

Orange County Dept. on Aging Survey for 2017-2022 MAP (Master Aging Plan)

Dear Orange County Resident, Thank you for taking time to complete this survey. Your input, combined with the responses from other Orange County residents, will guide the development of our 2017-2022 Master Aging Plan. Overall, we want to learn from you about what it takes to age well in Orange County. This survey asks two main questions: 1) What are the aging issues that are foremost in your mind? and, 2) How well is Orange County doing now to address important issues related to aging?

How often do you worry about the following life situations?

	Never	Rarely	Monthly	Weekly	Daily
Losing mobility (such as not being able to walk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Losing the ability to take care of my home and/or my yard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being a burden on my family and/or my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiencing spiritual emptiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leaving behind dependent children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having my end-of-life choices granted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ability to leave a legacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ability to leave an inheritance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting sick and not having a doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you worry about the following life situations?

	Never	Rarely	Monthly	Weekly	Daily
Running out of money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Losing my drivers license	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming socially isolated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Losing my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having meaningful work to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Losing my source of income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to get to a grocery store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting sick and not having a caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needing nursing home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing chronic illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What is your 5-digit zip code? _____

What is your age group?

- Under 18
- 18-44
- 45-54
- 55-59
- 60-64
- 65-69
- 70-74
- 75-84
- 85 - 95
- 96+

I live in a home that I:

- Own
- Rent
- Other type of arrangement

My home is a:

- Single Family home
- Condominium
- Mobile Home
- Apartment
- Co-housing community
- Supported group housing
- Other

My living environment is:

- Urban, suburban, small city or town
- Rural

Are you providing unpaid assistance on a regular basis for an older person who is having trouble taking care of themselves? Examples include helping with dressing, bathing, driving or managing money.

- Yes
- No

What is your yearly household income (before taxes)?

- less than \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

What is your employment status? *Check any and all that apply.*

- Part-time
- Full-time
- Retired
- Not working
- Looking for work
- Volunteer

In the space below, please enter any comments you want to share with us about aging in Orange County.

Thank you for you input! We appreciate your time and thought.