

Take part in our Seniors Plan Questionnaire



We really need your input in planning for seniors' needs now and in the future. With the growing population and complexity of issues, this questionnaire will help Strathcona County plan for the next 15+ years.

Your participation will help ensure a clear and accurate representation of the needs and strengths of the community's population age 55+. **Your responses, along with results from focus groups and round tables, will be used to develop a comprehensive Older Adult and Seniors Plan.**

Please complete **one** questionnaire and return it to one of the following locations by August 29, 2008:

Glen Allan Recreation Complex
Heartland Hall Contact Office
Information and Volunteer Centre
for Strathcona County
Kinsmen Leisure Centre

Millennium Place
Sherwood Park 55 Plus Club
Strathcona County Family and
Community Services
Strathcona County Library

All responses will be confidential and all reporting will be done by grouping. No individual information will be released. If a question does not apply to your situation, please move onto the next. There are no right or wrong answers.



The questionnaire, and more information about the Seniors Plan, is also available online at www.strathcona.ab.ca

Information: 780-464-4044

Email: info@strathcona.ab.ca

Thank you for your participation!

Strathcona
County

FAMILY & COMMUNITY
SERVICES

www.strathcona.ab.ca

Privacy Statement: This personal information is protected by the provisions of the Freedom of Information and protection of Privacy Act (FOIP). Information collected will be reported in aggregate form and will not identify you or any of your family members individually. The exception will be if you choose to fill in your name and contact information which will be used only to contact you regarding further input into the Seniors Plan. The information collected will be used to inform the development of a Seniors Plan for Strathcona County. If you have any questions about the collection and use of your information, contact the Coordinator of Community and Social Development, Strathcona County Family & Community Services at 780-464-4044.

Strathcona County Seniors & Adults 55+ Questionnaire

A. What are the most important issues facing seniors in Strathcona County?

Check your top three choices.

- 1 Access to seniors' housing, including seniors' apartments, assisted living, lodges, and long term care
- 2 Access to health care such as physicians, management of chronic conditions, home care
- 3 Access to learning opportunities
- 4 Meaningful volunteer opportunities
- 5 Recreation, culture, and leisure activities.
- 6 Employment opportunities and barriers due to age discrimination
- 7 Transportation
- 8 Elder abuse
- 9 Information on seniors' programs and services
- 10 Opportunities for social interaction
- 11 Availability of personal care and household support (e.g. housekeeping, meals, maintenance, snow shoveling) including assistance from family members
- 12 Rising living costs combined with relatively fixed incomes
- 13 Other _____

B. The following section asks your opinion on a variety of issues facing our aging population.

Please indicate your level of agreement with the following statements.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
It is easy for me to meet monthly expenses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My retirement finances are/will be adequate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I am well prepared for all aspects of retirement.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are enough affordable housing options for seniors in Strathcona County	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel safe walking alone in my neighbourhood after dark	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I am concerned about being targeted by a scam, fraud or being taken advantage of financially	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
There are meaningful employment opportunities for seniors in Strathcona County	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
There are meaningful volunteer opportunities for seniors in Strathcona County	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I am comfortable using a computer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I feel valued by the community for my skills, talents and knowledge	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
It is easy for me to move around in stores, Strathcona County buildings and other publicly accessible places	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I am confident/physically stable moving around in my home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I am able to get transportation when needed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Overall, Strathcona County is a senior friendly community	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

C. How should Strathcona County ensure the sustainability of seniors' programs and services?
Please check only one option.

- ₁ Universal programs funded through property taxes
- ₂ Targeted programs for those in need
- ₃ Cost recovery for seniors' programs

Please tell us about your activities in the community and what would interest you.

A. What is your preference for "formal" leisure activities? **Please check only one option.**

- ₁ Go to a seniors' centre
- ₂ Attend a designated seniors' program in a community facility
- ₃ Attend a program open to the general public
- ₄ None of the above

B. What activities have you done in the past year? **Please check all that apply.**

- 1 Arts and crafts (e.g. painted, scrapbooked)
- 2 Physical activities (e.g. played a sport, walked)
- 3 Spiritual activities (e.g. attended a religious service)
- 4 Cultural activities (e.g. attended a museum or play)
- 5 Social activities (e.g. danced, played cards, pot luck)
- 6 Used library (e.g. read, computer, workshop)
- 7 Outdoor activities (e.g. camped, hiked)
- 8 Volunteered
- 9 Travelled
- 10 Other _____

