

## AGE-FRIENDLY COMMUNITY SURVEY 2017

An age-friendly community is a community that is designed for people to stay active, engaged, and healthy with dignity and enjoyment as they age. An age-friendly community is good for people of all ages and abilities. The Miami-Dade Age-Friendly Initiative is conducting this survey among residents age 50 and over to understand your views and what you'll need as you get older to make our community a great place to live, work, and play. Your responses will help inform our Age-Friendly Action Plan.

Date: \_\_\_\_\_

---

### SECTION 1 – YOUR COMMUNITY

1. Which community do you live in? For some people, this would mean the town or village in which you live, or it could be your neighborhood. \_\_\_\_\_

2. What is your 5-digit zip code? \_\_\_\_ \_

3. Are you age 50 or older?

☐<sub>1</sub> Yes – If Yes, please complete the full survey

☐<sub>2</sub> No – If No, please **skip to SECTION 3** at the very end of the survey

4. How long have you lived in your community? Years \_\_\_\_\_ Months \_\_\_\_\_

5. How would you rate your community as a place for people to live as they age?

Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

6. How important is it for you to remain in your current community for as long as possible?:

Not at all important	Not very important	Somewhat important	Very important	Extremely important
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

7. How do you usually get around your community for things like shopping, visiting the doctor, running errands, or other things? **CHECK ALL THAT APPLY**

☐<sub>1</sub> Walk

☐<sub>5</sub> Use a special transportation service, such as one for seniors or persons with disabilities

☐<sub>2</sub> Drive yourself

☐<sub>6</sub> Use public transportation

☐<sub>3</sub> Have others drive you

☐<sub>7</sub> Ride a bike

☐<sub>4</sub> Take a taxi/cab

☐<sub>8</sub> Other, please specify: \_\_\_\_\_

### 8. How important is it for you to have the following in your community?

	Not at all important	Not very important	Somewhat important	Very important	Extremely important
a. Safe and enjoyable parks, places and buildings for you to live and be active.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Reliable, accessible and safe transportation options for you to get around including walking, biking, transit, as well as driving.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Housing that is affordable, accessible, and adapted to your needs.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. A wide range of opportunities for you to be social and interact with your neighbors and community.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. A sense that older adults are welcomed and valued in all settings.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. A wide range of employment and entrepreneurship opportunities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. Opportunities to get involved in your local government and advocate for issues you care about.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. Access to information about services and opportunities.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
i. Quality health care and community based wellness and supportive services (senior centers, etc).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

### 9. How would you rate the following CURRENTLY in your community?

	Poor	Fair	Good	Very Good	Excellent
a. Safe and enjoyable parks, places and buildings for you to live and be active.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Reliable, accessible and safe transportation options for you to get around including walking, biking, transit, as well as driving.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Housing that is affordable, accessible, and adapted to your needs.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. A wide range of opportunities for you to be social and interact with your neighbors and community.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. A sense that older adults are welcomed and valued in all settings.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. A wide range of employment and entrepreneurship opportunities.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. Opportunities to volunteer and get involved in your local government.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. Access to information about services and opportunities.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
i. Quality health care and community based wellness and supportive services (senior centers, etc).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**10. How often do you have contact with family, friends, or neighbors who do not live with you? This interaction could be by phone, in person, email or social media (such as Facebook).**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <sub>7</sub> Multiple times a day | <input type="checkbox"/> <sub>4</sub> Once a week             | <input type="checkbox"/> <sub>1</sub> Less than monthly |
| <input type="checkbox"/> <sub>6</sub> Every day            | <input type="checkbox"/> <sub>3</sub> Once every 2 or 3 weeks | <input type="checkbox"/> <sub>0</sub> Never             |
| <input type="checkbox"/> <sub>5</sub> Several times a week | <input type="checkbox"/> <sub>2</sub> Once a month            |   |

---

## SECTION 2 - ABOUT YOU

**11. What is your gender?**

- ☐<sub>1</sub> Male                      ☐<sub>2</sub> Female                      ☐<sub>3</sub> Prefer to self identify \_\_\_\_\_

**12. What is your age as of your last birthday?**    [AGE IN YEARS]

**13. What is your current marital status?**

- |   |   |
|---|---|
| <input type="checkbox"/> <sub>1</sub> Single, never married                                 | <input type="checkbox"/> <sub>4</sub> Separated |
| <input type="checkbox"/> <sub>2</sub> Married   | <input type="checkbox"/> <sub>5</sub> Divorced  |
| <input type="checkbox"/> <sub>3</sub> Not married, living with partner or significant other | <input type="checkbox"/> <sub>6</sub> Widowed   |

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

- |   |   |
|---|---|
| <input type="checkbox"/> <sub>1</sub> Yes, myself               | <input type="checkbox"/> <sub>3</sub> Yes, both me and my spouse or partner |
| <input type="checkbox"/> <sub>2</sub> Yes, my spouse or partner | <input type="checkbox"/> <sub>4</sub> No                                    |

