Central Ohio Regional Assessment on Aging

These questions are about the experiences of **adults aged 50 and older** in Central Ohio. They should be answered by the **adult aged 50 or older** at this address who **MOST RECENTLY** had a **birthday**. All responses will remain confidential; please answer honestly.

YOUR HOME AND COMMUNITY

How important is it to you to be able to remain in **your neighborhood** as you age? [Circle one answer]

Very important | Somewhat important | Not that important | Not important at all

How safe do you feel in **your neighborhood**? [Circle one answer]

Very safe | Somewhat safe | Not that safe | Not safe at all

How would you rate **your neighborhood** as a place for people to live as they get older? [Circle one answer]

Very good | Somewhat good | Not that good | Not good at all

How important is it to you to be able to remain in **your home** as you age? [Circle one answer]

Very important | Somewhat important | Not that important | Not important at all

Think about the home, apartment, or mobile home where you live. Do you or someone in your household:

Own it with a mortgage or loan | Own it free and clear (without a mortgage or loan) | Rent it | Stay there without paying a mortgage or rent

What **percent** of your **monthly** household income do you spend on your **housing expenses**, including mortgage or rent, utilities, property taxes, and homeowners' insurance? Your best estimate is fine.

[Write a number between 0 and 100 in the box] ☐ %

How hard is it for you to pay your monthly bills? [Circle one answer]

Very hard | Somewhat hard | Not that hard | Not hard at all

How worried are you about… [Circle one answer in each row]				
Amount of debt your household owes?	Very	Somewhat	A little	Not at all
Having to move in the next 12 months?	Very	Somewhat	A little	Not at all
Paying your property taxes?	Very	Somewhat	A little	Not at all
Scams and fraud?	Very	Somewhat	A little	Not at all
Not having enough food to eat?	Very	Somewhat	A little	Not at all
Medical expenses?	Very	Somewhat	A little	Not at all
Your utilities being shut off?	Very	Somewhat	A little	Not at all

HELP FOR OLDER ADULTS

Before today, had you heard of these organizations that serve older adults? [Circle one answer in each row]		
Franklin County Office on Aging (FCOA)	Heard of it	Never heard of it
Central Ohio Area Agency on Aging (COAAA)	Heard of it	Never heard of it

How easy or hard do you think it is to find services for older adults in our community? [Circle one answer]

Very easy | Somewhat easy | Somewhat hard | Very hard

Please turn over and complete the back

Unique ID

How do you **most often** get information about services for older adults? [Check all that apply]

☐	Print sources like brochures, newspapers, and mailings	☐	Television
☐	Online from emails, websites, or social media	☐	Family, friends, or neighbors
☐	Churches or other places of worship		
☐	Other (write in):		

Here is a list of **things** that some older adults **need help** doing. Check the box that best describes **your** situation.

	Don't need help with this at all	Need help and have none	Have some help but need more	I have all the help I need
Scheduling and attending appointments	☐	☐	☐	☐
Keeping my home clean and organized	☐	☐	☐	☐
Taking medications as prescribed	☐	☐	☐	☐
Managing money and paying the bills	☐	☐	☐	☐
Bathing and dressing myself	☐	☐	☐	☐
Moving from one room to another	☐	☐	☐	☐
Preparing food for myself	☐	☐	☐	☐
Shopping for things I need	☐	☐	☐	☐
Getting places I need to go	☐	☐	☐	☐

Do you ever have problems getting your medications because of the following reasons? [Circle all that apply]

My health conditions | They are too expensive | There is no delivery or mail option | I have to care for someone else | Other:_____

Here is a list of **things** that some older adults **need**. Check the box that best describes **your** situation.