C. What learning opportunities have you attended in the past year? **Please check all that apply.**

- 1 Workshop/course from a community organization
- 2 Workshop/course from the library
- 3 Online or distance learning course
- 4 On-campus learning through a college or university
- 5 On-campus learning through continuing education
- 6 I did not participate in any learning opportunity
- 7 Other _____

D. What would you like to learn more about? **Please check all that apply.**

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 Retirement planning | <input type="checkbox"/> 7 Financial planning and budgeting | <input type="checkbox"/> 12 Personal safety |
| <input type="checkbox"/> 2 Recreation and leisure | <input type="checkbox"/> 8 Decision making when alone | <input type="checkbox"/> 13 Travelling |
| <input type="checkbox"/> 3 Health and wellness | <input type="checkbox"/> 9 Nutrition and meal planning | <input type="checkbox"/> 14 Driving skills |
| <input type="checkbox"/> 4 Arts and crafts | <input type="checkbox"/> 10 Estate planning and wills | <input type="checkbox"/> 15 Languages |
| <input type="checkbox"/> 5 Housing options | <input type="checkbox"/> 11 Dealing with government documents | <input type="checkbox"/> 16 Computers/internet |
| <input type="checkbox"/> 6 Other _____ | | |

E. Has cost prevented you from participating in recreation/leisure activities?

- 1 Yes 2 No

F. How often do you engage in **each** of the following ?

	Rarely or never	1-3 times/week	4-6 times/week	Daily or almost daily
Mild activity (e.g. slow walking, bowling)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Moderate activity (e.g. brisk walking, bicycling)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Vigorous activity (e.g. jogging, aerobic dancing)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

The following questions ask about your health, lifestyle and health care.

	Excellent	Very Good	Good	Fair	Poor
A. In general, how would you rate your overall physical health ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

B. In general, how would you rate your overall mental health ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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	Much Better	Somewhat Better	The Same	Somewhat Worse	Much Worse
C. Compared to a year ago, would you say your physical health is:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

D. Compared to a year ago, would you say your mental health is:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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E. Do you have one or more long term medical conditions that limit your daily activities?

₁ Yes ₂ No

F. Over the course of a **typical week**, how many alcoholic beverages (that is, beer, wine or spirits) do you drink?

0 drinks 1-2 drinks 3-7 drinks 8-14 drinks 15+ drinks

₁ ₂ ₃ ₄ ₅

G. How often in the past 12 months have you had 5 or more drinks on one occasion?

Never	Less than once a month	Once a month	2 to 3 times a month	Once a week	More than Once a week
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

H. In the past 12 months, have you used prescription drugs improperly (e.g. took a higher dosage or took for reason other than prescribed)?

₁ Yes ₂ No

I. In the past 12 months, have you used illicit drugs?

₁ Yes ₂ No

E. Taking into consideration your future health, finances and lifestyle, what type of housing do you anticipate living in **ten (10) years from now?**

- | | |
|---|--|
| <input type="checkbox"/> 1 Single detached house | <input type="checkbox"/> 5 Mobile home |
| <input type="checkbox"/> 2 Townhouse or duplex (condo or freehold) | <input type="checkbox"/> 6 Separate suite in a house |
| <input type="checkbox"/> 3 Apartment (or apartment style condo) | <input type="checkbox"/> 7 Other |
| <input type="checkbox"/> 4 Supported living facility, lodge, nursing home | |

F. Taking into consideration your future health, finances and lifestyle, what type of housing do you anticipate living in **twenty (20) years from now?**

- | | |
|---|--|
| <input type="checkbox"/> 1 Single detached house | <input type="checkbox"/> 5 Mobile home |
| <input type="checkbox"/> 2 Townhouse or duplex (condo or freehold) | <input type="checkbox"/> 6 Separate suite in a house |
| <input type="checkbox"/> 3 Apartment (or apartment style condo) | <input type="checkbox"/> 7 Other |
| <input type="checkbox"/> 4 Supported living facility, lodge, nursing home | |

