



Appendix A: Senior Needs Assessment Survey

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.

ABOUT YOU

1. Please identify your gender identity.

<input type="checkbox"/> Male
<input type="checkbox"/> Female
<input type="checkbox"/> Other: Please Self Identify

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

<input type="checkbox"/> 50 – 59 years old
<input type="checkbox"/> 60 – 69 years old
<input type="checkbox"/> 70 – 79 years old
<input type="checkbox"/> 80+ years old

3. What is your current relationship status?

<input type="checkbox"/> Married
<input type="checkbox"/> Not married – living with partner
<input type="checkbox"/> Separated
<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed
<input type="checkbox"/> Never married



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

Child/children under 18	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child/children 18 or older	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child/children away at college	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other adult or friend 18 or older	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Renter/Boarder	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

6. Does any disability, handicap, or chronic disease keep you from fully participating in work, school, housework or other activities? [CHECK ONLY ONE]

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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7. Does any disability, handicap, or chronic disease keep your spouse/partner from fully participating in work, school, housework or other activities? [CHECK ONLY ONE]

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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8. With which tasks are you currently receiving help?

<input type="checkbox"/> Housing
<input type="checkbox"/> Paying Bills
<input type="checkbox"/> Cooking
<input type="checkbox"/> Cleaning
<input type="checkbox"/> Transportation
<input type="checkbox"/> Personal Care
<input type="checkbox"/> Legal Services
<input type="checkbox"/> Other: Other, please specify

a. Who is helping you?

<input type="checkbox"/> Self
<input type="checkbox"/> County
<input type="checkbox"/> City
<input type="checkbox"/> Religious Community
<input type="checkbox"/> Social Service Agency
<input type="checkbox"/> Spouse/partner
<input type="checkbox"/> Relative
<input type="checkbox"/> Friend/Neighbor
<input type="checkbox"/> Other: Other, please specify

b. Where would help be most valuable?

<input type="checkbox"/> Housing
<input type="checkbox"/> Paying Bills
<input type="checkbox"/> Cooking



<input type="checkbox"/> Cleaning
<input type="checkbox"/> Transportation
<input type="checkbox"/> Personal Care
<input type="checkbox"/> Legal Services
<input type="checkbox"/> Other: Other, please specify

9. What best represents the language you speak at home? Check all that apply.

<input type="checkbox"/> English
<input type="checkbox"/> Spanish
<input type="checkbox"/> Mandarin
<input type="checkbox"/> Cantonese
<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Portuguese
<input type="checkbox"/> Hindi
<input type="checkbox"/> Other, please specify

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

<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> White
<input type="checkbox"/> Other, please specify



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

<input type="checkbox"/> K-12 th grade (no diploma)
<input type="checkbox"/> High school graduate, GED or equivalent
<input type="checkbox"/> Post-high school education/training (no degree)
<input type="checkbox"/> Trade School Certification
<input type="checkbox"/> 2-year college degree
<input type="checkbox"/> 4-year college degree
<input type="checkbox"/> Post-graduate study (no degree)
<input type="checkbox"/> Graduate or professional degree(s)

12. 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"/> \$19,050 or less	<input type="checkbox"/> \$21,750 or less	<input type="checkbox"/> \$24,500 or less	<input type="checkbox"/> \$27,200 or less
<input type="checkbox"/> \$19,051 to \$37,450	<input type="checkbox"/> \$21,751 to \$42,800	<input type="checkbox"/> \$24,501 to \$48,150	<input type="checkbox"/> \$27,201 to \$53,500
<input type="checkbox"/> \$37,451 to \$62,450	<input type="checkbox"/> \$42,801 to \$71,400	<input type="checkbox"/> \$48,151 to \$80,300	<input type="checkbox"/> \$53,501 to \$89,200
<input type="checkbox"/> \$62,451 to \$96,000	<input type="checkbox"/> \$71,401 to \$109,700	<input type="checkbox"/> \$80,301 to \$123,400	<input type="checkbox"/> \$89,201 to \$137,100
<input type="checkbox"/> \$96,001 to \$126,900	<input type="checkbox"/> \$109,701 to \$145,050	<input type="checkbox"/> \$123,401 to \$163,150	<input type="checkbox"/> \$137,101 to \$181,300
<input type="checkbox"/> \$126,901 to \$152,300	<input type="checkbox"/> \$145,051 to \$174,050	<input type="checkbox"/> \$163,151 to \$195,800	<input type="checkbox"/> \$181,301 to \$217,550
<input type="checkbox"/> \$152,301 or more	<input type="checkbox"/> \$174,051 or more	<input type="checkbox"/> \$195,801 or more	<input type="checkbox"/> \$217,551 or more

There are more than four people in my household



Decline to answer

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

YOUR COMMUNITY

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

<input type="checkbox"/> Excellent
<input type="checkbox"/> Very good
<input type="checkbox"/> Good
<input type="checkbox"/> Fair
<input type="checkbox"/> Poor

15. What is your 5-digit ZIP code?

<input type="text"/>				
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16. How long have you lived in the City of Santa Clara?

