

Appendix A: Senior Needs Assessment Survey

City of Santa Clara
Parks and Recreation Department - Senior Center
1303 Fremont Street
Santa Clara, CA 95050
(408)615-3170



The City of Santa Clara has launched an important effort to assess resident needs age 50 and over. The results from this survey will inform future program and service delivery to older adults in the City of Santa Clara. Please take a few minutes and complete the survey.

YOUR COMMUNITY

1. How would you rate the City of Santa Clara as a place for people to live as they age?

- ₅ Excellent
- ₄ Very good
- ₃ Good
- ₂ Fair
- ₁ Poor

2. What is your 5-digit ZIP code?

3. How long have you lived in the City of Santa Clara?

- ₆ Less than 5 years
- ₅ 5 years but less than 15 years
- ₄ 15 years but less than 25 years
- ₃ 25 years but less than 35
- ₂ 35 years but less than 45

₁ 45 years or more

4. Thinking about your retirement years when you do not work at all for pay, how likely is it that you will move to a different home *outside* the City of Santa Clara?

₄ Extremely likely

₃ Very likely

₂ Not very likely

₁ Not at all likely

5. How important is it for you to remain in the City of Santa Clara as you age?

₄ Extremely important

₃ Very important

₂ Not very important

₁ Not at all important

HOUSING

6. Do you own or rent your primary home — or do you have some other type of living arrangement?

₁ Own

₂ Rent

₃ Other type of living arrangement

7. What type of home is your primary home?

₁ Single family home

₂ Manufactured home

₃ Town home or duplex

₄ Apartment

₅ Condominium or co-op

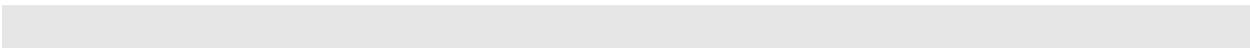
₆ Other, please specify: _____

8. How important is it for you to be able to live independently in your own home as you age?

- ₄ Extremely important
- ₃ Very important
- ₂ Not very important
- ₁ Not at all important

9. How important do you think it is to have the following in your community?

	Extremely Important	Very Important	Not Very Important	Not At All Important
a. Well-maintained homes and properties	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. A home repair service for low-income and older adults that helps with repairs	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. Landscaping services for low -income and older adults	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. Affordable housing options for adults of varying income levels such as older active adult communities, assisted living and communities with shared facilities and outdoor spaces	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e. Homes that are equipped with features such as a no-step entry, wider doorways, first floor bedroom and bath, grab bars in bathrooms	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
f. Safe low-income housing	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁



OUTDOOR SPACES AND BUILDINGS

10. How important do you think it is to have the following in the City of Santa Clara?

	Extremely important	Very important	Not Very important	Not at all important
a. Well-maintained and safe parks that are within a 10 minute walking distance of your home	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Public parks with active features such as, walking paths, outdoor sport courts, community gathering areas, comfortable benches and shade	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. Sidewalks that are in good condition, free from obstructions and are safe for pedestrian use and accessible for wheelchairs or other assistive mobility devices	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. Well-maintained public buildings and facilities that are accessible to people of different physical abilities.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e. Separate pathways for bicyclists and pedestrians	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
f. Well-maintained public restrooms that are accessible to people of different physical abilities ...	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
g. Neighborhood watch programs	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

TRANSPORTATION AND STREETS

11. How do you get around for things like shopping, visiting the doctor, running errands or going to other places in the following ways?

	Yes	No
a. Drive yourself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Have others drive you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Walk	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Ride a bike.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Use public transportation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

- f. Take a taxi/cab/Uber/Lyft..... ₁ ₂
- g. Use a special transportation service, such as one for seniors or persons with disabilities ₁ ₂
- h. Other, please specify: _____

12. How important do you think it is to have the following in your community?

	Extremely Important	Very Important	Not Very Important	Not At All Important
a. Accessible and convenient public transportation	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Affordable public transportation	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. Well-maintained public transportation vehicles	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. Safe public transportation stops or areas.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e. Special transportation services for people with disabilities and older adults	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
f. Well-maintained streets.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
g. Easy to read traffic signs	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
h. Enforced speed limits.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
i. Public parking lots, spaces and areas to park.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
j. Well-lit, safe streets and intersections for all users (pedestrians, bicyclists, drivers).....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
k. Audio/visual pedestrian crossings	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
l. Driver education/refresher courses.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

HEALTH, WELLNESS & NUTRITION

13. In general, when compared to most people your age, how would you rate your health?

- ₄ Excellent
- ₃ Very good
- ₂ Good
- ₁ Poor

14. On average, how often do you see a doctor?

- ₄ Weekly
- ₃ Monthly
- ₂ Several times a year
- ₁ Once a year

15. How often do you engage in some form of physical exercise (such as walking, running, biking, swimming, sports, strength training, yoga, stretching)?

