



**A4. What language(s) do you prefer to use to communicate?****(CHECK ALL THAT APPLY)**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> English    | <input type="checkbox"/> Russian                |
| <input type="checkbox"/> Korean     | <input type="checkbox"/> Spanish                |
| <input type="checkbox"/> Mandarin   | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Cantonese  | <input type="checkbox"/> Thai                   |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other (specify):       |
| <input type="checkbox"/> Farsi      | _____   |

**A5. What is your marital status?**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Married/Living with Partner | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Widowed                     | <input type="checkbox"/> Single    |
| <input type="checkbox"/> Divorced                    |                                    |

**A6. What is your highest level of education that you have completed?**

- |   |  |
|---|--|
| <input type="checkbox"/> Never Attended School        | <input type="checkbox"/> Some College    |
| <input type="checkbox"/> Did not finish High School   | <input type="checkbox"/> College Degree  |
| <input type="checkbox"/> Completed High School or GED | <input type="checkbox"/> Graduate Degree |

**A7. In what country did you complete your highest level of school?**

- |                             |  |
|-----------------------------|--|
| <input type="checkbox"/> US | <input type="checkbox"/> Outside of the US |
|-----------------------------|--|

CMTY:

ID:

## ENVIRONMENT

*We want to understand your feelings on the environment around you – both in and outside your home.*

**B1. How easy is it for you to control lights in your home?**

	Somewhat	Somewhat	
Very Easy	Easy	Difficult	Very Difficult
( )	( )	( )	( )

**B2. How easy is it for you to get around your home safely and comfortably?**

	Somewhat	Somewhat	
Very Easy	Easy	Difficult	Very Difficult
( )	( )	( )	( )

**B3. Are you concerned about falling?**

( ) Yes                      ( ) No                      ( ) Not sure

**B4. How easy is it for you to get to places out of walking distance?**

	Somewhat	Somewhat	
Very Easy	Easy	Difficult	Very Difficult
( )	( )	( )	( )

**B5. Do you feel safe and secure in your home?**

( ) Yes                      ( ) No                      ( ) Not sure



**C4. How often do you feel you lack companionship?**

Never                      Hardly Ever                      Some of the Time                      Often  
( )                                      ( )                                      ( )                                      ( )

**C5. How often do you feel left out?**

Never                      Hardly Ever                      Some of the Time                      Often  
( )                                      ( )                                      ( )                                      ( )

**C6. How often do you feel isolated from others?**

Never                      Hardly Ever                      Some of the Time                      Often  
( )                                      ( )                                      ( )                                      ( )

**C7. Do you have access to all of the doctors and health services that you currently need?**

( ) Yes                      ( ) No                      ( ) Not sure

**C8. Do you have enough information about your health to help you take care of yourself?**

( ) Yes                      ( ) No                      ( ) Not sure

**FAMILY: Considering the people to whom you are related by birth, marriage, or adoption...****C9. How many relatives do you see or hear from at least once a month?**

( ) None                      ( ) 1                      ( ) 2                      ( ) 3 or 4                      ( ) 5 to 8                      ( ) 9 or more

**C10. How many relatives do you feel at ease with that you can talk about private matters?**

( ) None                      ( ) 1                      ( ) 2                      ( ) 3 or 4                      ( ) 5 to 8                      ( ) 9 or more

**C11. How many relatives do you feel close to such that you could call on them for help?**

None       1       2       3 or 4       5 to 8       9 or more

**FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood and community...**

**C12. How many of your friends do you see or hear from at least once a month?**

None       1       2       3 or 4       5 to 8       9 or more

**C13. How many friends do you feel at ease with that you can talk about private matters?**

None       1       2       3 or 4       5 to 8       9 or more

**C14. How many friends do you feel close to such that you could call on them for help?**

None       1       2       3 or 4       5 to 8       9 or more

**The following question refers to how often you have felt or experienced certain things in the last two weeks:**

**C15. How often do you have negative feelings such as blue mood, despair, anxiety, depression?**

Never                  Seldom                  Quite often                  Very often                  Always

CMTY:

ID:

## TECHNOLOGY AND INTERNET

*We want to understand what types of technology you're comfortable and familiar with, and any interest in trying new technologies.*

<b>D1. What electronic devices do you have?</b>	<b>D2. How frequently do you use each device?</b>			
<input type="checkbox"/> Laptop	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Desktop computer	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Tablet/iPad	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Smartphone (iPhone or Android)	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Amazon Alexa or Google Home	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Television	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Other: _____ —	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day

**D3. Do you have an email account?**

Yes                       No                       Not sure

**D4. Do you pay for home internet services? (This does not include your phone plan.)**

Yes                       No                       Not sure

**D5. I feel comfortable using technology and devices (internet, computer, laptop, tablet, or smartphone).**

Strongly Agree	Somewhat Agree	Not Sure	Somewhat Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D6. I can look up the information I need on the internet.**

Strongly Agree	Somewhat Agree	Not Sure	Somewhat Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D7. I believe technology (electronic devices or the internet) helps me to live well and independently.**

Strongly Agree	Somewhat Agree	Not Sure	Somewhat Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**D8. I currently use the following technology to stay connected to my friends and family:**

**(CHECK ALL THAT APPLY)**

- Text Messaging
- Email
- Video Calls
- Phone Calls (Voice Only)
- Other: \_\_\_\_\_

**D9. I currently use electronic devices or the internet for entertainment.**

Strongly Agree	Somewhat Agree	Not Sure	Somewhat Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D10. I currently use electronic devices or the internet to keep me healthy and active.**

Strongly Agree	Somewhat Agree	Not Sure	Somewhat Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D11. I currently use the following technology to stay connected to my doctor**

Phone	Desktop Computer/Laptop	Tablet/iPad	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**END OF SURVEY**

**Thank you for completing this survey! Please return this form to [STAFF] by [DATE] to receive a [REWARD/INCENTIVE].**

**As a reminder, if you need clarification on any of these questions, please talk to [STAFF] when returning your survey.**

CMTY:	ID:
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**FOR STAFF ONLY:**

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**Did resident receive assistance in filling out survey?**

**Yes            No**

**All questions complete?**

**Including free entry boxes, if resident selected "Other" at A3, A4, C3, D1, D2.**

**Yes            No**