



Age-Friendly County of Marin Survey

The County of Marin was recently awarded age-friendly status by the World Health Organization (WHO) and the AARP Network of Age-Friendly Cities and Communities. Joining this network serves to confirm our commitment to make Marin a great community for people to live in as they age. The information collected through this survey process will inform the development of a strategic plan for achieving an Age-Friendly County of Marin.



Please only take this survey if you are 60 years or older or representing an individual or group of adults age 60 or older. This survey is voluntary and anonymous. It will take about 15 minutes to complete. If you have any questions, please contact Marin County’s Information and Assistance line at (415) 457-INFO (4636) or email 457-INFO@marincounty.org.

This survey is also available to complete online. To access the online survey, please visit <https://www.surveymonkey.com/r/afmarin>

YOUR COMMUNITY AND HOME

1. What is the name of your city, town or community? _____
2. What is your 5-digit ZIP code? _____
3. What is your current housing status?
 - Own
 - Rent
 - Precariously housed (e.g. paying very high proportion of income for rent, doubled up with friends/family, couch surfing, or on the verge of homelessness)
 - Homeless (e.g. staying in shelters or places not meant for habitation, such as an RV, streets, parks, abandoned buildings, tunnels, etc.)
 - Other type of living arrangement (please specify) _____

4. What type of home is your primary home?

- | | |
|--|---|
| <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Town Home or Duplex | <input type="checkbox"/> Apartment |
| <input type="checkbox"/> Condominium or Coop | <input type="checkbox"/> Other (please specify) _____ |

5. Who do you live with in your primary home (select all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> I live alone | <input type="checkbox"/> Spouse/partner |
| <input type="checkbox"/> Child/dependent | <input type="checkbox"/> Friend/roommate |
| <input type="checkbox"/> Other (please specify) _____ | |

6. Do you plan to remain in your current primary home as you become older?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

7. If you do not plan to remain in your home, what is the primary reason?

8. Do you feel there are enough support services available in Marin to remain in your home? (e.g. meals, housekeeping, maintenance, home care)

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

9. If you do plan to remain in your home, do you think you will need to make the following types of modifications or improvements to your home to enable you to stay there as you age?

	Yes	No	Not Sure
Easier access into or within your home such as a ramp, chairlift or elevator, or wider doorways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom modifications such as grab bars, handrails, a higher toilet or non-slip tiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placement of a bedroom, bathroom and kitchen on the first floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation of a medical emergency response system that notifies others in case of emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (Please specify) _____

10. Do you feel prepared in the event of a community-wide emergency (such as a fire or an earthquake)?

Yes

No

11. If you do not feel prepared for an emergency, please explain what you need to feel prepared.

12. Does the community where you live have the following?

	Yes	No	Not Sure
Well-maintained homes and properties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-maintained and safe low-income housing options for older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-maintained and safe parks that are within walking distance of your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalks that are safe, in good condition, and free from obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-maintained public buildings and facilities that are accessible to people of different physical abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-maintained libraries that are accessible to people of different physical abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-maintained public restrooms that are accessible to people of different physical abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSPORTATION AND STREETS

13. How do you get around for things like shopping, visiting the doctor, running errands, etc.?

	Yes	No
Drive yourself	<input type="checkbox"/>	<input type="checkbox"/>
Have others drive you	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>
Ride a bike	<input type="checkbox"/>	<input type="checkbox"/>
Use public transportation	<input type="checkbox"/>	<input type="checkbox"/>
Take a taxi/Uber/Lyft	<input type="checkbox"/>	<input type="checkbox"/>
Use a special transportation service, such as one for seniors or persons with disabilities	<input type="checkbox"/>	<input type="checkbox"/>

14. If you use public transportation or a special transportation service, please list the service(s) you use.

15. Does the community where you live have the following?

	Yes	No	Not Sure
Well-maintained streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to read traffic signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enforced speed limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public parking lots, spaces and areas to park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable public parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessible and convenient public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH AND WELLNESS

16. When compared to most people your age, how would you rate your health?

- Excellent
- Good
- Fair
- Poor

17. Does the community where you live have the following?

	Yes	No	Not Sure
Health and wellness programs and classes in areas such as nutrition, smoking cessation, and weight control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness activities specifically geared to older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conveniently located health and social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable health care service options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A service that helps seniors find and access health and supportive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNITY ENGAGEMENT

18. Reflecting on the community where you live, consider the following:

	Yes	No	Not Sure
Are people polite and helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel valued and respected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Does the community where you live have the following?

