

Age Friendly Community Survey

The purpose of this research project is to better understand the opportunities and challenges for older adults in Champaign-Urbana. This is a research project being conducted by the Center on Health, Aging, and Disability at the University of Illinois Urbana-Champaign.

You are invited to participate in this one- time survey because you are an older person living in the city of Champaign or Urbana.

Your participation in this research study is voluntary. You may choose not to participate. If you decide to participate in this research survey, you may withdraw at any time. If you decide not to participate in this study or if you withdraw from participating at any time, you will not be penalized.

Faculty, students, and staff who may see your information will maintain confidentiality to the extent of laws and university policies. Personal identifiers will not be published or presented.

Contact **Wendy Bartlo, Ph.D 217-300-4323** or email address: wbartlo@illinois.edu if:

- You have any questions about this study or your part in it.
- You have questions, concerns or complaints about the research.

If you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 217-333-2670 or e-mail OPRS at irb@illinois.edu

Please rate the following characteristics as they relate to **your life in Champaign-Urbana**

What is your age? _____ years

In what city do you reside?

Champaign

Urbana

Savoy

Champaign-Urbana-Savoy	Poor	Fair	Average	Good	Excellent	Do not know
How do you rate your community as a place for you to live?	1	2	3	4	5	n/a
How do you rate your community as a place for you to retire?	1	2	3	4	5	n/a
Outdoor Spaces and Buildings	Poor	Fair	Average	Good	Excellent	Do not know
Accessibility of public buildings for you	1	2	3	4	5	n/a
Availability of public restrooms for you	1	2	3	4	5	n/a
Places for you to sit and rest in the downtowns of Champaign and Urbana	1	2	3	4	5	n/a
Places for you to sit and rest in public parks	1	2	3	4	5	n/a
Accessibility of small businesses and restaurants for you	1	2	3	4	5	n/a

Do you have parks or outdoor public spaces in your neighborhood? **YES** **NO**

	Never	Seldom	Sometimes	Often	Very Often	Do not know
How often did you visit a public park in the past year?	1	2	3	4	5	n/a

Please mention any locations in your community that you perceive as being particularly Age-Friendly.

Please mention any location in your community that you perceive as NOT Age-Friendly.

Transportation	Poor	Fair	Average	Good	Excellent	Do not know
Convenience of vehicular travel for you	1	2	3	4	5	n/a
Convenience of bus travel for you	1	2	3	4	5	n/a
Availability of bus stops for you	1	2	3	4	5	n/a
Ease of walking to access locations in your community	1	2	3	4	5	n/a
Ease of getting to the places you usually have to visit (e.g., grocery store, doctor's office, pharmacy, etc.)	1	2	3	4	5	n/a
Affordability of public transit for you	1	2	3	4	5	n/a
Bus drivers are courteous to older people	1	2	3	4	5	n/a
Information on bus routes and schedules is available and easily accessible to you	1	2	3	4	5	n/a
City areas and services you need are accessible by public transport	1	2	3	4	5	n/a
Availability of door-to-door transportation for you	1	2	3	4	5	n/a

In the last year, how often did you engage in the following:

	Never	Seldom	Sometimes	Often	Always	Do not know
Use a vehicle to drive yourself?	1	2	3	4	5	n/a
Ride in a vehicle driven by someone else?	1	2	3	4	5	n/a
Ride a bus	1	2	3	4	5	n/a
Walk to a destination	1	2	3	4	5	n/a
Ride a bike	1	2	3	4	5	n/a
Use senior transportation or transportation for individuals with disabilities	1	2	3	4	5	n/a
Use paid services such as taxis, etc.?	1	2	3	4	5	n/a

Housing	Poor	Fair	Average	Good	Excellent	Do not know
Availability of housing options for you as on older person	1	2	3	4	5	n/a
Availability of affordable quality housing for you	1	2	3	4	5	n/a
Availability of housing for low income seniors	1	2	3	4	5	n/a
Availability to retrofit your home for accessibility and safety	1	2	3	4	5	n/a
Ability to accomplish housework on your own or with assistance from others	1	2	3	4	5	n/a

Having the financial resources to maintain your home	1	2	3	4	5	n/a
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Ability to maintain your yard on your own or with assistance from others	1	2	3	4	5	n/a
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Have you fallen in your home? YES NO

What are the causes of falls in your home?

Social Participation	Poor	Fair	Average	Good	Excellent	Do not know
Opportunities for you to enroll in skill building or personal enrichment classes	1	2	3	4	5	n/a
Recreation opportunities for you (arts, games, library services, etc.)	1	2	3	4	5	n/a
Fitness opportunities for you (exercise classes, trails, etc.)	1	2	3	4	5	n/a
Opportunities for you to attend social events or activities	1	2	3	4	5	n/a
Opportunities for you to attend religious or spiritual activities	1	2	3	4	5	n/a

During a typical month, how often do you do the following?

