DESCRIPTION

Please be assured that your responses will remain confidential and be treated in accordance with data protection laws. All analyses will be conducted anonymously on an aggregated level. Your responses will never be associated with any personally identifiable information, nor will they ever be used for sales purposes or sold to a third-party firm. If you would like to learn more about the Area Agencies on Aging please visit your region’s Agency: Senior Resources, North-Central, South-Central, Southwestern, or Western.

As you begin, if you need to move backward in the survey, please be sure to use the survey buttons at the bottom instead of the back button on your browser.

QA

Do you reside in or have concerns about an older adult in Connecticut?

- Yes
- No

QB

Are you an older adult residing in CT?

- Yes
- No

QC

How would you define your current relationship with the care system of Connecticut?

- Older adult (60+ citizen)
- Caregiver (looking or provides support/care for an older adult)

Q1

Please indicate your level of agreement with the following statement: “I know where to go for all my caregiving needs.”

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

Q2

Do you believe providing/receiving care for yourself or a loved one will get easier or more difficult in the next 3 years?

- Become easier
- Remain easy
- Remain difficult
- Become more difficult
- Don't know / Unsure
Q3

Do you currently utilize services for yourself or your loved ones?

- Yes
- No

Q4

How do you meet the care needs of yourself or your loved ones?

- Self-service/care (take care of yourself; mostly independent)
- Hybrid (some services utilized; maintain some independence)
- Full-Support Care (medical services, home cleaning, cooking, etc.)
- Other (please specify):
  
- Don't know / Unsure

Q5

Does your current care arrangement/level meet the needs for you and/or your loved ones?

- Yes
- No

Q6

Why or why not?

- N/A
- Refusal
- Do not know
Q7

On a scale of one (1) to ten (10), where one (1) means “no cost to you” and ten (10) means “very expensive,” how would you rate the cost for the level of care you/the person you care for receives?

- 1 – No cost
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 – Very expensive

Q8

Currently, who pays/who do you think would pay for these services?

- Self
- Medicare
- State insurance
- Self & Medicare
- Medicare & state
- Self & state
- Other (please specify):

- Don’t know / Unsure

Q9

Do you anticipate needing additional services?

- Yes
- No
- Don’t know / Unsure
Q10

Have you sought care information or services for yourself or an older adult in your life?

- Yes
- No
- Don't know / Unsure

Q11

How satisfied were you with the information/services you found regarding older adult care?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Don't know / Unsure

Q12

Where would/did you go to look for care information and services?

- Internet/Google
- 211
- Friends/family/co-workers
- Agency on Aging
- Senior Center
- AARP
- MyPlace CT
- Church/Place of Worship
- Other (please specify):
- Don't know / Unsure

Q13

How interested would you be in having a resource who can assist with these services, such as Area Agencies on Aging?

- Very interested
- Somewhat interested
- Somewhat uninterested
- Not at all interested
- Don't know / Unsure
Q14

**How interested would you be in a website and/or mobile app where these services would be compiled for convenience?**

- Very interested
- Somewhat interested
- Somewhat uninterested
- Not at all interested
- Don't know / Unsure

Q15

**Overall, how aware are you of the Area Agencies on Aging and what they offer? Would you say you are...**

- Very aware
- Somewhat aware
- Somewhat unaware
- Very unaware
- Don't know / Unsure
Below is a list of products and services that are available for you/your loved ones as you/they age. On a scale of one (1) to ten (10) please indicate how aware you are that these products and services exist. For each of the services listed below, we have provided an overall name and then defined it, to ensure understanding of what the service entails.

<table>
<thead>
<tr>
<th>Service</th>
<th>1 - Not aware at all</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10 - Very aware</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance with Insurance (Medicare, Medicare advantage, prescription drug coverage, private coverage or Medicaid)</td>
<td>○</td>
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<tr>
<td>Assistance with State or Federal Benefits (Social Security, food stamps, Medicare Savings Program, CT Home Care Program, energy assistance, etc.)</td>
<td>○</td>
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<tr>
<td>Assistance with Financial &amp; Income Support Programs (Social Security, SSI, security deposits, local support programs)</td>
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<tr>
<td>Planning &amp; Referral (Asset protection, advanced directives, Power of Attorney for healthcare and finance, revocable trusts, wills)</td>
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<tr>
<td>Legal (referrals to Elder Law attorneys)</td>
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<tr>
<td>Personal Care (Assistance with dressing, eating, ambulating, toileting and/or bathing)</td>
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<tr>
<td>In-home Supports (housekeeping, companionship, yard work)</td>
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<tr>
<td>Electronic Systems (Emergency Response System, electronic medication reminders, fall response systems)</td>
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<td>Home modifications (changes to your home that allow for greater access and ease-widening doorways, installing a ramp, etc.)</td>
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<td>Food Security (Meals on Wheels, free lunch programs, food pantries, shopping services)</td>
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<tr>
<td>Transportation (transportation for doctor's appointment, leisure and shopping)</td>
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<tr>
<td>Reporting elder abuse, neglect and fraud</td>
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<tr>
<td>Local Services (town/city supports for older adults, reducing property tax, volunteer services, etc.)</td>
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<tr>
<td>Housing Information (different types of options, wait lists, costs, services available)</td>
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Q30_Q43

Below is the same list of products and services. This time, on a scale of one (1) to ten (10), please indicate how important you believe it will be for you to learn about these products and services for yourself or the loved one you care for.

<table>
<thead>
<tr>
<th>Service</th>
<th>1 - Not at all important</th>
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Q44

Which of the following categories best describes your age?

- [ ] 18 to 24
- [ ] 25 to 34
- [ ] 35 to 44
- [ ] 45 to 54
- [ ] 55 to 64
- [ ] 65 to 74
- [ ] 75 to 84
- [ ] 85 or older
- [ ] Prefer not to say
Q45

Which of the following categories best describes the age of the older adult you care for?

- 60 to 64
- 65 to 74
- 75 to 84
- 85 or older
- I am an older adult caring/planning for myself
- Prefer not to say

Q46

Which of the following categories best describes your total family income before taxes?

- Less than $25,000
- $25,000 to less than $40,000
- $40,000 to less than $50,000
- $50,000 to less than $60,000
- $60,000 to less than $75,000
- $75,000 to less than $100,000
- $100,000 or more
- Prefer not to say

Q47

Are you of Hispanic/ Latino heritage?

- Yes
- No
- Don't know / Unsure
Q48

Do you identify as:

- Black
- Asian
- White
- Indigenous American
- LatinX or Hispanic
- Biracial or Multiracial
- Pacific Islander
- Middle Eastern or North African
- Prefer to not self-disclose
- Prefer to self-describe

Q49

What is the highest grade of school you have completed?

- Some high school
- Graduated high school
- Some college
- Graduated college
- Post-graduate work
- Don't know / Unsure
- Prefer not to say

Q50

Which of the categories below best describes your/your senior's living situation?

- Living alone
- Living with a spouse
- Living with adult children / other family member
- Paid caregiver
- Living with a non-family member
- Prefer not to say / Don't know
Q51

What county do you currently live in?

- Fairfield
- Hartford
- Litchfield
- Middlesex
- New Haven
- New London
- Tolland
- Windham
- Prefer not to say

Q52

Would you be interested in being part of a focus group that discusses the topics of this survey?

- Yes
- No