	Yes	No	Not Sure
Conveniently located venues for entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities specifically geared to older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities that are affordable to all residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A variety of cultural activities for diverse populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing education classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social clubs such as for books, gardening, crafts or hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. How important is it for your community to have the following?

	Very Important	Somewhat Important	Not at all Important
Conveniently located venues for entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities specifically geared to older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities that are affordable to all residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A variety of cultural activities for diverse populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing education classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social clubs such as for books, gardening, crafts or hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Where do you typically go for continuing education or self-improvement classes and workshops in your community (select all that apply)?

- University/community college
- Department of Parks and Recreation
- Faith Community
- Local organizations or businesses
- Community center
- Online programs
- I do NOT participate in any continuing education/self-improvement classes
- Other (please specify) _____

COMMUNITY ENGAGEMENT

22. Where would you seek information about 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
Local community centers	<input type="checkbox"/>	<input type="checkbox"/>
Marin Office of Aging and Adult Services	<input type="checkbox"/>	<input type="checkbox"/>
Family or friends	<input type="checkbox"/>	<input type="checkbox"/>
Local nonprofit organizations	<input type="checkbox"/>	<input type="checkbox"/>
AARP	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based organizations such as churches or synagogues	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>
Your doctor or other health care professional	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>
415-457-INFO	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT YOU

23. What is your gender?

- Male Female
- Transgender

24. Please indicate if you are completing this survey on your own or on behalf of an individual or group of individuals over the age of 60 in Marin.

- Self On behalf of an individual
- On behalf of a group

25. What is your age?

- Under age 60 60-64
- 65-69 70-79
- 80-89 90+

26. What is your current marital status?

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

27. What is your race and/or ethnicity (select all that apply)?

- White or Caucasian Black or African American
- Hispanic or Latino Asian
- American Indian or Alaska Native Native Hawaiian or other Pacific Islander
- Other (please specify) _____

28. What is the highest level of education you have 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)

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

- | | |
|---|--|
| <input type="checkbox"/> Self-employed, part-time | <input type="checkbox"/> Self-employed, full-time |
| <input type="checkbox"/> Employed, part-time | <input type="checkbox"/> Employed, full-time |
| <input type="checkbox"/> Unemployed, but looking for work | <input type="checkbox"/> Retired, not working at all |
| <input type="checkbox"/> Not in labor force for other reasons | |

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

31. What was your annual household income before taxes in the most recent tax year?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$10,000 to 19,999 |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$30,000 to \$49,999 |
| <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$100,000 to \$149,999 | <input type="checkbox"/> \$150,000 or more |

32. Please use this space below for any additional comments.

Thank you very much for completing this survey. Your input is valuable in creating an Age-Friendly County of Marin. Please note several cities and towns in Marin have also been designated as age-friendly and some are in the process of conducting similar surveys. If you live in one of these cities or towns and learn about its age-friendly survey, we encourage you to complete it as well.

Please return your completed survey by mail, using the self-addressed, postage-paid envelope provided or another envelope, or in-person to:

Age-Friendly County of Marin
Marin Health & Human Services
Division of Aging & Adult Services
10 N San Pedro Rd Ste 1023
San Rafael, CA 94903-4155

Request for an alternative format of this publication may be requested by calling 473-4381 (voice)/711 (TTY) or by email at disabilityaccess@marincounty.org.