- ₇ Everyday
- ₆ Several times a week, but not everyday
- ₅ About once a week
- ₄ About once every other week
- ₃ About once a month
- ₂ Less than once a month
- ₁ Never

16. Over the past two weeks, how often have you felt:

	Always	Often	Sometimes	Never
Sad, depressed or helpless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little interest or pleasure in doing normally enjoyable activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. How often are you missing a balanced meal?

- ₄ Daily
- ₃ Weekly
- ₂ Monthly
- ₁ I'm not missing any balanced meals

18. Why are you missing balanced meals?

- ₆ Cost
- ₅ Don't know where to find free meals
- ₄ Too much effort
- ₃ Transportation
- ₂ Other
- ₁ Not Applicable

19. Have you used any of these meal services? (Check all that apply.)

- ₆ None
- ₅ Meals at senior centers or other congregate sites
- ₄ Meals on Wheels (home delivered meals)
- ₃ Religious community programs
- ₂ Second Harvest Food Bank/Brown Bag
- ₁ Other

20. In case of natural disaster, do you have a plan to survive in your home for the first three days without electric power, water or emergency assistance?

_____ Yes _____ No

21. How important is it to you to remain physically active for as long as possible?

- ₅ Extremely important
- ₄ Very important
- ₃ Somewhat important
- ₂ Not very important
- ₁ Not at all important

22. How important do you think it is to have the following in the City of Santa Clara?

	Extremely Important	Very Important	Not Very Important	Not At All Important
a. Health and wellness programs and classes in areas such as nutrition, weight control, diabetes management or heart disease	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Fitness activities specifically geared to older adults	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. Conveniently located health and social services	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. A referral service that helps seniors find and access health and supportive services	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e. Conveniently located emergency care centers	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
f. In Home support services including personal care and housekeeping	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
g. Well-trained, certified home health care providers	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
h. Affordable home health care providers	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
i. Health care professionals who speak different languages	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

SOCIAL ENGAGEMENT

23. About how frequently do you interact with your friends, family or neighbors in your community? This interaction could be by phone, in person, email or social media (such as Facebook).

- ₈ More than once a day
- ₇ About once a day
- ₆ Several times a week
- ₅ Once a week
- ₄ Once every 2 or 3 weeks
- ₃ Once a month
- ₂ Less than monthly
- ₁ Never

24. How important do you think it is to have the following in Santa Clara?

	Extremely Important	Very Important	Not Very Important	Not At All Important
a. Conveniently located entertainment venue	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Activities specifically geared to older adults.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. Activities that offer senior discounts	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. Activities that are affordable to all residents.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e. Activities involving young <i>and</i> older people	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
f. Accurate and widely publicized information about social activities.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
g. A variety of cultural activities for diverse populations	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
h. Local schools that involve older adults in events and activities.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
i. Continuing education classes.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
j. Social clubs such as for books, gardening, crafts or hobbies	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

VOLUNTEERING AND CIVIC ENGAGEMENT

25. How important do you think it is to have the following in your community?

	Extremely Important	Very Important	Not Very Important	Not At All Important
a. A choice of volunteer activities	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Volunteer training opportunities to help you perform better in your volunteer roles	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. Opportunities for you to participate in decision making bodies such as community councils or committees	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. Easy to find information about local volunteer opportunities	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e. Transportation to and from volunteer activities.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

ECONOMICS & EMPLOYEMENT

26. Which of the following best describes your current employment status?

- ₇ Self-employed, part-time
- ₆ Self-employed, full-time
- ₅ Employed, part-time
- ₄ Employed, full-time
- ₃ Unemployed, but looking for work
- ₂ Retired, not working at all
- ₁ Not in labor force for other reasons

27. How likely is it that you will continue to work for as long as possible, rather than choosing to retire and no longer work for pay?

- ₅ Extremely likely
- ₄ Very likely
- ₃ Somewhat likely
- ₂ Not very likely
- ₁ Not sure

MARKETING, COMMUNICATION & INFORMATION

28. Would you turn to the following resources if you, a family member or friend needed information about services for older adults, such as caregiving services, home delivered meals, home repair, medical transport or social activities?

