



Milwaukee County Area Agency on Aging Survey

THANK YOU for taking the time to complete this survey. Your answers will help Milwaukee County plan to improve the well-being of older adults. Your answers will be anonymous. If you help an older adult complete this survey, please answer the questions from their viewpoint. Return the completed survey to: **DHHS AAA, 1220 W. Vliet Street, Ste. 302, Milwaukee, WI 53205**. For more information on the project, please visit: county.milwaukee.gov/aging/areaplan
Submitted surveys will be entered into a drawing for \$50 gift cards.

Q1. As a place for people to live as they age, how would you rate Milwaukee County?

Excellent Very good Good Fair Poor

Q2. What do you like BEST about living in Milwaukee County as an older adult?

Q3. What do you like LEAST about living in Milwaukee County as an older adult?

Please think about the services, supports, and opportunities available to older adults in Milwaukee County. On a scale from Excellent (5) to Poor (1), rate the services in the following areas. If you do not have an opinion, please leave the question blank.

	Excellent					Poor
	5	4	3	2	1	
Q4 Health and Wellness						
a. Affordable health and wellness classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Affordable fitness activities for older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. High quality healthcare for older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. High quality social services for older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Affordable home care including housekeeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Buildings and spaces accessible for all residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Excellent				Poor
	5	4	3	2	1
Q5. Housing and Livability	5	4	3	2	1
a. Affordable to remain in my own home	0	0	0	0	0
b. Affordable rental housing that meets my needs	0	0	0	0	0
c. Affordable assisted living, or senior apartments	0	0	0	0	0
d. Well-maintained, safe, public sector housing	0	0	0	0	0
e. Convenient residential access to parks and recreation	0	0	0	0	0
Q6. Activities and Engagement	5	4	3	2	1
a. Activities that are specifically for older adults	0	0	0	0	0
b. Activities that are affordable or free	0	0	0	0	0
c. Activities involving both younger & older people	0	0	0	0	0
d. Cultural activities for diverse populations	0	0	0	0	0
e. Local schools that involve older adults	0	0	0	0	0
f. Faith communities or spiritual activities	0	0	0	0	0
Q7. Employment	5	4	3	2	1
a. Flexible job opportunities for older adults	0	0	0	0	0
b. Job training opportunities for older adults	0	0	0	0	0
c. Jobs accommodating for people with disabilities	0	0	0	0	0
d. Jobs ensuring equal opportunity for older adults	0	0	0	0	0
e. Ability to get to work in a timely manner	0	0	0	0	0
Q8. Volunteerism	5	4	3	2	1
a. A range of volunteer activities to choose from	0	0	0	0	0
b. Volunteer training opportunities	0	0	0	0	0
c. Opportunities to participate on public boards	0	0	0	0	0
d. Easy to find info on volunteer opportunities	0	0	0	0	0
Q9. Continuing Education and Self-Improvement	5	4	3	2	1
a. Affordable adult education offerings	0	0	0	0	0
b. Continuing education, social or hobby clubs	0	0	0	0	0
c. Opportunity to travel and explore places & culture	0	0	0	0	0
d. Opportunities of interest to you:					

	Excellent			Poor	
	5	4	3	2	1
Q10. Transportation					
a. Accessible & affordable private transportation	0	0	0	0	0
b. MCTS Public Transit/Bus System	0	0	0	0	0
c. Transit Plus for people with disabilities	0	0	0	0	0
d. OATS Transportation for Older Adults	0	0	0	0	0
e. Bike and Pedestrian friendly streets	0	0	0	0	0
f. Sidewalks that are safe and accessible	0	0	0	0	0
Q11. Home Repair & Modification					
a. Home modification and repair contractors who are trustworthy, do quality work and are affordable	0	0	0	0	0
b. A home repair service that helps with things like roof or window repair	0	0	0	0	0
c. Seasonal services such as lawn work	0	0	0	0	0
Q12. Are you aware that there is a network of senior centers in Milwaukee County? <input type="radio"/> Yes <input type="radio"/> No					
Q13. If yes have you ever visited a Milwaukee County Senior Center? <input type="radio"/> Yes <input type="radio"/> No					
Q14. Do you have difficulty preparing your own meals? <input type="radio"/> Yes <input type="radio"/> No					
Q15. Do you eat at a community meal site?					
<input type="radio"/> a. Yes, at a Milwaukee County Senior Dining Site.					
<input type="radio"/> b. Yes, at another club or organization.					
<input type="radio"/> c. No, but I would be interested in doing so in the future.					
<input type="radio"/> d. No, I am not interested in eating in a community setting.					
Q16. How important is it for you to be able to live independently in your own home as you age?					
<input type="radio"/> Extremely <input type="radio"/> Very <input type="radio"/> Somewhat <input type="radio"/> Not very <input type="radio"/> Not at all					
Q17. Do you live alone? <input type="radio"/> Yes <input type="radio"/> No					
Q18. How often do you have contact with family, friends, or neighbors who do not live with you?					
<input type="radio"/> Every Day <input type="radio"/> Monthly <input type="radio"/> Rarely <input type="radio"/> Never					
Q19. How often do you feel the following?					
	Always	Often	Rarely		
a. I lack companionship:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
b. I feel left out:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
c. I feel isolated from others:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Q20. In the past year, have you experienced Depression or Anxiety ? Yes No

