



MY LIFE IN DELAWARE COUNTY

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



Outdoor Spaces and Buildings

1. In your neighborhood do you have access to the following?

Resource	Yes	No	Not Sure
Well-maintained and safe parks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well-maintained public buildings that are accessible to people of all abilities (libraries, senior centers, community center, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crosswalks that allow enough time to cross the street.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well-lit streets and walkways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Available and accessible public parking that is within walking distance to destination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sidewalks that are in good condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessible multi-use trails (ones that walkers, bikers, and wheelchairs can use)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Do you experience any of the following barriers in your neighborhood when spending time outdoors or in public places? (Check all that apply.)

Barriers	
Sidewalks are uneven or unsafe.	<input type="radio"/>
Limited sidewalks where I want to walk.	<input type="radio"/>
Public buildings or spaces are not accessible to me.	<input type="radio"/>
No crosswalks / no crosswalks with signals.	<input type="radio"/>
Limited / unavailable public parking.	<input type="radio"/>
No public restrooms.	<input type="radio"/>
Restrooms that are not accessible.	<input type="radio"/>
Nowhere to sit / rest.	<input type="radio"/>
No place to get free drinking water.	<input type="radio"/>
I don't feel safe in my neighborhood.	<input type="radio"/>
Multi-use trails are unavailable or inaccessible to me.	<input type="radio"/>

Transportation

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

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

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

- Yes
- If no, why?

- Not sure

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

- Yes
- If no, why?

- Not sure

6. What is your usual way of getting to where you need to go?

- Car (driven yourself)
- Car (driven by someone else)
- Public transportation
- Rideshare (Uber / Lyft)
- Taxi or similar service
- Ride my bike
- Walk
- Transportation service coordinated by community entity (churches, retirement communities, service providers, etc.)

7. In your neighborhood do you have access to the following:

Resource	Yes	No	Not sure
Affordable public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convenient public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessible transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well-maintained streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bike lanes / trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Do you experience any of the following barriers getting to where you need to go? (Check all that apply).

Barriers	
I do not drive	<input type="radio"/>
I do not have others to take me	<input type="radio"/>
Parking issues / difficulty with parking	<input type="radio"/>
I cannot afford public transportation	<input type="radio"/>
I am not aware of public transportation in my community	<input type="radio"/>
I do not feel safe when walking	<input type="radio"/>
Other:	<input type="radio"/>

Housing

9. What type of home is your primary residence? (Check all that apply)

Housing Types	
Apartment	<input type="radio"/>
Senior living community	<input type="radio"/>
Low-income or subsidized housing	<input type="radio"/>
Owned house	<input type="radio"/>
Rented house	<input type="radio"/>
Family member's home	<input type="radio"/>
Condo	<input type="radio"/>
Other:	<input type="radio"/>

10. 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

11. 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

12. 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

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

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

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

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

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

- Cannot afford current residence (mortgage, rent, etc.)
- Cannot maintain current residence
- Current residence does not meet my needs (accessible bedrooms, bathrooms, entryways, etc.)
- Cannot afford property taxes
- My family situation changes
- Health changes

16. The Federal Emergency Management Agency (FEMA) recommends all residents have on hand a three-day supply of items necessary to sustain life during an emergency including food, water, medicine, etc. Based on these guidelines, are you prepared for an emergency?

- Yes
- No
- I am unsure

17. Do you have the following items in your home?

Resources	Yes	No
Working smoke detectors	<input type="radio"/>	<input type="radio"/>
Working carbon monoxide detectors	<input type="radio"/>	<input type="radio"/>
Working air conditioner / heater	<input type="radio"/>	<input type="radio"/>
Working fan	<input type="radio"/>	<input type="radio"/>
Alternative source of electric power	<input type="radio"/>	<input type="radio"/>

Community Engagement and Participation

18. Rate your level of agreement with the following statements:

Statements	Strongly Agree	Agree	Disagree	Strongly Disagree
There are negative stereotypes about people my age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are opportunities for community members from different generations to engage together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ideas and opinions are valued by local decision makers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are activities that interest me in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are volunteer opportunities that interest me in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are education opportunities that interest me in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are physical activity opportunities that interest me in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local schools involve older adults in events and activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. How often do you feel the following:

Feelings	Hardly Ever	Some of the Time	Often
A lack of companionship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Isolated from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Left out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. What is your employment status?

- Employed full-time
- Employed part-time
- Self-employed
- Unemployed and seeking work
- Retired and not seeking work
- Retired and seeking work
- Disabled and unable to work

21. If you are considering retirement, do you have any of the following concerns considering that transition?

Concerns	Yes	No	Not Sure	Not Considering Retirement
Lack of access to health benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to maintain current lifestyle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Filling time with meaningful activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Losing sense of worth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Losing social connections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. If you are seeking employment, have you experienced any of the following? (Check all that apply)

- Available jobs do not match my skills or experience
- I am overqualified
- I struggle with technology
- Employers will not hire me because of my age
- Transportation is a barrier to employment
- Health issues make finding or keeping a job a challenge
- I do not know how to find available jobs
- I am not seeking employment

Communication and Information

23. Would you like to receive information in the following methods?

(This information will not be used to contact you).

