SURVEY OF ADULT AND AGING POPULATIONS
San Mateo County Aging and Adult Services

This survey helps to plan and advocate for services for older adults and adults with disabilities in San Mateo County. Your input is very important. All answers are confidential. Thank you for your input. For more information regarding aging programs and services in San Mateo County, please call the TIES Line at 1 (800) 675-8437.

For information about the survey, contact Cristina Ugaitafa:
cugaitafa@smcgov.org or 650-573-2937.

Section I: Concerns

Below is a list of concerns that could affect your quality of life.
Mark "Yes" if these are concerns for you and "No" if they are not.

HEALTH AND WELLNESS	SOCIAL SUPPORT
Accidents in the home (falls) ☐**Yes** ☐**No**	Emotional support/counseling ☐**Yes** ☐**No**
Dental needs ☐**Yes** ☐**No**	Finding friends/social activities ☐**Yes** ☐**No**
Dependence on others ☐**Yes** ☐**No**	Finding volunteer opportunities ☐**Yes** ☐**No**
Depressed mood ☐**Yes** ☐**No**	Isolation ☐**Yes** ☐**No**
Taking care of another person (an adult over 18 years of age) ☐**Yes** ☐**No**	Loneliness ☐**Yes** ☐**No**
Taking care of another person (a child under 18 years of age) ☐**Yes** ☐**No**	Other social support concerns not mentioned above (please specify): 1) _____ 2) _____ 3) _____
Other health/wellness concerns not mentioned above (please specify): 1) _____ 2) _____ 3) _____	

ACCESS TO SERVICES/BENEFITS
Learning about services/benefits ☐**Yes** ☐**No**
Accessing and enrolling for services/benefits ☐**Yes** ☐**No**
Understanding Medicare ☐**Yes** ☐**No**
Other access to services/benefits concerns not mentioned above (please specify): 1) _____ 2) _____ 3) _____

FINANCIAL/LEGAL
Ability to earn money (employment) ☐**Yes** ☐**No**
Financial security/money to live on ☐**Yes** ☐**No**
Help paying for utilities ☐**Yes** ☐**No**
Legal affairs (wills, trusts, durable power of attorney, etc.) ☐**Yes** ☐**No**
Other financial/legal services concerns not mentioned above (please specify): 1) _____ 2) _____ 3) _____

HOUSING
Ability to afford my rental or home in the future ☐**Yes** ☐**No**
Remaining in my home and live independently ☐**Yes** ☐**No**
Other housing concerns not mentioned above (please specify): 1) _____ 2) _____ 3) _____

PUBLIC/PERSONAL SAFETY
Crime in my neighborhood ☐**Yes** ☐**No**
Disaster Preparedness ☐**Yes** ☐**No**
Physical abuse ☐**Yes** ☐**No**
Other public/personal safety concerns not mentioned above (please specify): 1) _____ 2) _____ 3) _____

SELF-CARE **Do you need help with these day-to-day activities?**		
Ability to eat ☐**Yes** ☐**No**	Getting in and out of bed ☐**Yes** ☐**No**	Transferring in/out of bed ☐**Yes** ☐**No**
Bathing routinely ☐**Yes** ☐**No**	Getting to the bathroom ☐**Yes** ☐**No**	Toileting ☐**Yes** ☐**No**
Doing light housework ☐**Yes** ☐**No**	Managing medication ☐**Yes** ☐**No**	Using the phone ☐**Yes** ☐**No**
Doing heavy housework ☐**Yes** ☐**No**	Preparing meals ☐**Yes** ☐**No**	Walking ☐**Yes** ☐**No**
Dressing/undressing ☐**Yes** ☐**No**	Shopping ☐**Yes** ☐**No**	

ACCESS TO NUTRITIOUS FOOD			
Please check one answer.	**Yes**	**No**	**Decline to State**
a. Do you have enough money to purchase food each month for nutritious meals that include fruits/vegetables, proteins, whole grains, and dairy?			
b. Are you able to drive to the grocery store, shop for food, and carry the bags of groceries home?			
c. Are you physically able to cook nutritionally balanced meals? For example: Can you stand by the stove to cook food? Are you able to reach into high or low cabinets?			
d. Do your household appliances function properly? For example: Does your refrigerator hold cold temperatures? Do your oven and stove elements heat correctly?			
e. Have you unintentionally lost or gained 10 pounds in the last six months?			

TRANSPORTATION/MOBILITY

a. My most often used form of transportation is (check one):

☐ My own vehicle	☐ Ride Share
☐ Relatives/friends	☐ Senior Center shuttle
☐ Paratransit	☐ Taxi
☐ Public transportation	☐ No transportation is available
☐ Other_____ (please specify)	

b. I need transportation to/for (check all that apply):

☐ Adult/Community Centers	☐ Religious Activities
☐ Doctor/Medical Appointments	☐ Shopping/Groceries
☐ Entertainment	☐ Visit Family/Friends
☐ Personal Care	☐ Work
☐ Other	

c. If you use public transportation, how often have you used it in the last month?

☐0 times ☐ 1 to 4 times ☐ 5 to 10 times ☐ More than 10 times
☐ I don't use public transportation.

d. Why haven't you used public transportation?

