



Mercer County Office on Aging Needs Assessment Survey

Please complete the survey below. This information will allow us to better serve you. *If you wish to complete this electronically, go to www.mercercounty.org/OOAsurvey.*

1. How difficult is it for you—or the person/people to whom you provide care—to do the following:

	No help needed	Getting all the help needed	Getting some of the help needed	Not getting any of the help needed	Don't know if help is needed
Find information on available services					
Purchase enough food to eat					
Shop for groceries or other needed items					
Find transportation when needed					
Care for personal needs - bathing, dressing, using the toilet, etc.					
Clean your home, prepare meals, and do laundry					
Take care of simple tasks like changing lightbulbs or batteries, small repairs					
Spend time with family and friends in person					
Stay connected with people by phone, video, or through the internet					
Help with lawn care					
Obtain medical care					
Obtain legal advice or assistance					

The Mercer County Office on Aging welcomes your concerns and questions. Please call 609-989-6661 to speak with a member of our staff.

2. If you are **NOT** able to get the help that you or a loved one needs, why is that? (Check all that apply.)

- Services are too expensive.
- The amount of care I already receive is not enough.
- The needs are not covered by insurance or the provider.
- There is a waiting list for the help needed.
- I don't know where to find the help needed.
- Other: _____

3. Are you providing care for a family member, friend, or neighbor?

- Yes
- No (If you answered "No," please skip to #7.)

4. If you are a family caregiver, would you like additional help getting in-home care to meet the needs of your loved one(s)?

- Yes
- No

5. Are you participating in any caregiver support groups?

- Yes
- No

If you answered "Yes" to the above question, please indicate which one(s). If you answered "No," please tell us why you are not participating in any caregiver support groups.

6. What types of other services would help you care for others or take care of your needs better?

7. Have you tried to find professional help when feelings of loneliness, grief, isolation, or hopelessness make it too hard for you to take care of yourself or others?

- Yes, and it helped.
- Yes, but I still need help.
- Yes, but it is too expensive.
- Yes, but I couldn't get there.
- No, I haven't needed to.
- No, I don't know where to look.

8. Do you feel you or a loved one might have been physically, emotionally, financially, or sexually mistreated?

- Yes
- No

If you answered "Yes" to the above question, would you like to be contacted to find help? (Please provide your name and phone number.)

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9. What services do you think should be provided or funded by the Mercer County Office on Aging for people over age 60, younger adults with disabilities, and their caregivers?

- | | | |
|--|---|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Screening for in-home services | <input type="checkbox"/> Adult day healthcare programs |
| <input type="checkbox"/> Outdoor chore services | <input type="checkbox"/> Home-delivered meals | <input type="checkbox"/> Meals at sites such as senior centers |
| <input type="checkbox"/> Legal help | <input type="checkbox"/> Adult protective services | <input type="checkbox"/> Indoor chore services |
| <input type="checkbox"/> Health screenings | <input type="checkbox"/> Nutrition screening and help | <input type="checkbox"/> Respite for family caregivers |
| <input type="checkbox"/> Home health aide services | <input type="checkbox"/> Individual advocacy help | <input type="checkbox"/> Socialization/recreational programs |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Low-income housing assistance | <input type="checkbox"/> Emergency financial assistance |
| <input type="checkbox"/> Help getting home repairs | | |

10. What are your three top concerns as you age or as your loved one ages?

If you are assisting someone to complete this survey, please answer the following for them:

I am a (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Senior (age 60 or older) | <input type="checkbox"/> Family member |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Professional/senior service provider |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Member of the LGBTQ+ community |

I am caring for (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> A spouse | <input type="checkbox"/> A grandchild |
| <input type="checkbox"/> A partner or significant other | <input type="checkbox"/> An adult child with a disability |
| <input type="checkbox"/> A friend or neighbor | <input type="checkbox"/> Another family member |

I identify as:

Gender

- Female
 Male
 Other

Race

- | | |
|---|--|
| <input type="checkbox"/> White/Non-Hispanic | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> White Hispanic | <input type="checkbox"/> American Indian/Native American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Two or more races | <input type="checkbox"/> Other |

Ethnicity

- Hispanic or Latino
 Not Hispanic or Latino

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My age is:

- Under 60 60-64 65-74 75-84
 85-94 95+

Please provide any additional comments, suggestions, or ideas for the Mercer County Office on Aging.

Where do you look for information about services and programs for adults over age 60?

(Please select as many as apply.)

- Word of mouth/friends/family Newspaper
 Senior center Office on Aging
 Television Radio
 Websites Facebook, Instagram, Twitter, or other social media sources
 211 Doctor or another medical provider
 Other (please specify):



Please return your response to
Mercer County Office on Aging/ADRC
640 S. Broad St.
P.O. Box 8068
Trenton, N.J. 08650-0068
Or fax your response to
609-588-0005

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