



Herkimer County Age-Friendly Survey

It is our goal to make your community a great place to live as you get older. Your view is important, and we appreciate your participation in this survey. Answering these questions should only take approximately 20-30 minutes to complete. All of your responses will be kept confidential.

Your Home and Community

Q1. Are you a resident of Herkimer County?

- ☐ Yes
- ☐ No
- ☐ Not Sure

Q2. What is the name of your municipality or community? For some people, this would mean the town or village in which they live, or it could be their neighborhood. For some people, it could be their subdivision or development.

Q3. How long have you lived in your community?

- ☐ Less than 5 years
- ☐ 5 years but less than 15 years
- ☐ 15 years but less than 25 years
- ☐ 25 years but less than 35 years
- ☐ 35 years but less than 45 years
- ☐ 45 years or more

Q4. How long have you lived in your current residence?

- ☐ Less than 5 years
- ☐ 5 years but less than 15 years
- ☐ 15 years but less than 25 years
- ☐ 25 years but less than 35 years
- ☐ 35 years but less than 45 years
- ☐ 45 years or more

Q5. How would you rate your current community as a place for people to live as they age?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Q6. Thinking about your future years, are you more likely to move to a different **community**, move to a different residence within your current **community** or stay in your current residence and never move? **(CHECK ONLY ONE)**

- ☐ Move to a different community
- ☐ Move into a different residence within your current community
- ☐ Stay in your current residence and never move

Q7. Some people find that they need or want to move out of their **residence** as they get older. If you **were** to consider moving out of your current **residence**, would the following be a major factor, minor factor, or not a factor at all in your decision to move?

	Major Factor	Minor Factor	Not a Factor	Not Sure
a. Wanting a smaller size home	☐	☐	☐	☐
b. Wanting a larger size home	☐	☐	☐	☐

c. The cost of maintaining your current residence	☐	☐	☐	☐
d. Wanting a home that will help you live independently as you age, for example a home without stairs	☐	☐	☐	☐

Q8. Some people find that they need or want to move out of their **community**, as they get older. If you were to consider moving out of your current **community**, would the following be a major factor, a minor factor, or not a factor at all in your decision to move?

	Major Factor	Minor Factor	Not a Factor	Not Sure
a. Your personal safety or security concerns....	☐	☐	☐	☐
b. Wanting to move to an area that has better health care facilities	☐	☐	☐	☐
c. Wanting to be closer to family	☐	☐	☐	☐
d. Needing more access to public transportation	☐	☐	☐	☐
e. Wanting to live in a different climate	☐	☐	☐	☐
f. Wanting to live in an area that has a lower cost of living	☐	☐	☐	☐
g. Wanting to live in an area with better opportunities for social interaction	☐	☐	☐	☐

Q9. How important is it for you to remain in your current community for as long as possible?

- ☐ Extremely important
- ☐ Very important
- ☐ Somewhat important
- ☐ Not very important
- ☐ Not at all important

Q10. Which of the following types of homes best describes where you currently live?
(CHECK ONLY ONE)

- ☐ Single-family house
- ☐ Two family house that has two separate living units
- ☐ Townhouse or row house
- ☐ Apartment
- ☐ Condominium or coop
- ☐ Mobile home
- ☐ Senior housing or assisted living facility
- ☐ Nursing home
- ☐ Some other type of living arrangement

Q11. Do you own or rent your primary home, or do you have some other type of living arrangement, like living with a family member or friend?

- ☐ Own
- ☐ Rent
- ☐ Neither own nor rent but live with adult child or others

Q12. How important is it for you to be able to live independently in your own home as you age?

- ☐ Extremely important
- ☐ Very important
- ☐ Somewhat important
- ☐ Not very important
- ☐ Not at all important

Q13. Some people find that they need to make modifications to their residence to enable them to stay there for as long as possible. Does your current residence need any major repairs, modifications, or changes to enable you to stay there for as long as possible?

- ☐ Yes

- ☐ No
- ☐ Not sure

Q14. Would you rate your community as excellent, very good, good, fair, or poor on having the following?

	Excellent	Very Good	Good	Fair	Poor	Not Sure
a. Home modification and repair contractors who are trustworthy, do quality work, and are affordable	☐	☐	☐	☐	☐	☐
b. A home repair service for low-income and for older adults that help with things like roof or window repairs	☐	☐	☐	☐	☐	☐
c. Seasonal services such as lawn work or snow removal for low-income and older adults	☐	☐	☐	☐	☐	☐

Q15. Would you rate your community as excellent, very good, good, fair, or poor on having the following?