	I don't need it	I need it and don't have it at all	I need it and I don't have enough	I need it and have enough
Nutritional supplements such as Ensure	☐	☐	☐	☐
Food from food pantry or food bank	☐	☐	☐	☐
Meal delivery (Meals on Wheels)	☐	☐	☐	☐
Food from other places (senior center, church, etc.)	☐	☐	☐	☐
Financial support for food (SNAP, food stamps, EBT)	☐	☐	☐	☐

Have you fallen in the last six months, or has that not happened? [Circle one answer]

I have fallen | I have not fallen

Please continue to the next page

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YOUR HEALTH AND WELLBEING

How would you rate your **overall health**? [Circle one answer]

Excellent | Very good | Good | Fair | Poor

During the **past 12 months**, how often have you: [Check one box in each row]

	Never	Less than once per month	Once per month	Once per week	Daily or almost every day
Had four or more drinks containing **alcohol** in a single day?	☐	☐	☐	☐	☐
Used **tobacco** or any other nicotine product?	☐	☐	☐	☐	☐
Used a recreational **drug** or used a prescription for non-medical reasons?	☐	☐	☐	☐	☐
Felt **badly** about your use of drugs or alcohol?	☐	☐	☐	☐	☐

	Hardly ever	Some of the time	Often
How often do you feel that you lack companionship?	☐	☐	☐
How often do you feel left out?	☐	☐	☐
How often do you feel Isolated from others?	☐	☐	☐

Over the last 2 weeks, how often have you been bothered by the following problems? [Check one box in each row]

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge?	☐	☐	☐	☐
Not being able to stop or control worrying?	☐	☐	☐	☐
Feeling little interest or pleasure in doing things?	☐	☐	☐	☐

Think about **all your family or friends**, including those in your neighborhood:

How many of your family or friends do you **see or hear** from at least **once a month**?	None	1	2	3-4	5-8	9 or more
How many friends do you **feel at ease with** that you can talk with about private matters?	None	1	2	3-4	5-8	9 or more
How many friends do you feel close enough to that you could **call on them for help**?	None	1	2	3-4	5-8	9 or more

How much do you agree or disagree with the following statements:

There are negative stereotypes about older adults	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
My ideas and opinions are valued by local decision makers	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree

Please turn over and complete the back

CAREGIVING

A caregiver is a **friend or family member who is not paid to provide care** for someone else. They might visit regularly, help with things like bathing or dressing, cooking, household chores, shopping, providing transportation, or managing medical care or finances. To be considered a caregiver, this person **does not need to live with you**. Would you say you are a caregiver for someone else or not? [Circle one answer]

I am a caregiver | I am **not** a caregiver

Please answer the next three questions ONLY if you are a caregiver to someone else.

Who do you care for? [Circle all that apply]

Spouse / partner | Child over age 18 | Child under age 18 | Parent | Sibling | Other family member | Someone who is **not** in your family

Please circle one answer in each row below.

Overall, how often do you feel **stressed** about caring for someone else?	Hardly ever	Sometimes	Often
How often do you find it **difficult to care for yourself** because you have to care for someone else?	Hardly ever	Sometimes	Often

PREPARING FOR AN EMERGENCY

Please circle each thing you have in your home. [Circle all that apply]

Working smoke detector | Working carbon monoxide detector | Working air conditioner | Working flashlight | First aid kit | Portable charger | Backup power (i.e., generator)

In the event of an emergency, how prepared do you feel to care for your pets or service animals? [Circle one answer]

Do not have pets | Very prepared | Somewhat prepared | A little prepared | Not prepared at all

During the last 12 months, has extreme heat, a power outage, or flooding ever prevented you from doing any of these things, or has that never happened? [Circle all that apply]

Getting to a health appointment | Getting medicine | Getting to work or volunteer duties | Getting to a community event or to worship | Staying in your home

The Federal Emergency Management Agency (FEMA) recommends that you have at least a 3-day supply of these items for use in an emergency. Circle each item if you have **at least a 3-day supply in your home**. [Circle all that apply]

Food you can eat without cooking | Bottled water | Clothing | Medicine | First aid kit

FEMA also recommends that you have a **safe place to go** if you must evacuate during an emergency. Do you have a place like that, or do you not have a safe place to go in an emergency?