<input type="checkbox"/> Less than 5 years
<input type="checkbox"/> 5 years but less than 15
<input type="checkbox"/> 15 years but less than 25 years
<input type="checkbox"/> 25 years but less than 35
<input type="checkbox"/> 35 years but less than 45
<input type="checkbox"/> 45 years or more

17. Thinking about finances in your retirement years, how likely is it that you will move to a different home *outside* the City of Santa Clara?

<input type="checkbox"/> Extremely likely
<input type="checkbox"/> Very likely



<input type="checkbox"/> Somewhat likely
<input type="checkbox"/> Not very likely
<input type="checkbox"/> Not at all likely

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

<input type="checkbox"/> Extremely important
<input type="checkbox"/> Very important
<input type="checkbox"/> Somewhat Important
<input type="checkbox"/> Not very important
<input type="checkbox"/> Not at all important

HOUSING

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

<input type="checkbox"/> Own
<input type="checkbox"/> Rent
<input type="checkbox"/> Living with family/friends
<input type="checkbox"/> Other, please specify

20. What type of home is your primary home?

<input type="checkbox"/> Single-family home
<input type="checkbox"/> Manufactured home
<input type="checkbox"/> Townhome or duplex
<input type="checkbox"/> Apartment
<input type="checkbox"/> Condominium or co-op
<input type="checkbox"/> Assisted Living facility
<input type="checkbox"/> Senior Residential facility
<input type="checkbox"/> Other, please specify



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

<input type="checkbox"/> Extremely important
<input type="checkbox"/> Very important
<input type="checkbox"/> Somewhat Important
<input type="checkbox"/> Not very important
<input type="checkbox"/> Not at all important

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

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not at All Important
Well-maintained homes/properties	<input type="checkbox"/>				
A home repair service for low-income and older adults	<input type="checkbox"/>				
Landscaping services for low-income and older adults	<input type="checkbox"/>				
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"/>				
Homes that are equipped with features such as a	<input type="checkbox"/>				



no-step entry, wider doorways, first floor bedroom and bath, grab bars in bathrooms					
Safe low-income housing	<input type="checkbox"/>				

OUTDOOR SPACES AND BUILDINGS

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

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not at All Important
Well-maintained and safe parks that are within a 10-minute walking distance of your home	<input type="checkbox"/>				
Public parks with active features such as walking paths, outdoor sport courts, community gathering areas, comfortable benches and shade	<input type="checkbox"/>				
Sidewalks that are in good condition, free from obstruction and are safe for pedestrian use and accessible for wheelchairs or	<input type="checkbox"/>				



other assistive mobility devices					
Well-maintained public building and facilities that are accessible to people of different physical abilities	<input type="checkbox"/>				
Separate pathways for bicyclists and pedestrians	<input type="checkbox"/>				
Well-maintained public restrooms that are accessible to people of different abilities	<input type="checkbox"/>				
Neighborhood watch program	<input type="checkbox"/>				

TRANSPORTATION AND STREETS

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

Drive yourself	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have others drive you	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Walk	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ride a bike	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use public transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Take a taxi/cab/Uber/Lyft/SV Hopper	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use a special transportation service, such as one for seniors or persons with disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rely on a friend/relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other, please specify		



25. What prevents you from utilizing transportation services (public, taxi, Uber, Lyft)

<input type="checkbox"/> Safety	<input type="checkbox"/> Physically too difficult
<input type="checkbox"/> Schedule is hard to read	<input type="checkbox"/> Proximity to route
<input type="checkbox"/> Language barrier	<input type="checkbox"/> Cost
<input type="checkbox"/> Weather	<input type="checkbox"/> Lack of restroom facilities
<input type="checkbox"/> Routes are not convenient	<input type="checkbox"/> Time consuming
<input type="checkbox"/> Other	<input type="checkbox"/> Use of smart phone

26. Would you utilize a shuttle bus service to locations within the City of Santa Clara?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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27. How important do you think it is to have the following in your community/neighborhood?