	Excellent	Very Good	Good	Fair	Poor	Not Sure
a. Sidewalks that are in good condition, safe for pedestrians, and accessible for wheelchairs or other assistive mobility devices	☐	☐	☐	☐	☐	☐
b. Well-lit, accessible, safe streets and intersections for all users	☐	☐	☐	☐	☐	☐

c. Audio and visual pedestrian crossings	☐	☐	☐	☐	☐	☐
d. Separate pathways for bicyclists and pedestrians	☐	☐	☐	☐	☐	☐
e. Well-maintained streets	☐	☐	☐	☐	☐	☐
f. Easy to read traffic signs	☐	☐	☐	☐	☐	☐
g. Enforced speed limits	☐	☐	☐	☐	☐	☐
h. Bus Shelters with seating	☐	☐	☐	☐	☐	☐

Q16. Would you rate your community as excellent, very good, good, fair, or poor on having the following?

	Excellent	Very Good	Good	Fair	Poor	Not Sure
a. Well-maintained homes and properties	☐	☐	☐	☐	☐	☐
b. Affordable housing options for adults of low-income levels such as older active adult communities, assisted living and communities with shared facilities and outdoor spaces	☐	☐	☐	☐	☐	☐
c. Well-maintained, safe low-income housing	☐	☐	☐	☐	☐	☐
d. Homes that are built with things like a no-step entrance, wider doorways, and first floor bedrooms and bathrooms	☐	☐	☐	☐	☐	☐
e. Well-maintained parks	☐	☐	☐	☐	☐	☐
f. Safe parks	☐	☐	☐	☐	☐	☐

g. Public buildings and spaces including restrooms that are accessible to people of different physical abilities	☐	☐	☐	☐	☐	☐
h. Enough benches for resting in public areas like parks, along sidewalks, and around public buildings	☐	☐	☐	☐	☐	☐
i. Conveniently located emergency care centers	☐	☐	☐	☐	☐	☐
j. Well-maintained hospitals and health care facilities	☐	☐	☐	☐	☐	☐
k. Neighborhood watch programs	☐	☐	☐	☐	☐	☐
l. Conveniently located public parking lots and areas to park including handicapped parking	☐	☐	☐	☐	☐	☐
m. Affordable public parking	☐	☐	☐	☐	☐	☐

Transportation

Q17. How do you usually get around your community for things like shopping, visiting the doctor, running errands, or other things?

	Yes	No
a. Walk	☐	☐
b. Drive yourself	☐	☐
c. Have others drive you	☐	☐
d. Take a taxi	☐	☐
e. Use a ride source company such as Uber or Lyft	☐	☐
f. Use a special transportation service, such as one for seniors or persons with disabilities	☐	☐
g. Use public transportation	☐	☐
h. Ride a bicycle	☐	☐

i. Some other way	☐	☐
j. I do not get out of the house	☐	☐

Q18. Would you rate your community as excellent, very good, good, fair, or poor on having the following?

	Excellent	Very Good	Good	Fair	Poor	Not Sure
a. Accessible and convenient public transportation	☐	☐	☐	☐	☐	☐
b. Affordable public transportation	☐	☐	☐	☐	☐	☐
c. Well-maintained public transportation vehicles	☐	☐	☐	☐	☐	☐
d. Timely public transportation	☐	☐	☐	☐	☐	☐
e. Safe public transportation stops or areas that are accessible to people of varying physical abilities	☐	☐	☐	☐	☐	☐
f. Special transportation services for people with disabilities and older adults	☐	☐	☐	☐	☐	☐

Q19. Thinking now about health care professionals in your community. Would you rate your community as excellent, very good, good, fair, or poor on having the following?

	Excellent	Very Good	Good	Fair	Poor	Not Sure
a. Availability and well-staffed in-home health care providers	☐	☐	☐	☐	☐	☐
b. Affordable in-home health care providers	☐	☐	☐	☐	☐	☐

c. Availability and well-staffed healthcare providers for nursing homes & assisted living facilities	☐	☐	☐	☐	☐	☐
d. A variety of health care professionals including specialists	☐	☐	☐	☐	☐	☐
e. Health care professionals who speak different languages	☐	☐	☐	☐	☐	☐
f. Respectful and helpful hospital and clinic staff	☐	☐	☐	☐	☐	☐

Q20. Thinking now about health and wellness services in your community.