Do have a place | Do not have a place

If you have a safe place, do you have **a way to get to** your safe place in an emergency?

Have a way | Do not have a way

Please circle each thing you need to **add or update** in your home. [Circle all that apply]

Ramp(s) | Grab bar(s) | Walk-in shower or tub | Roof repair | Furnace repair | First floor bedroom

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TRANSPORTATION NEEDS

What is your **usual** way of getting where you need to go? [Circle all that apply]

Drive myself | Friends or family drive me | Bus or paratransit | Uber or Lyft | Taxi | Bike or walk | Senior transportation | I don't get where I need to go

Other:_____

If your **usual** way of getting around **was no longer an option**, how would you get where you need to go? [Circle all that apply]

Drive myself | Friends or family drive me | Bus or paratransit | Uber or Lyft | Taxi | Bike or walk | Senior transportation | I wouldn't get there

Other:_____

Please circle one answer in each row below.			
During the past 12 months, how often did transportation challenges **prevent you from reaching places you needed to go**?	Hardly ever	Sometimes	Often
During the past 12 months, how often did you feel **concerned that asking for a ride** might inconvenience your family or friends?	Hardly ever	Sometimes	Often

EMPLOYMENT & VETERAN STATUS

What is your employment status? [Circle one answer]

Work full time | Work part time | Unemployed but looking for a job | Retired but looking for a job | Retired and not looking for a job | Disabled and unable to work

Are you a veteran, or a spouse/partner of a veteran? [Circle one answer]

Veteran | Spouse / partner of veteran | Neither

USE OF THE INTERNET

Do you use the internet, including email or social media, or do you not do that? [Circle one answer]

Use internet | Do not use it

Answer only if you **DO NOT** use the **INTERNET**: Please circle all the reasons why you don't use the internet.

Do not want to use the Internet	Do not know how to use the Internet
Do not have internet access where I live	Cannot afford internet access where I live
Do not have a device to use the Internet	Cannot afford a device to use the Internet
Do not know how to use a device to use the Internet	Other: _____

Demographics

These questions are for statistical purposes only.

In what year were you born? ☐☐☐☐

Please turn over and complete the back

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What is your ZIP code? ☐ ☐ ☐ ☐ ☐

What county do you live in? [Circle one answer]

Delaware Fairfield Fayette Franklin Licking Madison Pickaway Union

Other:_____

What is your marital status? [Circle all that apply]

Married Widowed Divorced Single, never married Not married, living with a partner

Who lives in your home with you? [Circle all that apply]

Spouse/ partner Children Grandchildren Other relatives Tenant / renter Other people not related to me I live alone

What is the highest level of education you have completed? [Circle all that apply]

Less than 12th grade (no diploma) High school diploma or GED Some college (no degree) Associate's degree Bachelor's degree Graduate or professional degree

What is your race? [Circle all that apply]

African American American Indian or Alaska Native Asian Middle Eastern or North African Native Hawaiian or Pacific Islander White

Other:_____

Are you of Hispanic or Latino descent or origin? [Circle one answer] Yes No

What is your gender? [Circle all that apply]

Man Woman Non-binary Transgender I use another term: _____

How would you describe yourself? [Circle all that apply]

Straight/ heterosexual Gay Lesbian Bisexual or pansexual I use another term: _____

Did you immigrate or were you born in the U.S.? [Circle one answer] Immigrated Born in the U.S.

What languages are spoken in your home?

English Other(s):_____

What is your primary source of income? [Circle all that apply]

Social Security Social Security Disability (SSDI) Supplemental Security Income (SSI) Pension 401k or 403b State retirement plan (OPERS / STRS)

Savings / Investment or ROTH IRA Working Other: _____

Which of these categories includes your total household income in 2025, before taxes? [Circle one answer]

Under $10,000 $10,000 – 24,999 $25,000 – 39,999 $40,000 - 59,999 $60,000- 74,999 $75,000- 99,999 $100,000 or more

Thank you for your help! Your input will help us better serve older adults in Central Ohio!