Age-Friendly DC Livability Survey

Are you a DC resident 60 or older? Do you want to share your opinion on how age-friendly DC is? Questions in this survey were derived from a World Health Organization age-friendly indicator project that DC took part in along with 14 other cities across the globe. If you have any questions as you go through this survey, please call 202-727-7973 and ask to speak to an Age-Friendly DC staff member.

Thank you for your feedback and assistance in helping transform DC into an age-friendly city.

Please fill out the survey below and either drop off the entire page at any branch of the DC public library or mail it to:
Age-Friendly DC, Office of the Deputy Mayor (HHS), 1350 Pennsylvania Ave. NW, Suite 223, Washington, DC 20004.
Or you may complete the survey online at: https://www.surveymonkey.com/r/AFDCLivability

1. What type of housing do you live in?
   - Single-family
   - Multi-family
   - Other (please specify): _______________________

2. Could you enter your house in a wheelchair without assistance?
   - Yes
   - No

3. How many individuals, besides yourself, live in your household?
   If you live alone, put 0 _______________________

4. Do you rent or own the place where you live?
   - Rent
   - Own

5. Has your house been adapted, or can it be adapted, to facilitate aging at home?
   - Yes
   - No

6. In your opinion, is housing in your neighborhood affordable?
   - Yes
   - No

7. Is walking without assistance easy for you?
   - Yes
   - No

8. In your opinion, how suitable is your neighborhood for walking, including for those who use wheelchairs and other mobility aids?
   - 5 (very suitable)
   - 4
   - 3
   - 2
   - 1 (not at all suitable)

9. In your opinion, how accessible are public spaces and buildings in your community for all people, including those who have limitations in mobility, vision or hearing?
   - 5 (very accessible)
   - 4
   - 3
   - 2
   - 1 (not at all accessible)

10. In your opinion, are public transportation stops too far from your home?
    - Yes
    - No

11. How far are you willing/able to walk to reach a public transportation stop? (Can answer in distance or time)

12. Please rate the level of accessibility of public transportation vehicles for all people, including those who have limitations in mobility, vision, hearing.
    - 5 (very accessible)
    - 4
    - 3
    - 2
    - 1 (not at all accessible)

13. Do you feel respected and socially included in your community?
    - Yes
    - No

14. Have you engaged in a volunteer activity at least once in the past month?
    - Yes
    - No

15. What is your employment status?
    - Employed full-time
    - Employed part-time, seeking full-time
    - Employed part-time, not seeking full-time
    - Not employed, seeking full-time
    - Not employed, seeking part-time
    - Not employed, not seeking employment

16. Do you have opportunities for paid employment?
    - Yes
    - No

17. Over the past year, have you had enough income to meet your basic needs without public or private assistance?
    - Yes
    - No

18. How do you typically find out about important health or safety information?
    - Word of mouth
    - Print
    - Web
    - Radio
    - TV
    - Other (please specify): _______________________

19. Do you live in a household with internet access at home?
    - Yes
    - No

20. How do you access the Internet? (check all that apply)
    - Home computer
    - Smart phone or tablet
    - Local library or community space
    - Other (please specify): _______________________

21. How do you use the Internet? (check all that apply)
    - Emailing
    - Informational searches
    - Online shopping
    - Facebook or other social media
    - Sharing photos
    - Do not use
    - Other (please specify): _______________________

22. How easy is it for you to find local sources of information about your health concerns and service needs?
    - 5 (Very easy)
    - 4
    - 3
    - 2
    - 1 (Very difficult)

23. Where do you find local sources of information about your health concerns and service needs (i.e., friends, family, government, publications, community centers, etc.)?

24. Do you have any personal care or assistance needs?
    - Yes
    - No

25. Are your personal care or assistance needs met in your home setting?
    - Yes
    - No
    - N/A

26. How are your personal care and assistance needs met? (check all that apply)
    - Private services
    - Government provided services
    - Volunteers
    - Friends
    - Family
    - N/A
    - Other (please specify): _______________________

27. How would you rate your overall quality of life?
    - 5 (Very good)
    - 4
    - 3
    - 2
    - 1 (Very poor)

28. Do you have a disability tag or placard for your vehicle?
    - Yes
    - No
    - I don’t have a vehicle

29. If you answered yes to the previous question, are designated priority parking spaces adequately designed and available?
    - Yes
    - No
    - N/A

30. Do you participate in group physical activities in your leisure time?
    - Yes
    - No

31. Over the past year, were you enrolled or did you regularly attend any education or training sessions, either formal or non-formal?
    - Yes
    - No

32. Are you involved in decision-making about important political, economic and social issues in your community?
    - Yes
    - No

33. Have you participated in any social or cultural activities at least once in the past week?
    - Yes
    - No

34. How safe do you feel in your neighborhood?
    - 5 (Very safe)
    - 4
    - 3
    - 2
    - 1 (Not safe at all)

35. Do you have a neighbor or neighbors that you can rely on?
    - Yes
    - No

36. What is your age?

37. What is your gender?
    - Male
    - Female
    - Transgender
    - Other (please specify): _______________________

38. Are you of Hispanic or Latino origin or heritage?
    - Yes
    - No

39. What race do you identify with?
    - American Indian and Alaska Native
    - Asian
    - Black or African-American
    - Native Hawaiian and Other Pacific Islander
    - White
    - Other (please specify): _______________________

40. What is your address? (optional)

41. What ward do you live in?
    - 1
    - 2
    - 3
    - 4
    - 5
    - 6
    - 7
    - 8
    - 9
    - 10
    - MD
    - VA
    - MD
    - Not known
    - Other (please specify): _______________________

42. What is your zip code?

43. Are you in need of other assistance?
    - Yes
    - No
    - N/A

44. Are you in need of other assistance?
    - Yes
    - No
    - N/A

45. Are you in need of other assistance?
    - Yes
    - No
    - N/A

46. Are you in need of other assistance?
    - Yes
    - No
    - N/A

47. Are you in need of other assistance?
    - Yes
    - No
    - N/A