Yes No

- Mail
- Social media (Example: Facebook)
- E-mail
- Internet searches and websites
- Faith-based organization community bulletins
- Flyers / bulletin boards
- Newspaper
- Telephone
- TV
- Text messages
- Radio
- Word of Mouth
- Other: _____

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

Yes No

- Computer
- Internet
- E-mail
- Smartphone
- Tablet
- Facebook
- Instagram
- Twitter

25. Are you familiar with 2-1-1 HelpLine?

- Yes
- No

26. Do you have access to the internet?

If no, please select why:

- Yes
- No – I do not want access to the internet
- No – I do not know how to access the internet
- No – It is too expensive
- No – My area does not offer sufficient internet access
- No – Other: _____

Communication and Health Services

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

- Excellent
- Very good
- Good
- Fair
- Poor

28. How many prescription medications are you currently taking?

- 0
- 1
- 2
- 3
- 4
- 5+

29. 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

30. How many times have you fallen in the last 6 months?

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

31. Are you anxious or nervous about falling?

- Yes
- No

32. How often do you receive food from the following resources?

Resources	Weekly	Monthly	A Few Times a Year	Seldom	Never	Not Sure
Grocery delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meal delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dining out at a restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Takeout delivery service (Doordash, Grubhub, Uber Eats, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food pantry / Food bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family / friend provided food or meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal or community garden	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home delivered prepared meals / Meals on Wheels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group meals at community center, senior center, church, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplemental nutrition assistance program (SNAP) / food stamps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farmer's markets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farmer's market voucher programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Over the last year, how often were you worried about not having enough food to eat?

- Always
- Frequently
- Sometimes
- Rarely
- Never

34. On average, how often do you engage in some form of physical exercise (walking, running, yoga, etc.)?

- Everyday to several times a week
- About once a week
- About once every other week
- About once a month
- Less than once a month
- Never

35. Before turning 55, had you ever been abused, neglected, or the victim of a scam?

- Yes
- No
- I am unsure

36. Since turning 55, have you been abused, neglected, or the victim of a scam?

- Yes
- No
- I am unsure

37. If you answered yes to Question 36, please check any that apply:

Someone took my money or property without my permission	<input type="radio"/>
Someone deceived me into giving away my money or property	<input type="radio"/>
I was physically abused by someone	<input type="radio"/>
I was sexually abused by someone	<input type="radio"/>
Someone who was supposed to help me, did not	<input type="radio"/>
Someone tried to control, humiliate, or isolate me from others	<input type="radio"/>
Prefer not to answer	<input type="radio"/>

38. Do you know how to access mental health services in your community? (Mental health services include counseling, addiction rehabilitation, psychiatric services, etc.)

- Yes
- No



If you need help due to abuse or a financial scam, please call HelpLine at 211.

39. Do you currently experience any of the following?

Yes No

- Deaf or serious difficulty hearing
- Blind or serious difficulty seeing even with glasses
- Difficulty concentrating, remembering, or making decisions due to a physical, mental or emotional condition
- Difficulty running errands alone due to a physical, mental or emotional condition
- Difficulty walking or climbing stairs
- Difficulty dressing or bathing

40. A caregiver is someone who is not paid to provide care for someone else, such as a family member or friend. Would you currently consider yourself a caregiver?

- Yes
- No

41. If you are a caregiver, who do you care for?

- Spouse
- Adult child
- Parent
- Grandparent
- Sibling
- Grandchildren
- Other family relative
- Neighbor
- Friend
- I am not a caregiver

42. Does the person you are caring for have Dementia or Alzheimer's disease?

- Yes
- No
- I am unsure
- I am not a caregiver

43. How stressed do you feel in caring for your family member or friend?

- Not at all
- A little
- Moderately
- Quite a bit
- Extremely

About You

44. What is your zip code?

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

- City
- Village
- Township

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

Please report only whole numbers. For example, if you have lived in Delaware County for 20 months, please round your answer to 2 years.

_____ Years lived in Delaware County

47. How would you rate your community as a place for people to live as they age?
(This would be the geographical location where your home is located. A community can be located within a city or town or county).

- Excellent
- Very good
- Good
- Fair
- Poor

48. How would you describe your gender?

- Male
- Female
- Transgender Man or Transgender Woman
- Non-binary
- Genderqueer or genderfluid
- Questioning or unsure
- Prefer not to answer
- My identified gender is not listed above

49. How would you describe your sexual orientation?

- Heterosexual / Straight
- Gay
- Lesbian
- Bisexual
- Queer
- Questioning or unsure
- Prefer not to answer
- My sexual orientation is not listed above

50. How old are you?

_____ Years

51. Did you serve in the military or armed forces?

- Yes
- No

52. What is your current marital status?

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

53. Do you have children?

- Yes
- No

54. Do you have grandchildren?

- Yes
- No

55. Do you live alone?

- Yes
- No

56. Which one or more of the following would you say your race is?

- American Indian / Alaskan Native
- Asian
- Black or African American
- Native Hawaiian / other Pacific Islander
- White
- Multi-racial
- Other
- Prefer not to answer

57. Are you Hispanic or Latino?

- Yes
- No
- Don't know

58. 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)

59. 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

THANK YOU FOR COMPLETING THIS SURVEY!

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

We greatly appreciate your help with this survey of Delaware County. If you have any questions about this survey, please contact Emily Lipp at 740-203-2030 elipp@delawarehealth.org.

