



Lane Council of Governments (LCOG) Senior & Disability Services would appreciate your assistance to better understand what services are needed to ensure that those facing aging or disability issues – or those who are caring for someone facing these issues – are able to live where they want as independently as possible. The survey should only take about 10 minutes of your time to complete.

DISCLOSURE: We will be asking about your race, ethnicity, abilities, and other characteristics to make sure everyone receives the highest quality of services. You can answer these questions any way you want. You can always choose not to answer a question. No identifying information is being collected and your responses are confidential.

If you have any questions regarding the survey, please contact Marisa Andrews at 541-682-4512 or email [mandrews@lcog.org](mailto:mandrews@lcog.org).

Thank you for your help so we can better serve you and our community.

**Demographics**

City in which you live \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Do you live with a disability?  Yes  No

Which of the following best describes your racial or ethnic identity? (check all that apply)

- Hispanic or Latino/a/x
- American Indian/Alaskan Native
- White
- Native Hawaiian/Pacific Islander
- Black/African American
- Other
- Middle Eastern/North African
- Prefer not to answer

What gender do you identify?

- Man
- Transgender
- Questioning
- Prefer not to answer
- Woman
- Non-binary
- Other

Do you identify as LGBTQ+?  Yes  No

Are you a Veteran?  Yes  No

**Services**

Have you heard of Senior & Disability Services?  Yes  No

Have you used services through Senior & Disability Services?  Yes  No

Did you have difficulty accessing services through Senior & Disability Services?  Yes  No

Were you satisfied with the services you received?  Yes  No

Have you heard of the ADRC (Aging & Disability Resource Connection)?  Yes  No

Have you used or called the ADRC?  Yes  No

Have you heard of Adult Protective Services (APS) available through Senior & Disability Services?  Yes  No

Do you have access to a computer or smart phone?  Yes  No

Do you have reliable access to the internet?  Yes  No

## **Household/Living Arrangements**

**Where do you currently live? (please select one)**

- |   |   |
|---|---|
| <input type="checkbox"/> My own house or apartment        | <input type="checkbox"/> An assisted living facility              |
| <input type="checkbox"/> A house or apartment that I rent | <input type="checkbox"/> A residential care facility              |
| <input type="checkbox"/> A family member or friend's home | <input type="checkbox"/> A skilled nursing facility               |
| <input type="checkbox"/> An adult foster home facility    | <input type="checkbox"/> I am currently experiencing homelessness |

**If you are living in a home with someone, what is their relationship to you?**

- Children or Grandchildren     Spouse/Significant Other     Friend     Other

**If you live with others, what are your reason(s)? (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Your financial needs         | <input type="checkbox"/> Their financial needs |
| <input type="checkbox"/> Your health needs            | <input type="checkbox"/> Their health needs    |
| <input type="checkbox"/> I prefer to live with others |  |

**Are you currently raising a relative under the age of 18 in your home?**  Yes  No

**Do you have someone you can call in an emergency?**  Yes  No

**In case of an emergency, do you use life sustaining medical equipment that needs to be charged/plugged in?**  Yes  No

**In case of an emergency, such as power outage or evacuation, do you have a plan and supplies?**  Yes  No

## **Transportation**

**Do you currently drive?**  Yes  No

**If no, do you receive assistance with transportation?**  Yes  No

**If you receive assistance with transportation, who currently assists you? (check all that apply)**  Family     Friend(s)     Public Transportation (bus)     Taxi     Volunteer(s)

**To what kinds of activities do you travel? (check all that apply)**

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Banking   | <input type="checkbox"/> Church            | <input type="checkbox"/> Medical/Dental/Vision/Hearing |
| <input type="checkbox"/> Pay Bills | <input type="checkbox"/> Recreation/Social | <input type="checkbox"/> Shopping                      |

**Do you miss activities because of transportation issues?**  Frequently  Sometimes  Never

## **Health/Nutrition**

**How would you rate your physical health?**  Excellent  Good  Fair  Poor

**How would you rate your satisfaction with your life?**  Excellent  Good  Fair  Poor

**Are you lonely?**  Yes  No  Sometimes

**Health/Nutrition continued**

**Have you had difficulty finding (select all that apply)**

- Primary Health Care Provider       Specialist       Mental Health Provider

**Have you had trouble going to the doctor/dentist due to lack of places accepting Medicaid/Oregon Health Plan?**  Yes  No

**Have you had trouble going to the doctor/dentist due to lack of places accepting Medicare?**  
 Yes  No

**What health services are you NOT accessing that you need? (select all that apply)**

- Alternative Health       Doctor       Mental Health  
 Dentist       Eye Care       Physical/Occupational Therapy

**Are you able to afford all of your prescriptions?**  Yes  No

**Do you have enough money to buy the food that you need?**  Yes  No

**Are you able to prepare meals yourself?**  Yes  No

**Do you need help managing a chronic condition (such as diabetes, heart disease, arthritis)?**  
 Yes  No

**Are you interested in taking group health improvement classes?**  Yes  No

**Care**

**Does a relative, friend or family member currently help you with tasks?**  Yes  No

**Do you have enough help with tasks?**  Yes  No

**If no, which tasks do you need help with? (check all that apply)**

- Bathing       Eating       Personal hygiene/grooming  
 Dressing       Housekeeping       Medication management  
 Eating       Shopping       Administering medication

**Financial**

***In the last 90 days:***

**Have you needed help dealing with legal issues?**  Yes  No

**Have you had or do you expect to have difficulty paying for housing?**  Yes  No

**Have you had or do you expect to have difficulty paying for in-home care?**  Yes  No

**Have you had difficulty keeping track of bills and paying them on time?**  Yes  No

**If yes, do you have someone you trust to help you manage your finances?**  Yes  No

**Have you had or do you expect to have enough to cover your next month of bills if income suddenly stopped?**  Yes  No

**Fill out this section ONLY if you provide care for someone over the age of 60.**

**Do you currently provide care for an aging loved one or an adult with a disability?**

Yes  No

**If yes, whom do you assist?**

Parent  Neighbor  Child

Spouse/Significant Other  Friend  Other

**Do you work fewer hours in paid employment due to your caregiving responsibilities?**

Yes  No

**Do you need caregiver education or training?**  Yes  No

**Would you like to attend a caregiver support group?**  Yes  No

**Do you need respite care to provide periodic relief from caregiving duties?**  Yes  No

**For information on services and community resources call our Aging and Disability Resource Connection (ADRC) at 541-682-3353 or visit [www.adrcforegon.org](http://www.adrcforegon.org).**

**If you or someone you know may be a victim of abuse within Lane County, call Adult Protective Services at 541-682-4140, email [abusereporting@lcog.org](mailto:abusereporting@lcog.org) or visit our office at 1015 Willamette Street, Eugene OR 97401.**

**If it is an emergency please dial 9-1-1. To report abuse in other Oregon Counties, call Oregon's Abuse Reporting Hotline at 1-855-503-SAFE (7233).**

***Please return this survey by June 12, 2024.***

***You may return this form to any Senior & Disability Services staff member, or if you prefer, mail to Senior & Disability Services, 1015 Willamette Street, Eugene OR 97401***