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

- |   |  |
|---|--|
| <input type="checkbox"/> <sub>1</sub> K-12 <sup>th</sup> grade (no diploma)           | <input type="checkbox"/> <sub>5</sub> 4-year college degree              |
| <input type="checkbox"/> <sub>2</sub> High school graduate, GED or equivalent         | <input type="checkbox"/> <sub>6</sub> Post-graduate study (no degree)    |
| <input type="checkbox"/> <sub>3</sub> Post-high school education/training (no degree) | <input type="checkbox"/> <sub>7</sub> Graduate or professional degree(s) |
| <input type="checkbox"/> <sub>4</sub> 2-year college degree                           |  |

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

- |   |   |
|---|---|
| <input type="checkbox"/> <sub>1</sub> Self-employed full-time | <input type="checkbox"/> <sub>5</sub> Retired and not working at all                      |
| <input type="checkbox"/> <sub>2</sub> Self-employed part-time | <input type="checkbox"/> <sub>6</sub> Unemployed and looking for work                     |
| <input type="checkbox"/> <sub>3</sub> Employed full-time      | <input type="checkbox"/> <sub>7</sub> Or are you not in the labor force for other reasons |
| <input type="checkbox"/> <sub>4</sub> Employed part-time      |   |

**17. Do you currently volunteer in the community?**

- ☐<sub>1</sub> Yes                      ☐<sub>2</sub> No

If No, why? \_\_\_\_\_

**18. Are you of Hispanic, Spanish, Latino origin or descent?**

- ☐<sub>1</sub> Yes                      ☐<sub>2</sub> No

**19. What is the main language spoken in your home?**

- ☐<sub>1</sub> English    ☐<sub>2</sub> Spanish    ☐<sub>3</sub> Haitian/Creole    ☐<sub>4</sub> Other \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> <sub>1</sub> Black              | <input type="checkbox"/> <sub>4</sub> Native American or Alaskan Native   |
| <input type="checkbox"/> <sub>2</sub> White or Caucasian | <input type="checkbox"/> <sub>5</sub> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> <sub>3</sub> Asian              | <input type="checkbox"/> <sub>6</sub> Or are you some other race? _____   |

**21. Thinking about state elections for Florida Governor and Legislators in the last five years, how often would you say you voted?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <sub>5</sub> Always           | <input type="checkbox"/> <sub>3</sub> About half of the time | <input type="checkbox"/> <sub>1</sub> Never |
| <input type="checkbox"/> <sub>4</sub> Most of the time | <input type="checkbox"/> <sub>2</sub> Seldom                 |   |

**22. What was your annual household income before taxes in 2016?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <sub>1</sub> Less than \$10,000   | <input type="checkbox"/> <sub>4</sub> \$30,000 to \$49,999 | <input type="checkbox"/> <sub>7</sub> \$100,000 to \$149,999 |
| <input type="checkbox"/> <sub>2</sub> \$10,000 to \$19,999 | <input type="checkbox"/> <sub>5</sub> \$50,000 to \$74,999 | <input type="checkbox"/> <sub>8</sub> \$150,000 or more      |
| <input type="checkbox"/> <sub>3</sub> \$20,000 to \$29,999 | <input type="checkbox"/> <sub>6</sub> \$75,000 to \$99,999 |  |

**23. In general, how often do you go online to access the Internet for things like sending or receiving email, getting news and information, paying bills or managing finances or buying products or services? This includes access from home, work, a mobile device (such as a smartphone), or someplace else.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <sub>1</sub> Several times a day | <input type="checkbox"/> <sub>4</sub> 1-2 days a week      | <input type="checkbox"/> <sub>7</sub> Never go online |
| <input type="checkbox"/> <sub>2</sub> About once a day    | <input type="checkbox"/> <sub>5</sub> Once every few weeks |   |
| <input type="checkbox"/> <sub>3</sub> 3-6 days a week     | <input type="checkbox"/> <sub>6</sub> Once a month or less |   |

**24. In general, what ways do you prefer to learn about opportunities, services, events or programs available to you in the community? (Please check all that apply).**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <sub>1</sub> Flyers    | <input type="checkbox"/> <sub>4</sub> Radio      | <input type="checkbox"/> <sub>7</sub> Websites                           |
| <input type="checkbox"/> <sub>2</sub> Mail      | <input type="checkbox"/> <sub>5</sub> Television | <input type="checkbox"/> <sub>8</sub> Social Media sites (Facebook, etc) |
| <input type="checkbox"/> <sub>3</sub> Newspaper | <input type="checkbox"/> <sub>6</sub> Email      |  |

**25. Please use the space below for any additional comments.**

---

**SECTION 3 – LEARN MORE**

**Would you like to receive information about the Age-Friendly Initiative and ways to get involved? If so, please provide your contact information below. This information will only be used to contact you about Age-Friendly events or opportunities in Miami-Dade.**

Name: \_\_\_\_\_

Phone \_\_\_\_\_

Email: \_\_\_\_\_

---

*Thank you for completing this survey and providing this information toward an age-friendly Miami-Dade.  
Learn more or get involved at [www.AgeFriendlyMiami.org](http://www.AgeFriendlyMiami.org)*