Q21. Do you have concerns about your own memory or the memory of someone you care for?

Yes No

Q22. Has a family member or friend expressed concern about your memory?

Yes No

If yes, how concerned are you about your memory? Very Somewhat Not at all

Have you forgotten to (pay bills, take medicine, etc...) Yes No

Q23. Are you aware that heart disease is the #1 cause of death? Yes No

Q24. Are you concerned about heart health? Yes No

Q25. Have you or anyone in your family been diagnosed with heart disease? Yes No

Q26. In the last year, have you ever gone without the following because you could not afford it:

Food Housing Phone Healthcare

Dental care Prescription Medicine Utilities

Q27. Do you experience any of the following contributors to food insecurity?

Lack of access to sufficient food

Lack of access to appealing food

Lack of access to fresh food

Lack of access to grocery store

Q28. Does any disability or chronic disease keep you from participating fully in work, school, home, or activities?

Yes No

Q29. In the past year, have you faced any civil legal issues or challenges with public benefit programs for which you could not afford a private attorney?

Yes No

If yes, what issue _____

Q30. In the past year have you been treated differently, been denied, or felt unable to access employment, transportation, healthcare, education, or public programs? Yes No

If yes, what was the basis:

- Age
- Race or skin color
- Ethnicity
- Immigration status
- Disability
- Sex or Gender Identity
- Sexual Preference/LGBT
- Religion
- Limited English Proficiency
- Criminal Conviction

Q31. Which resources would you turn to if you needed information about services for older adults?

- Senior Centers
- Faith-based organization
- Aging & Disability Resource Center (ADRC)
- Union/Vet/Service Club
- IMPACT 2-1-1
- Local Health Dept or Library
- Internet
- Doctor or other healthcare professional
- Social media
- Word of mouth

Q32. Are there any concerns for older adults not included on this survey ?

D1. What is your 5 digit ZIP code? _____

D2. How do you identify your gender? Male Female Non-Binary

D3. What is your age as of your last birthday? {_____}

D4. Do you consider yourself (Check all that apply):

- Asian Black/African American
 American Indian or Native Alaskan Hawaiian/Pacific Islander
 White or Caucasian

D5. Are you of Hispanic or Latino origin or descent? Yes No

D6. Do you primarily speak a language other than English at home? Yes No

If yes, language _____

D7. Do you identify as a member of the LGBTQ+ community? Yes No

D8. Do you identify as a person with a disability? If so, please select all that apply.

- Physical Disability Intellectual and Developmental Disability
 Chronic Mental Illness Sensory Disability (ex: Blind, Deaf)

D9. In terms of your current housing, do you live in:

- Own Home Rental Assisted Living
 Nursing Home Homeless

D10. Did you vote in the last statewide election? Yes No

D11. What was your 2023 household income before taxes?

- | | Single | Couple |
|-----------|--------------------------------|--------------------------------|
| Up to | <input type="radio"/> \$15,060 | <input type="radio"/> \$20,440 |
| Up to | <input type="radio"/> \$30,120 | <input type="radio"/> \$40,880 |
| Up to | <input type="radio"/> \$60,240 | <input type="radio"/> \$81,760 |
| More than | <input type="radio"/> \$60,240 | <input type="radio"/> \$81,760 |

THANK YOU!

This survey is anonymous. However if you would like to be entered into a drawing for a \$50 card to express our gratitude for your time, please share your name and contact info here:

Name: _____ **Phone:** _____

Email: _____