Would you rate your community as excellent, very good, good, fair, or poor on having the following?

	Excellent	Very Good	Good	Fair	Poor	Not Sure
a. Affordable health and wellness programs and classes in areas such as nutrition, smoking cessation, and weight control	☐	☐	☐	☐	☐	☐
b. Affordable fitness activities specifically geared towards older adults	☐	☐	☐	☐	☐	☐
c. Conveniently located health and social services	☐	☐	☐	☐	☐	☐
d. Services that provide people to help seniors easily find and access health and supportive services	☐	☐	☐	☐	☐	☐
e. Emotional and mental health services	☐	☐	☐	☐	☐	☐
f. Affordable home care services including personal care and housekeeping	☐	☐	☐	☐	☐	☐

g. Easily understandable and helpful local hospital or clinic answering services	☐	☐	☐	☐	☐	☐
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Q21. Do you have transportation access to the following services?

	Yes	No
a. Health and wellness programs and classes in areas such as nutrition, smoking cessation, and weight control	☐	☐
b. Fitness activities specifically geared towards older adults	☐	☐
c. Health and social services (i.e. medical appointments)	☐	☐
d. Services that provide people to help seniors easily find and access health and supportive services	☐	☐
e. Emotional and mental health services	☐	☐
f. Home care services including personal care and housekeeping	☐	☐
g. Local hospital or clinic answering services	☐	☐
h. Grocery store or places to obtain food for meals	☐	☐
i. Run errands (i.e. bank, pharmacy, post office, etc.)	☐	☐
j. Places of worship	☐	☐

Social Participation, Inclusion and Education Opportunities

Q22. How often do you have contact with family, friends, or neighbors who do not live with you?

- ☐ Every day
- ☐ Several times a week, but not every day
- ☐ Once a week
- ☐ Once every 2 or 3 weeks
- ☐ Once a month
- ☐ Less than monthly
- ☐ Never

Q23. How often do you feel the following?

	Often	Sometimes	Rarely	Never
a. I lack companionship	☐	☐	☐	☐
b. I feel left out	☐	☐	☐	☐
c. I feel isolated from others	☐	☐	☐	☐
d. In the last 30 days, how often do you feel sad?	☐	☐	☐	☐
e. Thoughts about suicide?	☐	☐	☐	☐

Q24. Do you have friends or family that can provide assistance to you?

- ☐ Yes
- ☐ No

Q25. Do you use the following sources for continuing education or self-improvement classes or workshops in your community?

	Yes	No
a. Department of Parks and Recreation	☐	☐
b. Faith community	☐	☐

c. Local organizations or businesses	☐	☐
d. Community Center	☐	☐
e. Senior Center	☐	☐
f. Offerings through my work	☐	☐
g. Online Programs	☐	☐
h. Community College	☐	☐
i. Some other source	☐	☐
j. I do NOT participate in any continuing education/self-improvement classes	☐	☐

Q26. If you chose **i. Some other source**, please list the source. _____

Q27. Would you rate your community as excellent, very good, good, fair, or poor on having the following?

	Excellent	Very Good	Good	Fair	Poor	Not Sure
a. Conveniently located entertainment venues	☐	☐	☐	☐	☐	☐
b. Activities geared specifically towards older adults	☐	☐	☐	☐	☐	☐
c. Activities that offer senior discounts	☐	☐	☐	☐	☐	☐
d. Activities that are affordable to all residents	☐	☐	☐	☐	☐	☐
e. Activities that involve both younger and older people	☐	☐	☐	☐	☐	☐
f. A variety of cultural activities for diverse populations	☐	☐	☐	☐	☐	☐
g. Local schools that involve older adults in events and activities	☐	☐	☐	☐	☐	☐

h. Continuing education classes or social clubs to pursue new interests, hobbies or passions	☐	☐	☐	☐	☐	☐
i. Driver education or refresher courses	☐	☐	☐	☐	☐	☐

Volunteering and Civic Engagement

Q28. Would you rate your community as excellent, very good, good, fair, or poor on having the following?