G. What are some reasons you may consider moving from your current home?

Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> 1 Too expensive | <input type="checkbox"/> 6 Health concerns |
| <input type="checkbox"/> 2 Needs "senior friendly" modifications | <input type="checkbox"/> 7 To be closer to family |
| <input type="checkbox"/> 3 Space too big | <input type="checkbox"/> 8 To be closer to services |
| <input type="checkbox"/> 4 Space too difficult to maintain | <input type="checkbox"/> 9 Moving out of town to retire |
| <input type="checkbox"/> 5 Other _____ | |

H. What services would be, or would have been, the greatest help for you to remain in your home longer? **Please check all that apply.**

- | |
|---|
| <input type="checkbox"/> 1 Home Care Services (nursing, physiotherapy, bathing, dressing, etc.) |
| <input type="checkbox"/> 2 Home Support Services (light housekeeping, meal preparation, etc.) |
| <input type="checkbox"/> 3 Home Maintenance (yard work, snow shovelling, repairs, etc.) |
| <input type="checkbox"/> 4 Meals on Wheels |
| <input type="checkbox"/> 5 Home Modifications (main floor laundry, handrails, ramps, etc.) |
| <input type="checkbox"/> 6 Financial assistance (e.g. grants, rebates, etc.) |
| <input type="checkbox"/> 7 Other _____ |

The following questions deal with transportation.

A. What type of transportation do you use **most often?** **Please check only one answer.**

- | | |
|--|--|
| <input type="checkbox"/> 1 Drive yourself | <input type="checkbox"/> 6 Electric scooter |
| <input type="checkbox"/> 2 Family or friend drives | <input type="checkbox"/> 7 Taxi |
| <input type="checkbox"/> 3 Volunteer driver | <input type="checkbox"/> 8 Strathcona County Transit |
| <input type="checkbox"/> 4 Walk | <input type="checkbox"/> 9 Strathcona County Accessible Transit (S.C.A.T.) |
| <input type="checkbox"/> 5 Bicycle | <input type="checkbox"/> 10 Other _____ |

B. When you do not get out, what is the **main** reason? **Please check only one answer.**

- | | |
|---|--|
| <input type="checkbox"/> 1 Don't like asking for a ride | <input type="checkbox"/> 5 Inconvenient public transit |
| <input type="checkbox"/> 2 Health issues | <input type="checkbox"/> 6 It's too expensive |
| <input type="checkbox"/> 3 No longer driving | <input type="checkbox"/> 7 No one to go with |
| <input type="checkbox"/> 4 Prefer to do things at home | <input type="checkbox"/> 8 Other _____ |

We would like to know how you find your information.

A. Where would you prefer to get information about resources/activities for older adults and seniors? **Please check all that apply.**

- 1 Family doctor
- 2 Local health unit
- 3 Strathcona County Family and Community Services
- 4 Seniors' organization/club
- 5 Strathcona County Library
- 6 Information and Volunteer Centre for Strathcona County
- 7 Church
- 8 Strathcona County Recreation Guide
- 9 Seniors' publications (e.g. Sage)
- 10 Daily paper
- 11 Local weekly paper
- 12 Capital Health Link Line
- 13 Seniors' Information and Referral Line
- 14 Strathcona County website
- 15 Seniors' directory
- 16 Information fair
- 17 Any other sources _____

B. If you have used a computer in the past year, what did you use it for?
Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> 1 Email | <input type="checkbox"/> 5 Internet |
| <input type="checkbox"/> 2 Playing Games | <input type="checkbox"/> 6 Reading info on DVD or CD |
| <input type="checkbox"/> 3 Writing/editing text | <input type="checkbox"/> 7 I did not use a computer |
| <input type="checkbox"/> 4 For your job | |

The following questions concern seniors' safety.

A. Since turning 55, have you been the victim of a fraud, scam or been taken advantage of financially?

- 1 Yes 2 No

B. Since turning 55, have you ever felt that someone close to you was too involved in your decision making?

₁ Yes ₂ No

C. Elder abuse includes verbal, emotional, sexual, and financial abuse as well as neglect. Since turning 55, have you ever experienced abuse by:

A family member	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
A health care worker	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
Another person in authority	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No

The following questions are about employment and retirement.

A. What **single** financial source will provide the **primary** funding for your senior years (65+)?
Please check only one answer.

