

Lifelong Elizabeth Survey

You are invited to participate in a survey that is being conducted by Jewish Family Service of Central New Jersey (JFSCNJ), on behalf of the Lifelong Elizabeth project. The purpose of this research is to determine the needs and perception of older adults in Elizabeth.

This survey is anonymous. Anonymous means that JFSCNJ will record no information about you that could identify you. There will be no linkage between your identity and your responses. Only JFSCNJ personnel and technical advisors from Rutgers, the State University will be allowed to see the data. If a report of this data is published, only group results will be stated. All study data will be kept for three years.

The survey should take approximately 10 minutes to complete. JFSCNJ estimates that over 200 people will participate in the survey.

There are no foreseeable risks to participation. In addition, you may receive no direct benefit from taking part in this study. Participation is voluntary. You may choose not to participate, and you may stop answering questions at any time without any penalty to you. In addition, you may choose not to answer any questions with which you are not comfortable.

If you have any questions about the study or study procedures, you may contact:

Jill Dispenza, Program Manager
908-666-7033 or 908-352-8375
jdispenza@jfscentralnj.org

If you have any questions about your rights as a research subject, please contact an IRB Administrator at the Rutgers University, Arts and Sciences IRB:

Institutional Review Board, Rutgers University, the State University of New Jersey
Liberty Plaza / Suite 3200
335 George Street, 3rd Floor
New Brunswick, NJ 08901
Phone: 732-235-9806 Email: humansubjects@orsp.rutgers.edu

If you are 18 years of age or older, understand the statements above, and will consent to participate in the study, check "I Agree."

If not, please check "I Do Not Agree" button and discontinue the survey.

- I Agree.
- I Do Not Agree.

YOUR NEIGHBORHOOD

1. Where do you live in Elizabeth?

- Elizabethport
- Midtown
- Elmora
- Elmora Hills
- Bayway
- Frog Hollow
- Keighry Head
- North Elizabeth
- Peterstown
- New Point Road
- Westminster

2. How would you rate your neighborhood as a place for people to live as they age?

- Excellent
- Very Good
- Good
- Fair
- Poor

3. How long have you lived in your neighborhood?

- Less than 5 years
- 5-15 years
- 16-25 years
- More than 25 years

4. How important is it to you to remain in your neighborhood as you age?

- Very Important
- Somewhat Important
- Not Very Important
- Not At All Important

HOUSING

5. In what type of housing do you live?

- Single family home
- Town home or duplex
- Apartment
- Room
- Other, please specify _____

6. To remain in your home as you age, do you feel you will need to make the following types of modifications?:

	Yes	No	Not Sure
Easier access in your home such as ramp, chairlift, elevator or wider doors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathroom modifications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Put a bedroom, bathroom or kitchen on first floor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Installing a medical emergency response system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. If you were to need these services, do you feel Elizabeth has?:

	Yes	No	Not Sure
Home repair contractors and services that are trustworthy, reliable and affordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seasonal services such as lawn work or snow removal at reasonable rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable housing options for aging adults with various incomes and needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Do you have any other comments or concerns about housing in Elizabeth related to the needs of older adults?

OUTDOOR SPACES AND BUILDINGS

9. Does your neighborhood have?:

	Yes	No	Not Sure
Well maintained and safe parks within walking distance of your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public parks with enough benches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sidewalks in good condition, free from obstruction, that are wheelchair accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well maintained public buildings and facilities which are accessible to people of different physical abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. How far are you willing to walk from your home to a park or other destination?

- About a block
- 2-3 blocks
- 5-10 minute walk
- 10-20 minute walk
- More than a 20 minute walk

11. How concerned are you about your personal safety related to crime in your neighborhood?

- Very concerned
- Somewhat concerned
- Not very concerned
- Not at all concerned

TRANSPORTATION AND STREETS

12. How often do you do the following to get around for things like shopping, visiting the doctor, running errands, etc.?

	Often	Sometimes	Rarely	Never
Drive yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have others drive you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ride a bicycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a taxi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use senior transportation service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Does your neighborhood have the following?

	Yes	No	Not Sure
Accessible and convenient public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe (from crime) public transportation stops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special transportation services for the seniors and the disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well-lit, safe streets and intersections for all users	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enforced speed limits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easy to read traffic and directional signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessible parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HEALTH AND WELLNESS

14. In general, when compared to most people your age, how would you rate your health?

- Excellent
- Very Good
- Good
- Fair
- Poor

15. How often do you engage in some form of physical exercise?

- Almost every day
- A few times a week, but not every day
- About once a week
- A few times a month
- About once a month
- About once every few months
- Almost never

16. How important do you think it is to have the following in or near your neighborhood?

	Very Important	Somewhat Important	Not Very Important	Not At All Important
Health and wellness programs and classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitness activities geared to older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A grocery store with a variety of healthy food options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conveniently located health and social services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home care services including health, personal care and housekeeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A variety of healthcare professionals including specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care professionals who speak different languages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable, convenient transportation to health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SOCIAL PARTICIPATION, INCLUSION AND EDUCATION OPPORTUNITIES

17. About how frequently do you interact with your friends, family or neighbors in your community? (By phone, in person, e-mail or social media):

- More than once a day
- About once a day
- A few times a week
- Once a week
- A few times a month
- Once a month
- A few times per year

18. How important do you think it is to have the following in Elizabeth?:

	Very Important	Somewhat Important	Not Very Important	Not At All Important
Continuing Education or Self-Improvement Classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities that offer senior discounts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural activities geared towards diverse populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities geared towards older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities involving young AND older people together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accurate and timely information about activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social clubs such as books, gardening, cooking, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. How important is the LOCATION and CONVENIENCE of activities and classes?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Interested at all
I would only join activities or take classes that are offered in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would only join activities or take classes that are offered within Elizabeth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If transportation is provided, I would take more classes or join more activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Do you currently or have you recently volunteered in your community?

- Yes
- No

21. If you have not volunteered, are you interested in participating in volunteer activities in your community?

- Definitely yes
- Maybe yes
- Probably not
- Definitely not

EMPLOYMENT

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

- Full time
- Part Time
- Unemployed, looking for work
- Retired
- Not in labor force for other reasons

COMMUNITY INFORMATION

**23. How do you get information about activities and services in Elizabeth?
(Check all that apply)**

- Word of Mouth
- Local community/senior center
- Government
- Newspaper/Radio/TV
- Internet
- Other, please specify _____

ABOUT YOU

24. Are you male or female?

- Male
- Female

25. What is your age?

- 50-54
- 55-59
- 60-64
- 65-69
- 70-74
- 75-79
- 80+

**26. Besides yourself, do you have anyone else living in your household?
(Check all that apply)**

- Spouse/Partner
- Adult relative or friend
- Child/Children under 18
- Child/Children over 18

27. Do you have any kind of health care coverage, including employer-provided health insurance, private health insurance, or government plans such as Medicare or Medicaid?

- Yes
- No

28. Does any disability, handicap or chronic disease prevent you from participating in activities?

- Yes
- No

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

- Yes
- No

30. If you are Hispanic or Latino, please indicate the language you usually speak at home.

- Spanish only
- Spanish most of the time
- Spanish and English equally
- English most of the time
- English only
- Other _____

31. What is your race and/or ethnicity? (Check all that apply)

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

THANK YOU VERY MUCH!