important
- ☐ Somewhat important
- ☐ Slightly important
- ☐ Not at all important

33. How satisfied or dissatisfied are you with the school engagement currently available in your community?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply to me

34. How important, if at all, do you think it is to have educational opportunities available in your community? (Examples: speakers, cooking classes, art classes, gardening classes, etc.)

- ☐ Very important
- ☐ Somewhat important
- ☐ Slightly important
- ☐ Not at all important

35. How satisfied or dissatisfied are you with the educational opportunities currently available in your community?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply to me

36. How important, if at all, do you think it is to have physical activity opportunities available in your community? (Examples: tai chi, hiking/walking clubs, fitness classes, aquatic classes, etc.)

- ☐ Very important
- ☐ Somewhat important
- ☐ Slightly important
- ☐ Not at all important

37. How satisfied or dissatisfied are you with the physical activity opportunities currently available in your community?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Does not apply to me

38. Do you feel you have plenty of people that you can rely on when you have problems?

- ☐ Yes
- ☐ More or less
- ☐ No

39. Do you feel you have many people you can trust completely?

- ☐ Yes
- ☐ More or less
- ☐ No

40. Do you have enough people you feel close to?

- ☐ Yes
- ☐ More or less
- ☐ No

41. Do you feel you have a purpose within your community?

- ☐ Yes
- ☐ More or less
- ☐ No

42. How valued do you feel the opinions of older adults are to decision makers in your community?

- ☐ Very valued
- ☐ Somewhat valued
- ☐ Slightly valued
- ☐ Not at all valued

43. Are you retired?

- ☐ Yes, I am retired and I do not work
- ☐ Yes, I am retired, but I am still working
- ☐ No

44. Are you concerned with your ability to financially support yourself throughout retirement?

- ☐ Yes
- ☐ No
- ☐ Unsure

45. If you are still working or trying to find employment, are there job opportunities for your skill set available to older adults?

- ☐ Yes
- ☐ No
- ☐ This question does not apply to me because I am not working or trying to find a job

Communication and Information (46-48)

46. Would you prefer to receive information by the following methods?

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Mail |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Media (Ex. Facebook) |
| <input type="checkbox"/> | <input type="checkbox"/> | E-mail |
| <input type="checkbox"/> | <input type="checkbox"/> | Internet searches & websites |
| <input type="checkbox"/> | <input type="checkbox"/> | Faith-based organizations
and community bulletins |
| <input type="checkbox"/> | <input type="checkbox"/> | Flyers posted in community |
| <input type="checkbox"/> | <input type="checkbox"/> | Newspaper |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>My Communicator</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | TV |
| <input type="checkbox"/> | <input type="checkbox"/> | Radio |

47. Do you currently use the following types of technology?

Yes No

- | | | |
|--------------------------|--------------------------|------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Computer |
| <input type="checkbox"/> | <input type="checkbox"/> | Internet |
| <input type="checkbox"/> | <input type="checkbox"/> | E-mail |
| <input type="checkbox"/> | <input type="checkbox"/> | Smartphone |
| <input type="checkbox"/> | <input type="checkbox"/> | Tablet |
| <input type="checkbox"/> | <input type="checkbox"/> | Facebook |
| <input type="checkbox"/> | <input type="checkbox"/> | Instagram |

48. How important, if at all, do you think it is to have free access to computers with internet in public places such as the library, senior centers, etc.?

- ☐ Very important
- ☐ Somewhat important
- ☐ Slightly important
- ☐ Not at all important

Community and Health Services (49-59)

49. Would you say that in general your health is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

50. How many prescription medications are you currently taking?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5+

51. Do you typically review all your medications with your pharmacist every year?

- ☐ Yes
- ☐ No
- ☐ Does not apply to me, I do not take any medications

52. How many times have you fallen in the past 6 months?

- ☐ I have not fallen in the past 6 months
- ☐ 1 time
- ☐ 2 or more times

53. Are you anxious or nervous about falling?

- ☐ Yes
- ☐ No

54. In a typical week, how many meals do you eat out in a restaurant or bring takeout food home to eat?

- ☐ I do not eat out or bring takeout home to eat
- ☐ 1 to 2 meals per week
- ☐ 3 to 4 meals per week
- ☐ 5 or more meals per week

55. On average, how often do you engage in some form of physical exercise?

(Examples: walking, swimming, biking, stretching, etc.) Please select one.

