

**\*\*PLEASE RESPOND BY APRIL 21st AT NOON\*\***

You are receiving this survey because the *Anchorage Senior Citizens Advisory Commission* would like you to help us better understand the needs of the senior population in Anchorage and the surrounding areas. By understanding our seniors, we will be better able to improve, expand, create, and inform services that allow you to live as independent as possible.

*Your answers are completely private.*

If you are an adult child or caregiver, please help the senior fill out the survey, or if not possible, please complete it yourself as if you are the individual the survey was addressed to. The survey should take about 5 minutes to complete.

If you are unable to complete this survey online, please complete the survey on paper and send to:  
**Anchorage Senior Citizens Advisory Commission**

**PO Box 196650**

**Anchorage, Alaska 99519**

If you need a paper copy and one is not available to you, please call the ADRC at 907-343-7770

*We thank you for your time!*

1. In general, how much help do you need with the following tasks?

	I can do this myself	I can do this, but with difficulty	I cannot do this
Shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting dressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing laundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing housework or cleaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home repairs or maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting to appointments or other places I need to go (transportation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How often are you able to get the help you need for the tasks listed in question 1?

- All of the time
- Most of the time
- Some of the time
- None of the time, but I need help
- I don't need help

3. If you are you getting help with any of these activities, who provides it? (select all that apply)

- Family
- Friends and/or neighbors
- Business (self-pay)
- Agency
- I'm not getting help
- Other (please specify)

4. Please tell us about the current support you have in your life. If you needed it, how often is someone available:

	All of the time	Most of the time	Some of the time	None of the time	Does not apply
To help you if you were confined to bed?	<input type="radio"/>				
To take you to the doctor if you needed it?	<input type="radio"/>				
To prepare your meals if you were unable to do it yourself?	<input type="radio"/>				
To help with daily chores if you were sick?	<input type="radio"/>				
To socialize and have a good time with?	<input type="radio"/>				
To turn to for suggestions about how to deal with a personal problem?	<input type="radio"/>				
To understand your problems?	<input type="radio"/>				
To hug you?	<input type="radio"/>				

5. In the past 12 months, how often did you:

	Often	Some of the time	Hardly ever or never
Attend meetings of an organized group (such as a choir, a committee or board, a support group, a sports or exercise group, a hobby group, or a professional society)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socialize with friends or relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteer for a religious, charitable, political, health-related, or other organization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. What kind of home do you live in?

- A house
- An apartment or condo
- Assisted Living Home/Facility
- Other (please specify)

7. Where you live, is it...

- Owned
- Rented
- Senior Housing
- Live with family
- Assisted Living Home/Facility
- Other (please specify)

8. Do you have access to reliable transportation?

- Anytime I need it
- Sometimes when I need it
- Not very often
- Never
- Other (please specify)

9. What transportation do you **regularly** use?

- I drive myself
- Someone else drives me
- I use a taxi or bus
- I use AnchorRIDES
- I walk
- I don't have access to transportation
- Other (please specify)

10. How confident are you that you can continue to live on your own for the next...

	Very confident	Somewhat confident	Not confident at all
Six months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Two years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Five years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ten years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I do not live on my own, I live...

11. In general, how would you rate your physical health these days? Would you say it is...

- Excellent
- Very good
- Good
- Fair
- Poor

12. Compared to **6 months** ago, do you feel like your overall health is:

- Better
- About the same
- Worse

13. Have you lost weight without trying in the last **6 months**?

- Yes
- No
- Unsure

14. How often have you fallen in the last **6 months**?

- Not at all
- A few times (once or twice)
- More than a few times

15. Thinking about the past **6 months**, about how often have you been bothered by the following problems:

	Not at all	Several days	Over half the days	Nearly every day
Little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling nervous, anxious or on edge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Do you identify as:

- Male
- Female
- Other (please specify)

17. How old are you?

- 50-54
- 55-65
- 66-75
- 76-85
- 86-95
- 96-105

18. Which categories below describe you?

**Select all that apply.**

- White
- Hispanic, Latino or Spanish origin
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander
- Middle Eastern or North African
- Some other race, ethnicity or origin

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

**Mark only one.**

- Less than high school
- High school diploma or GED
- Vocational training or 2-year degree
- A 4-year college degree
- An advanced or graduate degree

20. What was your gross household income (before taxes and deductions are taken out) for last year (2016)? **Your best estimate is fine.**

- \$0
- \$1 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$60,000
- \$60,001 to \$70,000
- \$70,001 to \$80,000
- \$80,001 to \$90,000
- \$90,001 to \$100,000
- \$100,001 or more

21. How many people in your household contribute to your annual income?

22. On average, how much money do you spend in a typical month? *Your best estimate is fine.*

- Less than \$1,000
- \$1,001 to \$2,000
- \$2,001 to \$4,000
- \$4,001 to \$6,000
- Over \$6,000

23. What is your current marital status?

- Not married
- Married or domestic partnership
- Widowed
- Other (please specify)

24. How many people live with you?

Adults

Under 18

25. To help us understand the needs of seniors better, we may ask some individuals to participate in a longer interview to talk about their experiences with aging in Anchorage. Would you be willing to participate?

Yes

No

If yes, please provide the best phone number or email address to reach you at:

26. Is there anything we haven't asked in the survey that you feel is important for us to know? For example: we need better transportation or we need more services to help at home.

27. Who are you filling this survey out for?

I'm filling this out for myself

I'm filling this out with help from the senior

I'm filling this out on behalf of the senior