

18. Have you found Middlesex County facilities accessible? Yes No I've never been
19. Have you ever obtained services directly through the Middlesex Office of Aging and Disabled Services?
 Yes No Don't remember

– Transportation Needs

(Only respond section if you have difficulty getting public transportation)

20. What are the main issues? (Check the top two)

- Have to rely on others Can't afford Not accessible due to my disability
 Don't know how to use it Not available Does not go to the places I need to go
 Other

– Housing Information

21. Do you currently Own Rent without subsidy Live in subsidized housing
 Live free of charge with family/friends No stable home

22. In what type of housing do you currently live? (Check one)

- Private home/apartment Group Home Shelter Boarding Home
 Assisted Living Senior Housing Nursing Home Other

23. Does your current housing meet your needs? (Check all that apply)

- Yes No, I can't afford rent/mortgage No, need home modifications
 No, I don't feel safe in my home/neighborhood Other

24. Including yourself, how many people live in your household?

– General Well-Being

25. Please indicate if you have had a problem with any of the following in the past 12 months.

- | | | | |
|-----------------------------------|------------|---------------|---------------|
| | No Problem | Minor Problem | Major Problem |
| Physical health | | | |
| Feeling lonely, sad, isolated | | | |
| Affording medication | | | |
| Performing everyday activities | | | |
| Have few activities/feeling bored | | | |
| Injuries due to falls | | | |

– Food Security

26. In the last 12 months, did you eat less than you felt you should because there wasn't enough money for food? (Check only one) Yes No Don't remember

27. In situations when you are unable to shop, cook, and/or feed yourself, do you have someone who can help you? (Check only one) Always Sometimes Never Not Sure

28. I keep emergency food supplies on hand: Yes No Not Sure

– Safety *(Only respond this section if you have been a victim of a crime in the past 12 months)*

29. If yes, What type of crime? (Check all that apply)

- Financial exploitation* Physical abuse* Emotional/psychological* Sexual abuse*
 Identity theft Theft/Burglary Other

*If this has or is happening, please call Adult Protective Services at 732-745-3635

30. If yes, Who did you notify? (Check all that apply)

- I did not report it Police Adult Protective Services Other

– Caregiver information *(Only respond section if you are a caregiver of a person 60+/disability)*

31. On a scale of 1 to 10, with 1 being "not stressful" to 10 being "extremely stressful," please rate your current level of stress:

32. Is there specific information or services that you think could help you? (Check all that apply)

- Financial Support Having someone to talk to Connecting with agencies to get services
 Taking a break for myself Other

Thank you, we sincerely appreciate the time you have taken to complete this survey.