

## San Luis Obispo County, Survey of Older Adults and Individuals with Disabilities

SLO County is developing a Master Plan on Aging and wants to know what you think! **This survey is for older adults and people with disabilities.** If you are a caregiver, please complete the Caregiver survey. The survey should take 10-15 minutes to complete. The results will be used to design programs and services in SLO County.

**Directions:** What services and supports do you need to be healthy and happy? Circle the number that best matches your opinion about each statement below. If you are not sure or don't know, circle DK.

Physical Health	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know
1. I regularly see a primary care physician or nurse for basic healthcare and prevention.	1	2	3	4	5	DK
2. I am getting care from a medical professional for more specialized health care needs such as diabetes, heart disease, etc.	1	2	3	4	5	DK
3. The medical professionals I see understand the needs of older adults and people with disabilities.	1	2	3	4	5	DK
4. I am satisfied with my access to prescriptions and other medications.	1	2	3	4	5	DK
5. I understand what my healthcare insurance and benefits cover.	1	2	3	4	5	DK

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<b>Physical Health</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>
6. I am comfortable meeting with healthcare professionals by phone or computer (telehealth).	1	2	3	4	5	DK

<b>Housing</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>
7. I can afford my current living situation	1	2	3	4	5	DK
8. I feel safe in my living situation.	1	2	3	4	5	DK
9. I am able to live independently in my current living situation.	1	2	3	4	5	DK
10. I would like to modify the place I live to better meet my age and/or disability needs.	1	2	3	4	5	DK
11. In the next five years, I may need to move to a different living situation because of my age and/or disability needs.	1	2	3	4	5	DK

<b>Caregiving</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>
12. I am concerned about being able to	1	2	3	4	5	

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meet my own personal care needs (eating, bathing, dressing, etc.) as I age.						DK
13. I am concerned about being able to keep my home clean, repaired, and maintained as I age.	1	2	3	4	5	DK
14. I am worried about declining mental ability such as dementia, Alzheimer's, and memory loss as I age.	1	2	3	4	5	DK
15. I am worried about finding quality, affordable care as I grow older.	1	2	3	4	5	DK
16. I know about programs and organizations in the County that link people to caregivers.	1	2	3	4	5	DK
17. I know about resources available to help both paid and unpaid caregivers.	1	2	3	4	5	DK

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<b>Well-Being</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>
18. I have someone to call if I am feeling depressed, anxious, or overwhelmed.	1	2	3	4	5	DK
19. I know where to get therapy or help coping with my feelings if I need it.	1	2	3	4	5	DK
20. I can participate in support groups in my community focused on wellness and self-care.	1	2	3	4	5	DK
21. I know who to call about alcohol or drug misuse for me or someone I know.	1	2	3	4	5	DK
22. I regularly go to places that provide social interactions and activities for people like me.	1	2	3	4	5	DK

<b>Social Connections</b>	<b>Hardly ever</b>	<b>Some of the time</b>	<b>Often</b>
23. How often do you feel that you lack companionship?	1	2	3
24. How often do you feel left out?	1	2	3
25. How often do you feel isolated from others?	1	2	3

**26. Which of the following services and supports are MOST important to you? (check all that apply)**

<input type="checkbox"/> Getting healthy meals and food	<input type="checkbox"/> Help understanding or managing my finances
<input type="checkbox"/> Help getting to and from appointments and activities	<input type="checkbox"/> Help with legal issues such as wills, trusts, Power of Attorney, rent disputes, etc)
<input type="checkbox"/> Help understanding written information or what someone is saying in a language other than English.	<input type="checkbox"/> Help getting a job
<input type="checkbox"/> Help getting financial assistance and benefits	<input type="checkbox"/> Help using a computer or phone
<input type="checkbox"/> Physical activity and fitness programs/classes	<input type="checkbox"/> Help understanding health insurance and benefits

**27. Which of the following best describes you? (check all that apply)**

☐ Older Adult (60+)      ☐ Person with Disabilities

**28. What is your ethnicity? (check one)**

☐ African American      ☐ American Indian or Alaskan Native  
☐ Asian American/Filipino/Pacific Islander  
☐ Hispanic/Latino      ☐ White/European American  
☐ Multi-Racial/More than One      ☐ Decline to State

**29. What is your gender? (check one)**

☐ Female      ☐ Male      ☐ Nonbinary/Queer      ☐ Transgender  
☐ Decline to State

30. What is your zip code? \_\_\_\_\_

31. Do you have a caregiver? (check one) ☐ Yes, paid person  
☐ Yes, unpaid person ☐ No caregiver

32. Which of these best describes the transportation you MOSTLY use or have? (check all that apply)

☐ I drive myself ☐ Family/friends drive me ☐ Public transportation  
☐ I use public vans/shuttles ☐ I walk or bike ☐ Uber/Lyft/Taxi  
☐ I hire a private driver ☐ I don't have transportation