	Never	Seldom	Sometimes	Often	Very Often	Do not know
Communicate /visit with friends and/or family	1	2	3	4	5	n/a
Participate in religious or spiritual activities	1	2	3	4	5	n/a
Participate in a recreation, educational program, or group activity	1	2	3	4	5	n/a
Volunteer in your community	1	2	3	4	5	n/a
Use a recreation center in your community	1	2	3	4	5	n/a
Use fitness center or gym in your community	1	2	3	4	5	n/a
Visit a local park or trail/nature walk	1	2	3	4	5	n/a
Use a public library in your community	1	2	3	4	5	n/a
Use other venues in your community for social participation (e.g., VFW, community based centers, senior centers)	1	2	3	4	5	n/a

Respect and Social Inclusion	Poor	Fair	Average	Good	Excellent	Do not know
Valuing older residents in your community	1	2	3	4	5	n/a
Availability of people to reach out to for help if needed	1	2	3	4	5	n/a
Consideration for older residents' needs at local events and gatherings	1	2	3	4	5	n/a
Sense of community	1	2	3	4	5	n/a
Openness and acceptance of the community towards older residents of diverse backgrounds	1	2	3	4	5	n/a
Overall feeling of safety	1	2	3	4	5	n/a
Availability of resources to prevent potential fraud or scams	1	2	3	4	5	n/a
Having support when dealing with a difficult situation or substantial life event (health condition, loss of loved one, etc.)	1	2	3	4	5	n/a

During a typical month, how often do you feel:

	Never	Seldom	Sometimes	Often	Always	Do not know
Disrespected	1	2	3	4	5	n/a
Alone or isolated	1	2	3	4	5	n/a
Socially excluded	1	2	3	4	5	n/a
Unsafe	1	2	3	4	5	n/a

Civic Participation and Employment	Poor	Fair	Average	Good	Excellent	Do not know
Opportunities for you to attend and/or participate in local government meetings or other civic meetings	1	2	3	4	5	n/a
Availability of employment opportunities for you	1	2	3	4	5	n/a
Quality of employment opportunities for you	1	2	3	4	5	n/a
Opportunities for meaningful volunteer work for you	1	2	3	4	5	n/a
Having enough money to meet daily expenses	1	2	3	4	5	n/a

In the last 12 months how often have you:

	Never	Seldom	Sometimes	Often	Very Often	Do not know
Attended a meeting of your community's local elected officials or other local public meetings	1	2	3	4	5	n/a
Watched a meeting of your community's local elected officials or other public meeting on television, internet, or other media	1	2	3	4	5	n/a
Volunteered in your community	1	2	3	4	5	n/a
Served on city council, a citizen advisory council, neighborhood associations, or other civic organizations/committees	1	2	3	4	5	n/a

Communication and Information	Poor	Fair	Average	Good	Excellent	Do not know
Availability of information about resources for older adults	1	2	3	4	5	n/a
Availability of financial or legal planning services for older adults	1	2	3	4	5	n/a
Having adequate information for dealing with public programs such as Social Security, Medicare, etc.	1	2	3	4	5	n/a
Do you know where to go if you need help filling out a form?	1	2	3	4	5	n/a

Information in public areas is available and easy to read	1	2	3	4	5	n/a
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Feeling informed about leisure and recreational activities available in your community	1	2	3	4	5	n/a
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How do you currently get information on programs and services? **(CIRCLE ALL THAT APPLY)**

Free hardcopy newspapers	Internet on a smartphone or tablet	Yellow pages
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Friend, neighbor, or family member (word of mouth)	Internet on a public computer	Community associations
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Notices displayed in public places (library, hospital, grocery stores, etc.)	Church newsletters or bulletins	By phone or by calling a service helpline
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Internet on a personal computer	Email newsletters	Health Fairs
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Community Support and Health Services	Poor	Fair	Average	Good	Excellent	Do not know
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Availability of physical health care for you	1	2	3	4	5	n/a
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Affordability of physical health care for you	1	2	3	4	5	n/a
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Quality of your physical health care	1	2	3	4	5	n/a
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Availability of mental health care for you	1	2	3	4	5	n/a
Affordability of mental health care for you	1	2	3	4	5	n/a
Quality of dental health care for you	1	2	3	4	5	n/a
Availability of preventative health services (e.g., health screenings, flu shots, education workshops)	1	2	3	4	5	n/a
Availability of affordable quality food	1	2	3	4	5	n/a
Being able to afford the medications you need	1	2	3	4	5	n/a
Being able to maintain a healthy diet	1	2	3	4	5	n/a
Being able to obtain affordable health insurance	1	2	3	4	5	n/a
Being able to stay physically fit	1	2	3	4	5	n/a
How would you rate your overall health status?	1	2	3	4	5	n/a

Additional Questions

Gender M F

Race

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African-American

Other

Ethnicity

Hispanic or Latino or Spanish Origin

Not Hispanic or Latino or Spanish Origin

Marital Status

Married

Divorced

Never married

Widowed

Separated

Sexual Orientation

Heterosexual

Bisexual

Prefer not to say

Homosexual

Other

Education

Less than high school

4 year degree

High school graduate

Professional degree

Some college

Doctorate

2 year degree

Total Yearly Household Income (CIRCLE)

Less than \$25,000

\$75,000 to \$99,999

\$25,000 to \$34,999

\$100,000 to \$149,999

\$35,000 to \$49,999

\$150,000 or more

\$50,000 to \$74,999

Type of Housing (CIRCLE)

single family

Townhouse/condo/apartment

mobile home

assisted living

nursing home

other _____

Number of Members of Household _____ **Years lived in your community** _____

Employment Status (CIRCLE)

working full time for pay

fully retired

working part time for pay

unemployed and looking for paid work

Student

Disabled

Current or former occupation (CIRCLE ALL THAT APPLY)

Agriculture, Forestry, Fishing or
Hunting

Information

Health Care and Social
Assistance

Mining, Quarrying, or Oil and Gas
Extraction

Finance and Insurance

Arts, Entertainment, and
Recreation

Construction

Real Estate and Rental and
Leasing

Accommodation and Food
Services

Manufacturing

Professional, Scientific, and
Technical Services

Other Services (except Public
Administration)

Wholesale Trade

Business Management

Public Administration

Retail Trade

Waste Management and
Remediation Services

Military

Transportation and Warehousing

Educational Services

Religious

Other _____

Law Enforcement