- ₁ My savings and investments (e.g. RRSPs, T-bills, stocks/bonds, etc)
- ₂ The pension plan from my employer or workplace
- ₃ The equity in the property I own
- ₄ Money from family members, relatives, etc.
- ₅ Wages earned from continuing to work
- ₆ Federal government benefits (e.g. Canada Pension Plan, Guaranteed Income Supplement)
- ₇ Provincial government financial assistance programs
- ₈ Other _____

B. Are you currently employed either full time or part time?

₁ Yes ₂ No

C. Which of the following best describes your work and retirement plan?

- ₁ I permanently left or will leave the workforce **before age 65**
- ₂ I permanently left or will leave the workforce **at age 65**
- ₃ I will continue to work **after age 65** in my current job
- ₄ I will continue to work **after age 65** in a different job

D. If you are over 65 and working, or plan to work after age 65, what is/would be the primary reason? **Please check only one answer.**

- ₁ I need the money
- ₂ I want to keep busy
- ₃ I enjoy my job/career and am not ready to leave it
- ₄ I want to maximize my pension
- ₅ I will not be working after the age of 65
- ₆ Other: _____

The following questions are about your social supports and feelings toward aging.

A. How would you describe your overall happiness at this time?

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very Happy | Happy | Somewhat Unhappy | Unhappy |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

B. What impact would the following have on your overall happiness?

	Great Impact	Some Impact	Little Impact	No Impact
More opportunities to socialize	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Better health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Financial stability	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Opportunities to make a difference	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Opportunities to learn new things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Support for me as a caregiver	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Better access to services and supports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

C. Is there a person or people in your life:

- | | | |
|---|---|--|
| To give a helping hand with things like meals or chores | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |
| To listen when you need to talk | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |
| To be loving and supportive | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |
| To relax or go out and have fun with | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |
| To provide advice or connect you with the right information | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |

D. How **concerned** are you about the following aspects of aging?

	Not Concerned	Somewhat Concerned	Concerned	Very Concerned
Health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Finances	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Loneliness/isolation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Death of loved ones	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Loss of mobility/freedom	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Inability to make own life decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Appropriate housing options	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E. In the space below, please describe what **concerns you most** about your future.

F. In the space below, please describe what you **look forward to most** in the future.

The following information allows us to better understand and compare your answers to others.

A. Please indicate your age.

- ₁ 55 to 59 ₃ 65 to 69 ₅ 75 to 79 ₇ 85+
₂ 60 to 64 ₄ 70 to 74 ₆ 80 to 84

B. What is your gender? ₁ Male ₂ Female

C. What is your current marital status?

- ₁ Married ₃ Common Law ₅ Never Married
₂ Widowed ₄ Divorced/Separated

D. Where do you live in Strathcona County?

- ₁ Sherwood Park ₃ Rural hamlet
₂ Rural residential acreage ₄ Farm/other rural residential

E. How long have you lived in your neighbourhood or community?

- ₁ Less than 1 year ₃ 5 to 10 years ₅ over 20 years
₂ 1 to 5 years ₄ 10 to 20 years

F. What is your highest level of education?

- ₁ Less than high school ₄ Some post secondary
₂ High school or equivalent ₅ Completed post secondary
₃ Apprenticeship or trade certificate ₆ Post Graduate or Doctorate

G. What is your total household income before taxes?

- ₁ <20,000 ₅ \$50,000-\$59,999 ₈ \$80,000-\$89,999
₂ \$20,000-\$29,999 ₆ \$60,000-\$69,999 ₉ \$90,000-\$99,999
₃ \$30,000-\$39,999 ₇ \$70,000-\$79,999 ₁₀ >\$100,000
₄ \$40,000-\$49,999

H. Please provide your postal code.

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Thank you for your input in the Strathcona County Seniors and Adult 55+ questionnaire.

Please use the reverse page to provide any additional feedback you feel would be helpful.

Additional Comments

Are you interested in giving more input?

Please provide the following information **only** if you would like to be involved in a **round table discussion** in late September, 2008. This will be a half-day session to explore seniors' issues in greater detail.

All survey responses will be recorded separately and remain confidential.

Name: _____
Telephone: _____ Email: _____
Address: _____

Providing personal information is voluntary but all information provided will be protected according to the Freedom of Information and Protection of Privacy Act (FOIP). If you have provided any personal information, it will be retained for one year and it will only be used to invite you to participate in future discussion groups. If you have any question about the collection and use of the information, please contact the Coordinator of Community and Social Development, at 780-464-4044.