Age-Friendly Survey (2026 DRAFT)

updated on 12/9/25

YOUR COMMUNITY

This survey is about the place you consider "your" local community – wherever that may be. Many people think of their community as the city, town or place where they live. Some people feel like their community is more specific; others feel it is more broad. There is no wrong answer.

1. When you think about **Your Community**, what does that include? {choose your best answer}
   _____ Just the apartment complex, condominium or mobile home park where I live (e.g., Golden Estates)
   _____ Just the retirement community where I live (e.g., Eskaton, Del Webb, etc.)
   _____ Just the neighborhood or the part of town where I live (e.g., Land Park)
   _____ The whole City or Town where I live
   _____ The whole County where I live
   _____ The whole region in which I live (e.g., Northern California)

2. What is the name of the place you consider to be **Your Community**? _____

3. How long have you lived in Your Community? _____ years

4. Do you think Your Community is a good place for people to live as they age? {CIRCLE your best answer}
   Definitely Yes Probably Yes I'm not Sure Probably Not Definitely Not

5. What is your **age**? _____ years

6. How important is it for you to **remain** in Your Community as you age? {CIRCLE your best answer}
   Extremely important Very important Somewhat important Not very important Not at all important

7. If you were to consider **moving out** of Your Community, would these factors impact your decision to move away? {CIRCLE your best answers}

	Yes	Maybe	No
a. Wanting a larger or smaller home.			
b. The high cost of home maintenance.			
c. Fearing for your personal safety or having security concerns.			
d. Wanting to move to an area with better health care facilities.			
e. Wanting to move to be closer to family.			
f. Needing more access to public transportation.			
g. Looking for an area with a lower cost of living.			
h. Other (please specify): _____			

HOUSING

8. What is your 5-digit ZIP code? __ __ __ __ __

9. What kind of **place** are you living in?
   _____ Single family house _____ Condominium _____ I do not have permanent shelter
   _____ Town home or duplex _____ Mobile Home _____ Other: _____
   _____ Apartment _____ Assisted Living

10. Do you own or rent your home?
   _____ Rent
   _____ Own (with a mortgage payment)
   _____ Own (free and clear; no mortgage)
   _____ Other (please specify): _____

HOUSING (continued)

11. What **percentage** of your annual income are you spending to stay in the place you live in (including rent or mortgage and property taxes)?
    _____ 33% (I spend about ONE-THIRD of my income on the place I live in)
    _____ Much LESS than 33%
    _____ Much MORE than 33%
    _____ *Decline to state*
    _____ Other (please specify): _____

12. How important are these **housing topics** to you, and are they available in Your Community?
    {for each item, please CIRCLE your best answer in the importance row AND the availability row}
    a. Home repair contractors who are trustworthy, do quality work and are affordable.
       Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
       Available in Your Community? Always Often Sometimes Rarely Never I don't know

    b. A service for older adults who need help with home repairs.
       Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
       Available in Your Community? Always Often Sometimes Rarely Never I don't know

    c. Seasonal services for older adults who need help with lawn work or snow removal.
       Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
       Available in Your Community? Always Often Sometimes Rarely Never I don't know

    d. Affordable housing options for adults of varying income levels.
       Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
       Available in Your Community? Always Often Sometimes Rarely Never I don't know

    e. Homes that are equipped with features for access and safety, such as a no-step entry, wider doorways, first floor bedroom and bath, and grab bars in bathrooms.
       Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
       Available in Your Community? Always Often Sometimes Rarely Never I don't know

    f. Residential settings for older adults who need memory care services and supports.
       Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
       Available in Your Community? Always Often Sometimes Rarely Never I don't know

13. How important is it for you to be able to live independently **in your own home** as you age?
    Extremely important Very important Somewhat important Not very important Not at all important

