

## Senior Citizen Survey 2016

1. What is your gender?

- Female
- Male

2. What is your approximate average household income?

- \$0-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$124,999
- \$125,000-\$149,999
- \$150,000-\$174,999
- \$175,000-\$199,999
- \$200,000 and up

3. What is your age?

- 50 to 59
- 60 to 69
- 70 to 79
- 80 to 89
- 90 or older

4. Please describe your race/ethnicity.

5. Which of the following best describes your current relationship status?

- Married
- Widowed
- Divorced
- Separated
- In a domestic partnership or civil union
- Single, but cohabiting with a significant other
- Single, never married

6. How do you stay up to date with current events?

- National paper (e.g. The New York Times)
- Miami Herald or other Miami-area newspaper
- The Islander News or other local paper
- El Nuevo Herald
- Other non-English paper/magazine
- Television
- Radio station
- Friends and family
- Notices in the mail
- Posters
- Internet/Email
- Other (please specify)

7. In the last 12 months, have you needed help with any of the following?

	I have not needed any help	I have needed help and help WAS accessible	I have needed help but help WAS NOT accessible	N/A
Filling out forms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
House cleaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income tax preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yard care/ gardening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grocery shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to & from events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to & from health facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home repair & maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing meals/ meal delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Garbage removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. If you think about your future senior years, are you worried by any of the following?

	Very worried	Somewhat worried	Not worried
Growing old alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Declining health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving into more suitable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial concerns (e.g. paying your monthly bills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty physically getting around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding transportation to get around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Losing my driver's license	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Losing my independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having no one to take care of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illness/incapacitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being busy enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**LAST TWO ITEMS...**

9. Do you wish to be involved in future planning meetings for Key Biscayne seniors?

- Yes
- No

10. Do you wish to be entered into the drawing to receive a \$100 gift certificate from a local business?

- Yes
- No

11. If you answered 'yes' to either question, please complete the information below.

Name:

E-mail:

Telephone number:

***Thank you!***

***Your opinions are much appreciated & will help make Key  
Biscayne a more age-friendly community.***

12. Which of the following categories best describes your employment status?

- Employed, working full-time
- Employed, working part-time
- Not employed, looking for work
- Not employed, NOT looking for work
- Retired
- Disabled, not able to work

13. About how long have you lived in Key Biscayne?

Years

Months

14. How many people currently live in your household?

15. Please rate the following public spaces regarding activities available for seniors.

	Very Satisfied	Satisfied	Somewhat Unsatisfied	Unsatisfied	No Opinion
Key Biscayne Community Center	<input type="radio"/>				
Village Green	<input type="radio"/>				
Village Hall	<input type="radio"/>				
Key Biscayne Library	<input type="radio"/>				
Key Biscayne Beach Park	<input type="radio"/>				

16. Do you feel that Key Biscayne understands the needs of senior citizens?

- Yes
- No
- No opinion.

17. Does Key Biscayne host enough events for seniors?

- Yes
- Yes, but more would be nice.
- No
- No opinion.

18. Do you feel valued and respected as a senior on Key Biscayne?

- Very
- Somewhat
- Not really
- Not at all
- No opinion

19. Would you be interested in a program for a senior facility on Key Biscayne?

- Yes
- No
- No opinion.

20. Would you be interested in the future to participate in planning activities for seniors on Key Biscayne?

- Yes
- No
- No opinion.

21. Please indicate which of the following best describes your living arrangements(*Please check all that apply*)

- I live alone
- I live with my spouse/partner
- I live with my roommate(s)
- I live with my children
- Other: \_\_\_\_\_

22. Where do you live? *Please check one*

- Home/condo/apartment that I own
- Home/condo/apartment that I rent
- Home/condo/apartment that my family owns or rents
- Retirement home
- Seniors 55+ complex
- Assisted-living
- Care facility/nursing home
- Subsidized housing
- Other: \_\_\_\_\_

23. Do you plan to move to more suitable housing within the next...*Please indicate the one that best reflects your plans*

- 1 year
- 2-3 years
- 4-5 years
- Beyond 5 years
- I have no long-term plans for moving

24. If you do plan on moving within Key Biscayne, what type of housing do you think you will need?*Please check one*

- Smaller house that I will rent
- Smaller house that I will buy
- Apartment/condo/townhouse that I will rent
- Apartment/condo/townhouse that I will buy
- Retirement home
- Seniors 55+ complex
- Assisted living
- Subsidized housing
- Care facility/nursing home
- Do not plan to move within Key Biscayne
- Other: \_\_\_\_\_

25. Please indicate your level of mobility (your ability to walk/get around)*Please check all that apply*

- I can walk with ease unassisted
- I walk unassisted but with difficulty
- I use a cane or walker when walking
- I use a scooter
- I use a wheelchair
- Other: \_\_\_\_\_

26. How often do you do the following or go to the following?*Please check one response for each item*

	At least once a day	At least once per week	At least once per month	Less than once a month	Never
Grocery shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping for non-grocery items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctor or health practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local community centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk or other exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A class (e.g. crafts, exercise, English)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Church or religious group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visit friends or family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural events (e.g. plays, concerts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital/clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planned excursions/outings with a group of seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. How often do you use the following modes of transportation? *Please check one response for each item*

	At least once a day	At least once per week	At least once per month	Less than once a month	Never
My own personal vehicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taxi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uber	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key Ride	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Village of Key Biscayne Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scooter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends/family driving me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Please rate the following based on your general experience at Key Biscayne *Please check one response for each item*

	Very satisfied	Somewhat Satisfied	Not very satisfied	Not at all satisfied	No opinion
General condition of sidewalks	<input type="radio"/>				
Enough parks and green space areas	<input type="radio"/>				
Ease of access to the parks	<input type="radio"/>				
Pedestrian signage is adequate	<input type="radio"/>				
Enough path and street lighting at night	<input type="radio"/>				
Enough police patrols for outdoor safety	<input type="radio"/>				
Feeling safe as you walk at night	<input type="radio"/>				

29. What is your current employment status? *Please check all that apply*

- I am employed full-time
- I am employed part-time
- I am self-employed
- Not employed, but looking for work
- Not employed by choice
- Disability pension
- Retired
- Homemaker
- Other: \_\_\_\_\_