

# MIDDLESEX COUNTY OFFICE OF AGING & DISABLED SERVICES NEEDS ASSESSMENT

1. This survey is being filled out by: **(Check all that apply)**

- Older adult (60+)    ▪ A person of **any age** with a disability    ▪ Family Caregiver
- Friend/Neighbor Caregiver    ▪ Professional Caregiver    ▪ Other: \_\_\_\_\_

**I. DEMOGRAPHICS** *(The following questions pertain to the older adult and/or person with a disability)*

2. What is your age? \_\_\_\_\_    3. Sex:    ▪ Male    ▪ Female    ▪ Other: \_\_\_\_\_
4. Zipcode: \_\_\_\_\_    5. What type of disability(ies) do you have? \_\_\_\_\_
6. What is your primary language?    ▪ English    ▪ Español    ▪ Other (specify): \_\_\_\_\_
7. Do you identify as Lesbian, gay, bisexual or transgender (LGBT)? **(Check only one)**  
▪ Yes    ▪ No    ▪ Don't want to respond
8. What is your race/ethnicity? **(Check all that apply)**  
▪ Asian or Pacific Islander    ▪ Black non-Hispanic    ▪ Hispanic/Latino  
▪ White non-Hispanic    ▪ Native American or Alaskan Native    ▪ Other: \_\_\_\_\_
9. What is your marital status? **(Check only one)**  
▪ Single    ▪ Live w/ partner    ▪ Married    ▪ Divorced/Separated    ▪ Widow
10. Which best describes your education level? **(Check only one)**  
▪ Less than 11 years    ▪ High school    ▪ College degree    ▪ Graduate or professional degree
11. Total Annual Income: If married, include **both yours and your spouse's income (Check only one)**  
▪ Less than \$15,000    ▪ \$15,000 - \$24,999    ▪ \$25,000 - \$34,999    ▪ \$35,000 - \$44,999  
▪ \$45,000 - \$64,999    ▪ \$65,000 - \$84,999    ▪ \$85,000 - \$99,999    ▪ \$100,000+
12. Do you currently work/volunteer?  
▪ Yes    ▪ No    ▪ No, but I'd like to
13. Please indicate whether you are a:    ▪ Veteran  
▪ Spouse/Widow of a Veteran    ▪ None

**II. SERVICE ACCESS INFORMATION**

14. What program and services have you used in the past 12 months? **(Check your top five)**
- |                            |                              |                           |
|----------------------------|------------------------------|---------------------------|
| ▪ Adult Day Care           | ▪ Congregate Meals (on site) | ▪ Legal Assistance        |
| ▪ Care Management          | ▪ Home Delivered Meals       | ▪ Financial Assistance    |
| ▪ Medicare Counseling      | ▪ Health Education           | ▪ Language Translation    |
| ▪ Prescription Assistance  | ▪ Information & Assistance   | ▪ Transportation Services |
| ▪ Assistive Technology     | ▪ Retirement Education       | ▪ Friendly Visits         |
| ▪ Emergency Preparedness   | ▪ Home Modifications         | ▪ Social Activities       |
| ▪ Caregiver Support Groups | ▪ Minor Home Repair          | ▪ Physical Activities     |
| ▪ Caregiver Assistance     | ▪ Home Care                  | ▪ Other: _____            |
15. What program and services have you needed and **NOT RECEIVED?** **(Explain what happened)**  
\_\_\_\_\_  
\_\_\_\_\_
16. What difficulties have you encountered obtaining services? **(Check all that apply)**
- |                                    |                    |                           |
|------------------------------------|--------------------|---------------------------|
| ▪ Lack of knowledge about services | ▪ Language barrier | ▪ Lack assistive Devices  |
| ▪ Lack of availability of services | ▪ Transportation   | ▪ Inadequate/no insurance |
| ▪ Unsafe walking outside           | ▪ Eligibility      | ▪ Other : _____           |
17. How did you learn about the services available in the County? **(Check all that apply)**
- |              |                         |            |                                       |
|--------------|-------------------------|------------|---------------------------------------|
| ▪ 211 Line   | ▪ Word of Mouth         | ▪ Internet | ▪ Social Service Agency               |
| ▪ Newspaper  | ▪ Senior Center         | ▪ Police   | ▪ Office of Aging & Disabled Services |
| ▪ Television | ▪ Visiting Nurse Assoc. | ▪ Library  | ▪ Other (specify): _____              |
18. Have you found Middlesex County facilities accessible?    ▪ Yes    ▪ No    ▪ I've never been
19. Have you ever obtained services directly through the Middlesex Office of Aging and Disabled Services?

