

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 suitable)
 4
 3
 2
 1 (not at all suitable)

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
 VA
 MD
 Don't know
 Other (please specify): _____

42. What is your zip code?