- ☐ Every day to several times a week
- ☐ About once a week
- ☐ About once every other week
- ☐ About once a month
- ☐ Less than once a month
- ☐ Never

56. In the past 12 months, have you ever felt abused? (Abuse includes physical, sexual, emotional, financial and verbal mistreatment)

- ☐ Yes
- ☐ No
- ☐ Unsure

57. Have you ever been the victim of a financial scam where you paid money to someone and received nothing in return? (Scams can occur online, over the phone or in-person)

- ☐ Yes
- ☐ No
- ☐ Unsure

58. Are you aware of mental health services in your community? (Mental health services include counseling, addiction rehabilitation, psychiatric services, etc.)

- ☐ Yes
- ☐ No

59. Do you currently experience any of the following?

- | Yes | No |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Deaf or serious difficulty hearing |
| <input type="checkbox"/> | <input type="checkbox"/> Blind or serious difficulty seeing even when wearing glasses |
| <input type="checkbox"/> | <input type="checkbox"/> Difficulty concentrating, remembering, or making decisions due to a physical, mental or emotional condition |
| <input type="checkbox"/> | <input type="checkbox"/> Difficulty doing errands alone due to a physical, mental or emotional condition |
| <input type="checkbox"/> | <input type="checkbox"/> Difficulty walking or climbing stairs |
| <input type="checkbox"/> | <input type="checkbox"/> Difficulty dressing or bathing |

About You (60-75)

60. What is your zip code?

61. What type of municipality do you currently live in?

- ☐ City
- ☐ Village
- ☐ Township

62. How many years have you lived in Delaware County?

_____ Years

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

64. How likely, if at all, is it that you will move out of Delaware County in the future?

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Slightly likely
- ☐ Not at all likely
- ☐ Don't know

65. If you were to move out of Delaware County, what do you think would be the main reason for this move?

66. Are you male or female?

- ☐ Male
- ☐ Female

67. How old are you?

_____ Years

68. What is your current marital status?

- ☐ Married
- ☐ Not married, living with partner
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Never married

69. Do you have children?

- ☐ Yes
- ☐ No

70. Do you have grandchildren?

- ☐ Yes
- ☐ No

71. Do you live alone?

- ☐ Yes
- ☐ No

72. Which one or more of the following would you say is your race?
(Check all that apply)

- ☐ Asian Indian/Alaska Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Native Hawaiian/other Pacific Islander
- ☐ White
- ☐ Other
- ☐ Don't know

73. Are you Hispanic, Latino, or Spanish origin?

- ☐ Yes
- ☐ No

74. What is the highest level of education you have completed?

- ☐ K-12th grade (no diploma)
- ☐ High school graduate, GED or equivalent
- ☐ Post-high school education/training (no degree)
- ☐ 2-year college degree
- ☐ 4-year college degree
- ☐ Post-graduate study (no degree)
- ☐ Graduate or professional degree(s)

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

- ☐ Less than \$25,000
- ☐ \$25,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 to \$199,999
- ☐ \$200,000 or more
- ☐ Don't know

Please see back cover for a space for additional comments.

THANK YOU FOR COMPLETING THIS SURVEY!

If you have any additional thoughts about the above topics or the survey itself, please share them here. Please return this questionnaire in the enclosed return envelope.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

We greatly appreciate your help with this survey of Delaware County, if you have any questions about this survey, please contact Abby Crisp at 740-203-2030 or acrisp@delawarehealth.org