	Excellent	Very Good	Good	Fair	Poor	Not Sure
a. A range of volunteer activities to choose from	☐	☐	☐	☐	☐	☐
b. Volunteer training opportunities to help people perform better in their volunteer roles	☐	☐	☐	☐	☐	☐
c. Opportunities for older adults to participate in decision making bodies such as community councils or communities	☐	☐	☐	☐	☐	☐
d. Easy to find information on available local volunteer opportunities	☐	☐	☐	☐	☐	☐
e. Transportation to and from volunteer activities for those who need it	☐	☐	☐	☐	☐	☐

Job Opportunities

Q29. Which of the following best describes your current employment status?

- ☐ Self-Employed, part-time → **GO TO Question 30**
- ☐ Self-Employed, full-time → **GO TO Question 30**
- ☐ Employed, part-time → **GO TO Question 30**
- ☐ Employed, full-time → **GO TO Question 30**
- ☐ Unemployed, but looking for work → **GO TO Question 30**
- ☐ Retired, not working at all → **SKIP TO Question 31**
- ☐ Not in labor force for other reasons → **SKIP TO Question 31**

Q30. How likely is it that you will continue to work as long as possible, rather than choosing to retire and no longer work for pay?

- ☐ Extremely likely
- ☐ Very likely
- ☐ Somewhat likely
- ☐ Not at all likely
- ☐ Not sure

Q31. Would you rate your community as excellent, very good, good, fair, or poor on having the following?

	Excellent	Very Good	Good	Fair	Poor	Not Sure
a. A range of job opportunities for older adults	☐	☐	☐	☐	☐	☐
b. Job training opportunities for older adults who want to learn new job skills within their job or get training in a different field of work	☐	☐	☐	☐	☐	☐

c. Jobs that are adapted to meet the needs of people with disabilities	☐	☐	☐	☐	☐	☐
d. Policies that ensure older adults can continue to have equal opportunity to work for as long as they want or need to regardless of their age	☐	☐	☐	☐	☐	☐

Q32. Do you work because of a financial necessity?

- ☐ Yes
☐ No

Q33. Do you risk losing services if you work? (Examples of services include but are not limited to SNAP benefits, Social Security, etc.)

- ☐ Yes
☐ No

Community Information

Q34. Would you turn to the following resources if you, a family member or friend needed information about services for older adults such as caregiving services, home delivered meals, home repair, medical transport, or social activities?

	Yes	No	Not Sure
a. Local Senior Centers	☐	☐	☐
b. Office for the Aging	☐	☐	☐
c. Family or friends	☐	☐	☐

d. Local Non-profit organizations (i.e. Catholic Charities, Resource Center for Independent Living)	☐	☐	☐
e. AARP	☐	☐	☐
f. Faith-based organizations like churches or synagogues	☐	☐	☐
g. Internet	☐	☐	☐
h. Phone book	☐	☐	☐
i. Your doctor or other health care professional	☐	☐	☐
j. Local government offices like the Health Department	☐	☐	☐
k. Library	☐	☐	☐
l. Community College	☐	☐	☐
m. Other	☐	☐	☐

Q35. If you have chosen **m. Other**, please list the resource. _____

Q36. Would you rate your community as excellent, very good, good, fair, or poor on having the following?

	Excellent	Very Good	Good	Fair	Poor	Not Sure
a. Access to community information in one central source	☐	☐	☐	☐	☐	☐
b. Clearly displayed printed community information with large lettering	☐	☐	☐	☐	☐	☐

c. Free access to computers and the Internet in public places such as the library, senior centers or government buildings	☐	☐	☐	☐	☐	☐
d. Community information that is delivered in person to people who may have difficulty or may not be able to leave their home	☐	☐	☐	☐	☐	☐
e. Community information that is available in a number of different languages	☐	☐	☐	☐	☐	☐

Demographics

Q37 or D1. Are you male, female, transgender?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Prefer not to answer

Q38 or D2. What is your age as of your last birthday?

Q39 or D3. What is your current marital status?

- ☐ Married
- ☐ Not married, living with partner
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Never married

Q40 or D4. Are you or your spouse or partner currently a member of AARP?

- ☐ Yes
- ☐ No
- ☐ Not sure

Q41 or D5. Besides you, do you have any of the following people living in your household?

	Yes	No
a. Child or Children under 18	☐	☐
b. Child or Children 18 or older	☐	☐
c. Child or Children away at college	☐	☐
d. Parents	☐	☐
e. Other adult relative or friend 18 or older	☐	☐

Q42 or D6. How many people are in your household? ☐ ☐

Q43 or D7. In general, how would you rate your health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Q44 or D8. Do you have health care insurance coverage on yourself?