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not at All Important
Accessible and convenient public transportation	<input type="checkbox"/>				
Affordable public transportation	<input type="checkbox"/>				
Well-maintained public transportation	<input type="checkbox"/>				
Safe public transportation stops, or areas	<input type="checkbox"/>				
Special transportation services for people with disabilities and older adults	<input type="checkbox"/>				



Well-maintained streets	<input type="checkbox"/>				
Well-maintained sidewalks	<input type="checkbox"/>				
Easy to read traffic signs	<input type="checkbox"/>				
Enforces speed limits	<input type="checkbox"/>				
Public parking lots, spaces, and areas to park	<input type="checkbox"/>				
Well-lit safe streets and intersections for all users (pedestrians, bicyclists, drivers)	<input type="checkbox"/>				
Audio/visual pedestrian crossings	<input type="checkbox"/>				
Ability to walk to basic services	<input type="checkbox"/>				
Have sense of personal safety	<input type="checkbox"/>				

COMMUNITY SUPPORT & HEALTH SERVICES

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

<input type="checkbox"/> Excellent
<input type="checkbox"/> Very good
<input type="checkbox"/> Good
<input type="checkbox"/> Fair
<input type="checkbox"/> Poor



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

<input type="checkbox"/> Weekly
<input type="checkbox"/> Monthly
<input type="checkbox"/> Several times/year
<input type="checkbox"/> Once a year

a. If less than once a year, why haven't you seen a doctor?

<input type="checkbox"/> Too expensive	<input type="checkbox"/> No insurance
<input type="checkbox"/> Don't have a doctor	<input type="checkbox"/> No transportation
<input type="checkbox"/> Fear	<input type="checkbox"/> Other

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

<input type="checkbox"/> Everyday
<input type="checkbox"/> Several times a week, but not everyday
<input type="checkbox"/> About once a week
<input type="checkbox"/> About once every other week
<input type="checkbox"/> About once a month
<input type="checkbox"/> Less than once a month
<input type="checkbox"/> Never

b. Where do you exercise?

<input type="checkbox"/> Santa Clara Senior Center	<input type="checkbox"/> Private Club
<input type="checkbox"/> Local YMCA	<input type="checkbox"/> Home
<input type="checkbox"/> Local Gym/Club	<input type="checkbox"/> Other, please specify

31. How often are you missing a balanced meal?

<input type="checkbox"/> Daily
<input type="checkbox"/> Weekly
<input type="checkbox"/> Monthly



I'm not missing any balanced meals

32. Why are you missing balanced meals?

Cost

Not aware of food assistance programs/free meals

Too much effort

Transportation

Other

Not applicable

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

Meals at the Senior Center or other congregate meal sites

Meals on Wheels or other home delivered meals

Religious community programs

Food Banks or Brown Bag programs

Other

None

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

Yes

No

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

Extremely important

Very important

Somewhat important

Not very important

Not at all important



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

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not at All Important
Health and wellness programs and classes in areas such as nutrition, weight control, diabetes management or heart disease	<input type="checkbox"/>				
Fitness activities specifically geared to older adults	<input type="checkbox"/>				
Conveniently located health and social services	<input type="checkbox"/>				
A referral service that helps seniors find and access health and supportive services	<input type="checkbox"/>				
Conveniently located emergency care centers	<input type="checkbox"/>				
In Home support services including personal care and housekeeping	<input type="checkbox"/>				
Well-trained, certified home health care providers	<input type="checkbox"/>				



Affordable home health care providers	<input type="checkbox"/>				
Health care professionals who speak different languages	<input type="checkbox"/>				
Other	<input type="checkbox"/>				

SOCIAL PARTICIPATION

37. 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/Instagram).

<input type="checkbox"/> More than once/day
<input type="checkbox"/> About once/day
<input type="checkbox"/> Several times/week
<input type="checkbox"/> Once/week
<input type="checkbox"/> Once every 2 or 3 weeks
<input type="checkbox"/> Once/month
<input type="checkbox"/> Less than monthly
<input type="checkbox"/> Never

38. On average, how often do you:

a. Attend social activities, religious services, or meetings?

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Several times/year	<input type="checkbox"/> Never
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b. Have contact with friends and family?

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Several times/year	<input type="checkbox"/> Never
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39. Over the past two weeks, how often have you felt:

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

RESPECT & SOCIAL INCLUSION

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

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not at All Important
Conveniently located entertainment venue	<input type="checkbox"/>				
Activities specifically geared to older adults	<input type="checkbox"/>				
Activities that offer senior discounts	<input type="checkbox"/>				
Intergenerational activities	<input type="checkbox"/>				
Accurate and widely publicized information about social activities	<input type="checkbox"/>				



A variety of cultural activities for diverse populations	<input type="checkbox"/>				
Local schools that involve older adults in events and activities	<input type="checkbox"/>				
Continuing education classes	<input type="checkbox"/>				
Social clubs such as for books, gardening, crafts or hobbies	<input type="checkbox"/>				