☐ Accessibility (Have difficulty getting to the stop or station- too far, no sidewalks, highways to cross, etc.)
☐ I have difficulty getting on or off the bus/shuttle/train/etc.
☐ I have difficulty getting information about fares, routes, and schedules.
☐ Public transportation takes too long.
☐ Public transportation doesn't go where I need to go.
☐ There is no public transportation where I live.
☐ Too expensive
☐ I use public transportation.
☐ Other_____

e. Please check what applies for you to be mobile:

☐Walk with no assistance ☐Mobility scooter
☐Walk with assistance (cane, walker, etc.) ☐ Decline to state
☐Wheelchair ☐Other _____
(Please specify)

f. Please rank the following categories with 1 being the one you are least concerned about to 9 being the one you are most concerned about:

___ Health and Wellness ___ Financial/Legal ___Self-Care
___ Social Support ___ Housing ___Access to Nutritious Food
___ Access to services/benefits ___ Public/Personal Safety ___Transportation

Section II: Personal Data

a. What is the zip code where you live?_____ (Please write your zip code)

b. What is your age? (Please check applicable box.):

☐Under 59 ☐ 70-79 years ☐ 90-99 years
☐60-69 years ☐ 80-89 years ☐ 100 or more years

c. Which of the following best represents how you think of yourself?

☐Male ☐Transgender male to female
☐Female ☐Genderqueer/Gender non-binary
☐Transgender female to male ☐Not listed_____(Please specify)
☐Decline to state

d. What was your sex at birth?

☐Male
☐Female
☐Decline to state

e. How do you describe your sexual orientation or gender identity?

☐Straight/Heterosexual ☐Questioning/Unsure
☐Bisexual ☐Not listed_____(Please specify)
☐Gay/Lesbian/Same-Gender Loving ☐Decline to state

f. What is the highest degree or level of education you completed?

☐0 to 8th grade ☐ College graduate
☐9th to 12th grade ☐Post-graduate
☐ Some college ☐ I decline to state

g. Do you have a disability that causes you to need help?

☐Yes ☐ No ☐ Decline to state

h. If you need help, what type of assistance do you need?_____ (please specify)

i. What is your disability?

☐Physical health (for example hearing, vision, mobility, etc.)
☐Cognitive health (for example dementia, Alzheimer's, etc.)
☐Mental health (for example depression, anxiety, bipolar disorder, etc.)
☐ I do not have a disability
☐ Decline to state

Household Arrangement

j. Do you own or rent your home?

☐Rent ☐ Own my home ☐ Other: _____(Please specify)

k. What type of housing do you live in?

☐Apartment
☐Assisted living facility
☐Boarding house/room and board
☐Condominium/townhouse
☐House
☐ Hotel/motel
☐ Mobile home/trailer
☐ No residence
☐ Shelter
☐ Other: _____(Please specify)

Racial and Ethnic Background

l. Which one of these groups would you say best represents your race?

☐Spanish/Hispanic/Latino (check your Hispanic or Latino origin below)

What is your Hispanic or Latino origin?

☐Mexican
☐Central American
☐South American
☐Other Spanish/Hispanic/Latino_____(Specify group)

☐White

☐Black/African American

☐American Indian or Alaskan Native _____
(Specify name of enrolled/principal tribe)

☐Asian (check your Asian ethnic group below)

What specific ethnic group are you?

☐Asian Indian
☐Cambodian
☐Chinese
☐Filipino
☐Japanese
☐Korean
☐Laotian
☐Vietnamese
☐Other Asian_____(Specify ethnicity)

☐Hawaiian/Other Pacific Islander (check your Hawaiian/Other Pacific Islander group below)

What specific ethnic group are you?

☐Native Hawaiian ☐ Guamanian or Chamorro
☐Samoan ☐ Tongan
☐Other Pacific Islander _____(Specify ethnicity)

☐Other Ethnicity_____ (Specify ethnicity)

☐Multiple Races_____ (Specify races)

m. What is your primary language?

☐ Cantonese ☐ Russian ☐ Other_____(Specify language)
☐ English ☐ Spanish
☐ Mandarin ☐ Tagalog

n. Would you say you speak English

☐Very well ☐Less than very well ☐ Not at all ☐ Decline to state

Financial Information

o. Do you receive Supplemental Security Income (SSI)/State Supplemental Payment (SSP)?

☐ Yes ☐ No ☐Decline to State

p. Are you currently employed for wages?

☐ Yes ☐ No ☐Decline to State

q. What is your monthly household income from all sources? Please check one. Answer according to whether you are single person in a household or whether you are a couple (or more) in a household.

Household is one person (renter)	Household is one person (homeowner with a mortgage)	Household is one person (homeowner with no mortgage)
☐ Less than $3,306	☐ Less than $3,776	☐ Less than $1,822
☐ More than $3,306	☐ More than $3,776	☐ More than $1,822

Household is a couple (renter)	Household is a couple (with a mortgage)	Household is a couple with (no mortgage)
☐ Less than $4,128	☐ Less than $4,598	☐ Less than $2,644
☐ More than $4,128	☐ More than $4,598	☐ More than $2,644

r. How many people in your household are supported by this income?

☐ 1	☐ 2	☐ 3	☐ 4 or more

Social Activities

s. Which of these places do you attend/participate in? (check all that apply)

☐ Adult Day Care/Adult Day Health Centers
☐ Adult/Senior Community Centers
☐ Adult Day/Work Program

☐ Civic/Social/Ethnic Clubs
☐ Family Gatherings
☐ Social Gatherings

☐ Adult/Senior Community Centers
☐ A place where I volunteer

☐ Religious Institution
☐Other _____
(Please specify)

Thank you for your participation. This survey may be returned by e-mail to cugaitafa@smcgov.org or faxed to (650) 837-9713.

To return this survey by mail, please address it to:
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