OUTDOOR SPACES & BUILDINGS

14. How important are these topics to you, and are they available in Your Community?
    a. Well-maintained and safe parks that are within walking distance of your home.
       Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
       Available in Your Community? Always Often Sometimes Rarely Never I don't know

    b. Sidewalks that are in good condition, free from obstacles, safe for pedestrian use, and accessible for wheelchairs or other assistive mobility devices.
       Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
       Available in Your Community? Always Often Sometimes Rarely Never I don't know

c. Neighborhood watch programs.
   Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
   Available in Your Community? Always Often Sometimes Rarely Never I don't know

TRANSPORTATION & STREETS

15. How do you **usually** get where you need to go? {choose your best answer}
   _____ I drive myself
   _____ Family or friends drive me
   _____ I take the bus
   _____ Other (please specify): _____
   _____ I use dial-a-ride/paratransit
   _____ A caregiver drives me
   _____ I walk

16. How important are these **transportation topics** to you, and are they available in Your Community?
   a. Convenient and reliable public transportation.
      Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
      Available in Your Community? Always Often Sometimes Rarely Never I don't know

   b. Affordable public transportation.
      Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
      Available in Your Community? Always Often Sometimes Rarely Never I don't know

   c. Special transportation services for people with disabilities and older adults who need them.
      Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
      Available in Your Community? Always Often Sometimes Rarely Never I don't know

   d. Enforced speed limits.
      Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
      Available in Your Community? Always Often Sometimes Rarely Never I don't know

   e. Affordable public parking.
      Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
      Available in Your Community? Always Often Sometimes Rarely Never I don't know

   f. Well-lit, safe streets and intersections for all users (pedestrians, bicyclists, drivers).
      Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
      Available in Your Community? Always Often Sometimes Rarely Never I don't know

HEALTH & WELLNESS

17. In general, when compared to most people your age, how would you rate your **health**?
   Excellent Very good Good Fair Poor

18. How often do you engage in some form of physical **exercise** (such as walking, running, biking, swimming, sports, strength training, yoga or stretching)?
   _____ Every day
   _____ Several times a week, but not every day
   _____ About once a week
   _____ About once a month
   _____ Less than once a month
   _____ Never

HEALTH & WELLNESS (continued)

19. Are you **limited** by any of the following? {check all that apply}
    - [ ] A temporary illness, injury or recovery
    - [ ] A chronic condition (such as arthritis, cancer, COPD, diabetes, heart disease, osteoporosis, etc.)
    - [ ] A disability (which causes trouble seeing, hearing, walking, thinking or learning)
    - [ ] NONE of these
    - [ ] *Decline to state*
    - [ ] Other (please specify): _____

20. Do you have difficulty remembering, reasoning or problem-solving?
    Never Rarely Sometimes Often Always *Decline to state*

21. In a typical day, how many times do you **eat healthy foods** (such as a piece of fruit, a glass of low-fat milk, a serving of chicken with no skin and no breading)?
    _____ 4 or more times a day _____ 2 times a day _____ Not every day
    _____ 3 times a day _____ 1 time a day

22. How important are these **health & wellness topics** to you, and are they available in Your Community?
    a. Health and wellness programs and classes in areas such as nutrition, smoking cessation and weight control.
       Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
       Available in Your Community? Always Often Sometimes Rarely Never I don't know

    b. Conveniently located emergency care centers.
       Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
       Available in Your Community? Always Often Sometimes Rarely Never I don't know

    c. In-Home services including home health, personal care and housekeeping.
       Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
       Available in Your Community? Always Often Sometimes Rarely Never I don't know

    d. Well-trained, certified home care providers.
       Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
       Available in Your Community? Always Often Sometimes Rarely Never I don't know

    e. Affordable home care providers.
       Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
       Available in Your Community? Always Often Sometimes Rarely Never I don't know

    f. A variety of health care professionals including specialists.
       Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
       Available in Your Community? Always Often Sometimes Rarely Never I don't know

    g. Community emergency plans that have specific procedures for people who may have difficulty or may not be able to leave their home, including people with dementia and their caregivers.
       Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
       Available in Your Community? Always Often Sometimes Rarely Never I don't know

    h. Affordable dental care providers.
       Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
       Available in Your Community? Always Often Sometimes Rarely Never I don't know