- Yes
- No
- Don't remember

**III. TRANSPORTATION NEEDS** *(Only respond section if you have difficulty getting public transportation)*

20. What are the main issues? **(Check the top two)**

- Have to rely on others
- Can't afford
- Not accessible due to my disability
- Don't know how to use it
- Not available
- Does not go to the places I need to go
- Other (please specify): \_\_\_\_\_

**IV. HOUSING INFORMATION**

21. Do you currently: ▪ Own ▪ Rent without subsidy ▪ Live in subsidized housing

- Live free of charge with family/friends
- No stable home

22. In what type of housing do you currently live? **(Check one)**

- Private home/apartment
- Group Home
- Shelter
- Boarding Home
- Assisted Living
- Senior Housing
- Nursing Home
- Other: \_\_\_\_\_

23. Does your current housing meet your needs? **(Check all that apply)**

- Yes
- No, I can't afford rent/mortgage
- No, need home modifications
- No, I don't feel safe in my home/neighborhood
- Other (specify): \_\_\_\_\_

24. **Including yourself**, how many people live in your household? \_\_\_\_\_

**V. GENERAL WELL-BEING**

25. Please indicate if you have had a problem with any of the following in the past 12 months.

<b>(Check one box per column)</b>	Major Problem	Minor Problem	No Problem
Physical health	▪	▪	▪
Feeling lonely, sad, isolated	▪	▪	▪
Affording medication	▪	▪	▪
Performing everyday activities (i.e., bathing, cooking)	▪	▪	▪
Have few activities/feeling bored	▪	▪	▪
Injuries due to falls	▪	▪	▪

**VI. FOOD SECURITY**

26. In the last 12 months, did you eat less than you felt you should because there wasn't enough money for food? **(Check only one)** ▪ Yes ▪ No ▪ Don't remember

27. In situations when you are unable to shop, cook, and/or feed yourself, do you have someone who can help you? **(Check only one)** ▪ Always ▪ Sometimes ▪ Never ▪ I'm not sure

28. I keep emergency food supplies on hand: **(Check only one)** ▪ Yes ▪ No ▪ Sometimes

**VII. SAFETY** *(Only respond this section if you have been a victim of a crime in the past 12 months)*

29. If yes, What type of crime? **(Check all that apply)**

- Financial exploitation\*
- Physical abuse\*
- Emotional/psychological\*
- Sexual abuse\*
- Identity theft
- Theft/Burglary
- Other: \_\_\_\_\_

**\*If this has or is happening, please call Adult Protective Services at 732-745-3635**

30. If yes, Who did you notify? **(Check all that apply)**

- I did not report it
- Police
- Adult Protective Services
- Other (specify): \_\_\_\_\_

**VIII. CAREGIVER INFORMATION** *(Only respond section if you are a caregiver of a person 60+/disability)*

31. On a scale of 1 to 10, with 1 being "not stressful" to 10 being "extremely stressful," please rate your current level of stress. \_\_\_\_\_

32. Is there specific information or services that you think could help you? **(Check all that apply)**

- Financial Support
- Having someone to talk to
- Connecting with agencies to get services
- Taking a break for myself
- Other : \_\_\_\_\_

**Thank you, we sincerely appreciate the time you have taken to complete this survey.**

Today's Date: \_\_\_\_\_