- ☐ Yes
- ☐ No

Q45 or D9. Does any disability, handicap, or chronic disease keep you or your spouse or partner from participating fully in work, school, housework, or other activities? **(CHECK ONLY ONE)**

- ☐ Yes, myself
- ☐ Yes, my spouse or partner
- ☐ Yes, both me and my spouse or partner
- ☐ No

Q46 or D10. A family caregiver is someone who provides care for an adult loved one who is ill, frail, elderly, or has a physical, mental, or emotional disability. This may include helping with personal needs like bathing or dressing, meals, household chores, shopping, transportation, managing medical care or finances, or even visiting regularly to see how they are doing. This adult need not live with you.

Are you currently a family caregiver providing unpaid care to an adult loved one to help them take care of themselves?

- ☐ Yes → **SKIP TO D12**
- ☐ No → **GO TO D11**

Q47 or D11. How likely is it that you will provide unpaid care to an adult loved one in the future?

- ☐ Extremely likely
- ☐ Very likely
- ☐ Somewhat likely
- ☐ Not very likely
- ☐ Not at all likely

Q48 or D12. What is the highest level of education that you completed?

- ☐ K-12th grade (no diploma)
- ☐ High school graduate, GED or equivalent
- ☐ Post-high school education/training (no degree)
- ☐ 2-year college degree
- ☐ 4-year college degree
- ☐ Post-graduate study (no degree)
- ☐ Graduate or professional degree(s)

Q49 or D13. Are you of Hispanic, Spanish, or Latino origin or descent?

- ☐ Yes → **GO TO Question D14**
- ☐ No → **SKIP TO Question D15**

Q50 or D14. If you are Hispanic or Latino, please indicate which language best represents the language you speak at home?

- ☐ English
- ☐ Spanish
- ☐ Do not have a preference

Q51 or D15. What is your race? (CHECK ALL THAT APPLY)

- ☐ Black or African American
- ☐ White or Caucasian
- ☐ Asian or Asian American
- ☐ Native American Indian or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other, please specify: _____

Q52 or D16. How often do you vote?

- ☐ Always
- ☐ Most of the time
- ☐ About half of the time
- ☐ Seldom
- ☐ Never

Q53 or D17. Do you know how to use the Internet?

- ☐ Yes
- ☐ No

Q54 or D18. Do you know how to send e-mail?

- ☐ Yes
- ☐ No

Q55 or D19. Which best describes how often you use the Internet?

- ☐ Every day
- ☐ Once a week
- ☐ Once a month
- ☐ Less than once a month
- ☐ I do NOT use the Internet

Q56 or D20. What was your annual household income before taxes in 2020?

- ☐ Less than \$10,000
- ☐ \$10,000 to \$19,999
- ☐ \$20,000 to \$29,999
- ☐ \$30,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 or more

Q57 or D21. What is your 5-digit zip code? ☐ ☐ ☐ ☐ ☐

Q58 or D22. How would you rate your current community as a place for people to live as they age?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

If you would like to do this survey online please find the link below:

<https://www.surveymonkey.com/r/KWVVVSX>

Please return the survey to the Herkimer County Office for the Aging at 109 Mary Street Suite 1101 Herkimer, NY. You may drop of the survey at the following locations:

Herkimer County Office for the Aging-109 Mary Street Herkimer
Catholic Charities of Herkimer County-99 West Street Ilion
Herkimer Working Solutions-320 N. Prospect St Herkimer
Dolgeville Manheim Public Library- 24 N. Main St, Dolgeville
Frankfort Free Library- 123 S. Frankfort St, Frankfort
Frank J. Basloe Library- 245 North Main St, Herkimer
Ilion Free Public Library- 78 West Street, Ilion
Jordanville Public Library- 189 Main St, Jordanville
Little Falls Public Library- 10 Waverly Place, Little Falls
Middleville Free Library- 1 S. Main St, Middleville
Mohawk Weller Library- 41 West Main Street, Mohawk
Newport Free Library- 7390 S. Main St, Newport
Old Forge Library- 220 Crosby Blvd, Old Forge
Poland District Public Library- 8849 N. Main St, Poland
West Winfield Library- 179 South St, West Winfield