CIVIC PARTICIPATION AND EMPLOYMENT

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

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not at All Important
A choice of volunteer activities	<input type="checkbox"/>				
Volunteer training opportunities to help you perform better in your volunteer roles	<input type="checkbox"/>				
Opportunities for you to participate in decision making bodies such as community councils or committees	<input type="checkbox"/>				
Easy to find information about	<input type="checkbox"/>				



local volunteer opportunities					
Transportation to and from volunteer activities	<input type="checkbox"/>				

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

<input type="checkbox"/> Self-employed, part-time
<input type="checkbox"/> Self-employed, full-time
<input type="checkbox"/> Employed, part-time
<input type="checkbox"/> Employed, full-time
<input type="checkbox"/> Unemployed, but looking for work
<input type="checkbox"/> Retired, not working at all
<input type="checkbox"/> Not in labor force for other reasons

43. 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?

<input type="checkbox"/> Extremely likely
<input type="checkbox"/> Very likely
<input type="checkbox"/> Somewhat likely
<input type="checkbox"/> Not very likely
<input type="checkbox"/> Not sure

44. Rate your ability to pay for the following:

	Very Difficult	Somewhat Difficult	Somewhat Easy	Easy	Very Easy
Mortgage/Rent	<input type="checkbox"/>				
Utilities	<input type="checkbox"/>				
Food	<input type="checkbox"/>				
Insurance	<input type="checkbox"/>				
Transportation	<input type="checkbox"/>				



Prescription Medications	<input type="checkbox"/>				
Home Maintenance/repairs	<input type="checkbox"/>				
Classes/recreation activities	<input type="checkbox"/>				
Other					

COMMUNICATION & INFORMATION

45. 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?

Santa Clara Senior Center	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Local Area Agency on Aging (AAA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family or Friends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Local nonprofit organization	<input type="checkbox"/> Yes	<input type="checkbox"/> No
...please specify		
Faith-based organizations such as churches, mosques, temples, or synagogues	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Internet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phone book or 211	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doctor or other health care professional	<input type="checkbox"/> Yes	<input type="checkbox"/> No
County government offices such as the Department of Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Library	<input type="checkbox"/> Yes	<input type="checkbox"/> No
City website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other, please specify -		



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

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



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

<input type="checkbox"/> Several times a day	<input type="checkbox"/> Once every few weeks
<input type="checkbox"/> About once/day	<input type="checkbox"/> Once a month/less
<input type="checkbox"/> 3-6 days/week	<input type="checkbox"/> Never go online
<input type="checkbox"/> 1-2 days/week	

48. How do you prefer to receive information?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Television
<input type="checkbox"/> Internet/email	<input type="checkbox"/> Adult Education Catalog
<input type="checkbox"/> City Hall News (City newsletter)	<input type="checkbox"/> Utility Bill Insert
<input type="checkbox"/> Community Channel 15	<input type="checkbox"/> Parks & Recreation Activity Guide

SANTA CLARA SENIOR CENTER

49. Do you utilize the Santa Clara Senior Center?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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50. If yes, how often?

<input type="checkbox"/> 1-2 times/week	<input type="checkbox"/> 2-3 times/week	<input type="checkbox"/> 3-4 times/week	<input type="checkbox"/> 4-5 times/week	<input type="checkbox"/> 5-6 times/week
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51. If no, what prevents you from using the Senior Center? (Please check all that apply.)

<input type="checkbox"/> Don't know what is offered
<input type="checkbox"/> Activities/programs don't meet my needs
<input type="checkbox"/> Hours of operation don't meet my needs
<input type="checkbox"/> Transportation
<input type="checkbox"/> Cost



<input type="checkbox"/> I don't identify with the name "Senior Center"
<input type="checkbox"/> Not Interested
<input type="checkbox"/> Other

52. If you were to enroll/sign-up for a class/activity at the Senior Center, what topics appeal to you?

<input type="checkbox"/> Fitness/Exercise (weight training, aquatics, tai chi, yoga, Pilates, dance, cardio)
<input type="checkbox"/> Computers (Internet basics, email, graphic arts, research, cyber security)
<input type="checkbox"/> Crafts/Art (woodworking, jewelry making, photography, ceramics, painting)
<input type="checkbox"/> Lifelong learning (politics, history, poetry, creative writing, current events, environmental sustainability)
<input type="checkbox"/> Finances (retirement planning, mortgages, healthcare, budgeting)
<input type="checkbox"/> Safety and Protection (identity theft, personal safety, neighborhood watch, elder fraud)
<input type="checkbox"/> Health Education and Nutrition (living with chronic disease, fall prevention, healthy eating, disabilities)
<input type="checkbox"/> Housing (assisted living options, home maintenance & repair, adaption my home as I age, rate assistance programs, how to fill out forms)

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.**