SOCIAL INCLUSION, PARTICIPATION & EDUCATIONAL OPPORTUNITIES

23. What is your racial/ethnic background? {check all that apply}

_____ White or Caucasian (please CIRCLE your cultural/national subgroup if listed)
American European Middle Eastern Slavic

_____ Hispanic/Latino (please CIRCLE your cultural/national subgroup if listed)
Mexican Central American South American Spanish

_____ Asian (please CIRCLE your cultural/national subgroup if listed)
Asian Indian Cambodian Chinese Filipino Japanese Korean Laotian Vietnamese

_____ Black or African American (please CIRCLE your cultural/national subgroup if listed)
African American African Caribbean

_____ Alaskan Native or American Indian (please CIRCLE your cultural/national subgroup if listed)
Cherokee Mexican American Indian

_____ Pacific Islander (e.g., Guamanian, Hawaiian, Samoan)

_____ *Decline to state*

_____ Other subgroup (please specify): _____

24. What is the primary **language** spoken in your home?

_____ English _____ Chinese _____ *Decline to state*
_____ Spanish _____ Russian _____ Other (please specify): _____

25. Are people of all backgrounds, languages and cultures welcomed and included in Your Community?
Always Often Sometimes Rarely Never I don't know

26. About how frequently do you **interact** with your friends, family or neighbors in Your Community? This interaction could be by phone, in person, via email or social media (such as Facebook).

_____ Several times a day
_____ About once a day _____ Once a month
_____ Several times a week _____ Less than once a month
_____ Once a week _____ Never

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

_____ 0 – 8th grade _____ 4-year college degree
_____ 9th – 12th grade _____ Post-graduate study (no degree)
_____ High school graduate or GED _____ Graduate or professional degree
_____ Post-high school education/training (no degree) _____ *Decline to state*

28. How important are these **social** topics to you, and are they available in Your Community?

a. Activities that are affordable to all residents.
Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
Available in Your Community? Always Often Sometimes Rarely Never I don't know

b. Activities involving young *and* older people.
Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
Available in Your Community? Always Often Sometimes Rarely Never I don't know

c. Continuing education classes.
Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
Available in Your Community? Always Often Sometimes Rarely Never I don't know

VOLUNTEERING, CIVIC ENGAGEMENT & JOB OPPORTUNITIES

29. About how many hours do you volunteer each month? ____ hours

30. How important are these **volunteer** topics to you, and are they available in Your Community?
    a. A range of volunteer activities to choose from.
        Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
        Available in Your Community? Always Often Sometimes Rarely Never I don't know

    b. Volunteer training opportunities to help people perform better in their volunteer role.
        Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
        Available in Your Community? Always Often Sometimes Rarely Never I don't know

31. How often do you **vote**?
    Always Often Sometimes Rarely Never *Decline to state*

32. Are you a U.S. military **veteran**?
    _____ No _____ Yes

33. Which of the following best describes your current **employment status**? {choose your best answer}
    _____ Retired, not working at all {SKIP to Question 34}
    _____ Not in the labor force for other reasons {SKIP to Question 34}
    _____ Self-employed, part-time _____ Employed, part-time _____ Unemployed & looking for work
    _____ Self-employed, full-time _____ Employed, full-time

34. How likely is it that you will continue to work for as long as possible, rather than choosing to retire and no longer work for pay?
    Extremely likely Very likely Somewhat likely Not very likely Not at all likely I'm not sure

35. How important are these **employment** topics to you, and are they available in Your Community?
    a. A range of flexible job opportunities for older adults and people with disabilities.
        Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
        Available in Your Community? Always Often Sometimes Rarely Never I don't know

    b. Job training opportunities for older adults who want to learn new job skills within their job or get training in a different field of work.
        Important to You? Extremely Very Somewhat Not very Not at all I'm not sure
        Available in Your Community? Always Often Sometimes Rarely Never I don't know

COMMUNITY INFORMATION

34. Would you turn to the following **resources** if you, a family member or a friend needed information about services for older adults, such as caregiving help, home delivered meals, home repair, medical transportation or social activities? {choose your best answers}

	Yes	Maybe	No
a. Senior center			
b. Area Agency on Aging (AAA)			
c. Family or friends			
d. Nonprofit organizations			
e. AARP			
f. Church or other faith-based group			
g. 211 call center			
h. Internet			
i. Your doctor or other health care professionals			
j. Government offices			
k. Library			
l. Other (please specify): _____			

35. About how often do you go **online** to access the Internet for things like getting news and information, paying bills, managing finances, or buying products/services? This includes access from home, work, a mobile device (such as a smartphone) or someplace else.

