

# Aging in Davie County

Dear Davie County Resident,

Thank you for taking the time to complete this survey. Your input, combined with the responses from other Davie County residents will guide the development of our 2024 -2029 Master Aging Plan. We want to learn about what it takes to age well in Davie County. We are asking two main questions: 1) What concerns you most about aging? and 2) How well is Davie County doing now to address important issues regarding aging?

**How often do you worry about the following life situations for either yourself or a loved one?**

	<b>Never/ Rarely</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily</b>	<b>I worry for myself</b>	<b>I worry for a loved one</b>
<b>Transportation:</b>						
Losing my ability to drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to get transportation to appointments/grocery store/social events, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you worry about transportation issues more than, less than, or the same as 5 years ago?	Worry more <input type="checkbox"/>		Worry less <input type="checkbox"/>		Worry the same <input type="checkbox"/>	
<b>Nutrition:</b>						
Not being able to prepare my own meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having access to healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you worry about nutrition issues more than, less than, or the same as 5 years ago?	Worry more <input type="checkbox"/>		Worry less <input type="checkbox"/>		Worry the same <input type="checkbox"/>	
<b>Income:</b>						
Running out of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to afford necessities- food/medicines/housing/health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you worry about income issues more than, less than, or the same as 5 years ago?	Worry more <input type="checkbox"/>		Worry less <input type="checkbox"/>		Worry the same <input type="checkbox"/>	
<b>Health:</b>						
Managing chronic illnesses (diabetes, high blood pressure, arthritis, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining preventative health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needing nursing home care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Declining health / major illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you worry about health issues more than, less than, or the same as 5 years ago?	Worry more <input type="checkbox"/>		Worry less <input type="checkbox"/>		Worry the same <input type="checkbox"/>	
<b>End of Life:</b>						
Not having my end of life choices honored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you worry about end of life issues more than, less than, or the same as 5 years ago?	Worry more <input type="checkbox"/>		Worry less <input type="checkbox"/>		Worry the same <input type="checkbox"/>	

**How often do you worry about the following life situations for either yourself or a loved one?**

	Never/ Rarely	Monthly	Weekly	Daily	I worry for myself	I worry for a loved one
<b>Independence:</b>						
Losing the ability to take care of my home and/or yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Losing mobility (ability to walk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Losing ability to feed/bathe/dress myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you worry about independence issues more than, less than, or the same as 5 years ago?	Worry more	<input type="checkbox"/>	Worry less	<input type="checkbox"/>	Worry the same	<input type="checkbox"/>
<b>Housing:</b>						
Living alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding appropriate housing to meet needs/income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stay in my home as I age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you worry about housing issues more than, less than, or the same as 5 years ago?	Worry more	<input type="checkbox"/>	Worry less	<input type="checkbox"/>	Worry the same	<input type="checkbox"/>
<b>Social:</b>						
Having enough social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not having friends/family nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Companionship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you worry about social issues more than, less than, or the same as 5 years ago?	Worry more	<input type="checkbox"/>	Worry less	<input type="checkbox"/>	Worry the same	<input type="checkbox"/>
<b>Mental Health</b>						
Being a burden to family and/or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not having meaningful work to do (paid and/or volunteer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not having passion/sense of purpose about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loneliness/Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you worry about psychological issues more than, less than, or the same as 5 years ago?	Worry more	<input type="checkbox"/>	Worry less	<input type="checkbox"/>	Worry the same	<input type="checkbox"/>
<b>Safety:</b>						
Being a victim of crime at home or in community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a victim of physical abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a victim of a scam or fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you worry about safety issues more than, less than, or the same as 5 years ago?	Worry more	<input type="checkbox"/>	Worry less	<input type="checkbox"/>	Worry the same	<input type="checkbox"/>
<b>Caregiving:</b>						
Having to care for parent or spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not having anyone to care for me if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of adult day care in our area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you worry about caregiving issues more than, less than, or the same as 5 years ago?	Worry more	<input type="checkbox"/>	Worry less	<input type="checkbox"/>	Worry the same	<input type="checkbox"/>



**Demographic Information**

**Age Group:**

- Under 18       60-64       85-89
- 18-34       65-69       90-94
- 35-44       70-74       95+
- 45-54       75-79
- 55-59       80-84

**Gender:**

- Male     Female

**Race:**

- Asian or Pacific Islander       Native American
- Black or African American       White or Caucasian
- Hispanic or Latino       Other

**What is your 5 digit Zip Code?** \_\_\_\_\_

**Living Situation:**

- Alone       With non-relatives
- With spouse       Assisted Living/Nursing Home/Group Home
- With other family member

**Is your yearly household income (before taxes)**

- Less than \$25,000       \$75,000-\$99,999
- \$25,000-\$49,999       \$100,000-\$149,999
- \$50,000-\$74,999       \$150,000+

**What is your employment status (check all that apply):**

- Part time       Not working
- Full time       Looking for work
- Retired       Volunteer

**Do you provide unpaid assistance for an older person who is having trouble taking care of themselves? Examples include helping with dressing, bathing, driving or managing money.**

- Yes     No

**Do you have reliable high speed internet service in your home?**

- Yes     No

**If no, why?**

- Not available where I live       Is not affordable for me       Does not interest me

**Please enter any comments you want to share about aging in Davie County.**

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**Please return completed survey no later than 10/31/23 to:  
Davie County Senior Services, 278 Meroney Street, Mocksville, NC 27028**