

University City Older Resident Survey

The purpose of this survey is to look at the needs of residents as they grow older. According to the AARP, most seniors wish to age-in-place, in their home and community. The City of University City seeks to create programs or connect residents with existing services that will allow our older residents to remain in their homes and part of the community for as long as possible.

Personal Information: (Optional – this information will not be shared).	
Name:	Age: □55-65 □65-75 □75-over
Address:	AGE
Phone Number: Would you like to be added to our senior services database?*	EMAIL
*This database is used to distribute helpful service inform	
Home/Neighborhood:	
1. How long have you lived in U City?yrs. In you	r current home?yrs.
2. Do you □OWN or □RENT your home? (check one)	
3. Do you wish to stay in your home for the foreseeable f	future?
4. Do you have difficulty completing the following home (Check any that apply):	e maintenance tasks on a regular basis?
Yard Work: □Trimming and Pruning Shrubs/Tree □General Clean-Up □Other	
Exterior Maintenance: □Painting □Cleaning Gutte □Minor Repairs to Exterior □Other	ers Walkway/Driveway Maintenance
Interior/Major Repairs: □Floors □Windows □Furn □Foundation □Roof Replacement	

5. What is the reason for your difficulty in these tasks? (Check any that apply)		
□Physical – cannot perform task □Financial – cannot afford to have work done □Other If other, explain: □		
6. Who do you contact for help with maintenance issues?		
□Self □ Family □Friend □Neighbor □Professional/Contractor □Other:		
7. Are there any additional safety features you would like for your home? (Check all that apply):		
□Grab Bars □Non-Slip Floors □Ramp/Wheel Chair Access □Other		
8. Are you aware of any services to assist with home maintenance projects? □YES □NO		
If YES, please list:		
9. What types of services would you like to see in terms of home maintenance/improvement?		
10. Do you feel safe in your neighborhood? □YES □SOMETIMES □NO		
Please Explain:		
11. Are you aware of a block captain/neighborhood leader who you can contact with issues? □YES □NO		
Transportation:		
12. How do you get around? This includes going to work, church, department stores, friends and family's house, social engagements, health care, etc? PLEASE CHECK ALL THAT APPLY		
□Drive Self □Family Member □Friend □Neighbor □Metrolink □Uber □Taxi □Other:		
13. What would you say is the biggest challenge for you in terms of getting around?		
□Cost of services □Lack of service options □Other:		
14. Are you aware of any transportation services for older adults in the area? □YES □NO		
If YES, what are they?		
15. Are there any additional transportation services for older adults you would like to see in University City? □YES □NO		

If YES, what are they?	
Social and Civic Engagement:	
16. Do you have friends/family/neighbors that you spend time with? \Box YES \Box NO	
17. Are there social things you would like to do with your time if you could? \Box YES \Box NO	
If YES, what are they?	
18. What are your main forms of social engagement? Do you go out? Shopping? Meet with groups? Church?	
19. Do you follow what is going on with the government of University City? \Box YES \Box NO	
20. Do you know how to contact your City Council Representative? □YES □NO	
21. Do you feel the government responds to your needs? $\square YES \qquad \square NO$	
Are they easy to communicate with? $\Box YES \Box NO$	
22. Friendly communication with someone of similar age can be helpful to brighten one's day. The County has a program where certified volunteers reach out and grow such supportive relationships.	
Does this sound like something you might like to participate in? $\Box YES = \Box NO$	
If YES, which form of contact would you prefer? □Phone Calls □Letters □Both	
If NO, do you have any concerns about such a program you would be open to sharing?	

If you have any questions or comments, please contact:

Adam Brown, Community Development Specialist (314) 505-8522

COMPLETED SURVEYS CAN BE EMAILED TO: <u>abrown@ucitymo.org</u>

If you would like to make any additional comments/suggestions, please use this page and mail your responses using the stamped envelope provided or submit online. Thank you for your time and input.	
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