_____ Several times a day
_____ About once a day
_____ Several times a week
_____ Once a week
_____ Once a month or less
_____ I never go online

36. How important are these **informational topics** to you, and are they available in Your Community?

a. Access to community information in one central source.

Important to You? Extremely Very Somewhat Not very Not at all I'm not sure

Available in Your Community? Always Often Sometimes Rarely Never I don't know

b. Free access to computers and the Internet in public places such as libraries, senior centers or government buildings.

Important to You? Extremely Very Somewhat Not very Not at all I'm not sure

Available in Your Community? Always Often Sometimes Rarely Never I don't know

c. Community information that is delivered in person to people who may have difficulty or may not be able to leave their home, including people with dementia and their caregivers.

Important to You? Extremely Very Somewhat Not very Not at all I'm not sure

Available in Your Community? Always Often Sometimes Rarely Never I don't know

AGE FRIENDLY SNAPSHOT

37. Overall, how do you think Your Community is doing in each subject area?

	Excellent	Very Good	Good	Fair	Poor	I don't know
HOUSING						
OUTDOOR SPACES & BUILDINGS						
TRANSPORTATION & STREETS						
HEALTH & WELLNESS						
SOCIAL INCLUSION, PARTICIPATION & EDUCATIONAL OPPORTUNITIES						
VOLUNTEERING, CIVIC ENGAGEMENT & JOB OPPORTUNITIES						
COMMUNITY INFORMATION						

GIVING HELP & RECEIVING HELP

Sometimes, people need help doing their **daily activities**. This includes things like: cleaning house, shopping, driving, preparing meals, managing medications, making appointments, paying bills, bathing, dressing, grooming and standing/walking.

38. In a typical week, how many hours do you spend **providing care** to:
    a. Someone age 55 or older? ___ hours
    b. A child (under age 18)? _____ hours
    c. Someone age 18 to 54? _____ hours
    d. Are you paid to provide care for any of these people?
       Always Often Sometimes Rarely Never Not Applicable

39. Do you **ever need help** from anyone to take care of your own daily activities?
    _____ No {GO to Question 40}
    _____ Yes {Please answer these follow up questions}
    a. Are you receiving as much help as you need in order to stay where you are living now in a safe and healthy way?
       Always Often Sometimes Rarely Never Decline to state
    b. If you are NOT receiving all the help you need, why aren't you? {check all that apply}
       [ ] I prefer to manage on my own
       [ ] I don't want to bother my family and friends
       [ ] There aren't good people available to help me
       [ ] I don't know where to find someone to help me
       [ ] I can't afford to pay for all the help I need
       [ ] I don't qualify for free or low-cost help
       [ ] *Decline to state*
       [ ] Other: _____

YOU & YOUR HOUSEHOLD

40. Are you?
    Male Female *Decline to state* Other: _____

41. What is your sexual orientation?
    Decline to state Straight/Heterosexual Lesbian Gay Other: _____

42. **How many people** live in your household, including yourself? ___

43. How many of these people, including yourself, are 55 or older? ___

44. What is your **annual household income** before taxes? {choose your best answer}
    _____ Less than $10,000
    _____ $10,000 to $19,999
    _____ $20,000 to $29,999
    _____ $30,000 to $49,999
    _____ $50,000 to $74,999
    _____ $75,000 to $99,999
    _____ $100,000 to $149,999
    _____ $150,000 or more
    _____ *Decline to state*

THANK YOU for taking our Survey!

Is there anything else you would like us to know? _____

_____

_____