	Yes	No
a. Santa Clara Senior Center	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Local Area Agency on Aging (AAA).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Family or Friends.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Local nonprofit organizations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

	Yes	No
f. Faith-based organizations such as churches, mosques, temples or synagogues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Internet.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Phone book or 211.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Your doctor or other health care professional	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j. County government offices such as the Department of Health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
k. Library.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

29. How important do you think it is to have the following in the City of Santa Clara?

	Extremely Important	Very Important	Not Very Important	Not At All Important
a. Access to community information in one central source	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
b. Clearly displayed printed community information with large lettering	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
c. An automated community information source that is easy to understand like a toll-free telephone number ...	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
d. Free access to computers and the Internet in public places such as the senior center, library or government buildings.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
e. Community information that is delivered in person to people who may not be able to leave their home	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
f. Community information that is available in a number of different languages.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

SANTA CLARA SENIOR CENTER

30. Do you use the Santa Clara Senior Center?

_____ Yes _____ No

31. If no, what prevents you from using the Senior Center? (Please check all that apply.)

- ₁ Don't know what is offered
- ₂ Hours of operation don't meet my needs
- ₃ I don't identify with the name "Senior Center"
- ₄ Not Interested
- ₅ Transportation

Other: _____

ABOUT YOU

D1. Are you male or female?

- ₁ Male
- ₂ Female

D2. What is your age group did you fall into on your last birthday?

- ₁ 50-59 years old
- ₂ 60-69 years old
- ₃ 70-79 years old
- ₄ 80+

D3. What is your current marital status?

- ₁ Married
- ₂ Not married, living with partner
- ₃ Separated
- ₄ Divorced
- ₅ Widowed
- ₆ Never married

D4. Besides yourself, do you have any of the following people living in your household?

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a. Child/children under 18 | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Child/children 18 or older | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Child/children away at college | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Parents | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Other adult relative or friend 18 or older | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

D5. Do you have any of the following kinds of health care coverage?

- | | Yes | No | Not Sure |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Insurance through a current or former employer of yours or your spouse ... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| b. Insurance purchased directly from an insurance company (not through an employer) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| c. Medicare (for people 65 and older or people with certain health disabilities) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| d. Medi-Cal (Medicaid) or any kind of government assistance plan for those with low incomes or a disability..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| e. Veterans Administration or other military health care | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |
| f. Any other insurance coverage | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ |

D6. Does any disability, handicap, or chronic disease keep you and/or your spouse or partner from fully participating in work, school, housework or other activities? [CHECK ONLY ONE]

- ₁ Yes, myself
- ₂ Yes, my spouse or partner
- ₃ Yes, both me and my spouse or partner
- ₄ No

D7. What best represents the language you speak at home?

- ₁ English
- ₂ Spanish

- _3 Mandarin
- _4 Cantonese
- _5 Vietnamese
- _6 Portuguese
- _6 Hindi
- _7 Other

D8. What is your race and/or ethnicity? [CHECK ALL THAT APPLY]

- _1 White or Caucasian
- _2 Black or African American
- _3 American Indian or Alaska Native
- _4 Asian
- _5 Native Hawaiian or other Pacific Islander
- _6 Other, please specify: _____

D9. What is the highest level of education you have completed?

- _1 K-12th grade (no diploma)
- _2 High school graduate, GED or equivalent
- _3 Post-high school education/training (no degree)
- _4 2-year college degree
- _5 4-year college degree
- _6 Post-graduate study (no degree)
- _7 Graduate or professional degree(s)

D10. In general, how often do you access the Internet for email, news and information, paying bills or managing finances or buying products or services?

- _1 Several times a day
- _5 Once every few weeks

- ₂ About once a day ₆ Once a month or less
₃ 3-6 days a week ₇ Never go online
₄ 1-2 days a week

D11. What was your annual household income before taxes in the most recent tax year?

1 person house	2-person house	3-person house	4-person house
<input type="checkbox"/> ₁ 0 - \$25,100	<input type="checkbox"/> ₁ 0 - \$28,650	<input type="checkbox"/> ₁ 0 - \$32,250	<input type="checkbox"/> ₁ 0-\$35,800
<input type="checkbox"/> ₂ \$25,101- \$41,799	<input type="checkbox"/> ₂ \$28,651- \$47,800	<input type="checkbox"/> ₂ \$32,251- \$53,750	<input type="checkbox"/> ₂ \$35,801- \$59,700
<input type="checkbox"/> ₃ \$41,800 - \$59,350	<input type="checkbox"/> ₃ \$47,801- \$67,800	<input type="checkbox"/> ₃ \$53,751- \$73,300	<input type="checkbox"/> ₃ \$59,701- \$84,750
<input type="checkbox"/> ₄ \$59,351- \$73,900	<input type="checkbox"/> ₄ \$67,801- \$84,400	<input type="checkbox"/> ₄ \$76,301- \$95,000	<input type="checkbox"/> ₄ \$84,751- \$105,500
<input type="checkbox"/> ₅ Over \$73,901	<input type="checkbox"/> ₅ Over \$84,401	<input type="checkbox"/> ₅ Over \$95,001	<input type="checkbox"/> ₅ Over \$105,501

There are more than four people in my household

D12. Please use the space below for any additional comments.

Thank you very much for completing this survey.
Your assistance in providing this information is greatly appreciated.