



State of Older Adults Harris County, TX Survey

Survey Instructions

Thank you for taking this survey.

This survey asks about the lives of older adults in Harris County, Texas.

Your answers will help improve programs and services for older adults.

Please read each question carefully.
Choose the answer that best fits you.

- There are 40 questions
- The survey takes about 10–15 minutes
- There are no right or wrong answers
- Please answer honestly

Your answers are private.

If a question does not fit you, choose "Not Applicable" or "None" if shown.

If you need to stop, you may take a break and come back later, if allowed.

Thank you for sharing your experience.
Your voice matters.

1. What is your Zip Code? *

2. What is your age? *

- Under 60 years old
- 60 - 64 years old
- 65 - 74 years old
- 75 - 84 years old
- 85 years old or older

3. What is your race / ethnicity? *

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White or Caucasian
- I identify my race in a different way

4. What is your employment status? *

- Employed - full-time
- Employed - part-time
- Unemployed, seeking work
- Unable to work and receiving disability benefits
- Retired - by choice
- Retired - Not by choice (e.g., laid off and no longer looking for work, medical issues, disability, accident, or family situation)
- Student
- Homemaker

5. What is your gender identity? *

Female / Woman Male / Man

6. Are you currently a caregiver? *

Caregiving for a family member, friend, or neighbor (providing financial support)?

Check all that apply.

- Yes, I care for an older family member, friend, or neighbor.
- Yes, I care for an adult with disabilities.
- Yes, I care for an older adult with Alzheimer's Disease or related dementia.
- Yes, I am the caregiver for a minor, but I am not the primary caregiver.
- Yes, I care for someone else not listed.
- No

7. Do you often spend time assisting others? *

Do you often spend time assisting others with any of the following activities? Check all that apply

- Administering Medication
- Childcare
- Helping to maintain their religious practices, hobbies, or other interests
- Home maintenance or repairs
- Household chores
- Language translation
- Lawn care
- Managing personal care (for example, bathing, dressing, or feeding)
- Managing their finances
- Meal preparation/cooking
- Pet care
- Providing help in emergency situations
- Scheduling appointments
- Shopping (including groceries, toiletries, clothing, and other necessities)
- Transportation
- Utilizing technology, electronics, and/or other communication
- Other
- None of the above

8. Who do you provide assistance to?

Check all that apply

- Older Family Member
- Family member who is under the age of 18
- Friend
- Neighbor
- Community member
- Co-worker
- Other
- None of the above

9. How often do you provide assistance?

On average, how often do you provide assistance?

- More than 30 hours per week
- 15-30 hours per week
- 7-14 hours per week
- Less than 7 hours per week
- I provide no assistance

10. Communication *

Do you speak with family members, friends, or members of your community as often as you would like?

- Yes
- No

11. Frequency of Communication *

How often do you speak with family members, friends, or members of your community?

- Daily
- Weekly
- Monthly
- Every few months
- Once a year
- Never

12. Community Volunteer work *

Do you currently volunteer in your community?

- Yes, I am currently engaged in volunteer work
- No, but I would like to engage in volunteer work
- No, and I have no interest in engaging in volunteer work

13. Do you have internet access in your home? *

- Yes
- No
- I don't know

14. Internet Access *

If you don't have internet access at home, why not? Select all that apply.

- Cannot afford internet
- I do not want or need the internet
- I don't know how to obtain internet
- I am not sure what it is or how to use it
- Internet connection is not available or reliable in my area
- Other

15. Do you own and use a computer or tablet? *

- I have a computer/tablet and use it
- I don't have a computer/tablet
- I have a computer/tablet, but I do not know how to use it or choose not to use it

16. Computer/Tablet Use *

Why don't you own and/or use a tablet? Select all that apply

- Cannot afford a computer/tablet
- I need someone to set it up for me and to teach me how to use it
- I do not want or see the need for a computer/tablet
- Internet service is not available or reliable in my area
- I can't travel to purchase a computer/tablet
- Other
- Not applicable

17. Housing *

Which of the following best describes your housing situation? Select all that apply

- I have reliable housing
- I currently have housing, but I am worried that might change in the future
- I do not have housing, but I stay with family, friends, neighbors, or others
- I am currently unhoused/homeless
- I am currently staying in a shelter or motel

18. Ability to Access Space in Your Home

Which, if any, of the following reasons impact your ability to access and use spaces in your home environment as intended? Select all that apply

- Too much clutter
- No safety/grab bars where I need them
- Counter/cabinets are too high or low for me to use safely
- Spaces in my home are not wheelchair-accessible
- Lack of a working air conditioner
- No working elevator in my building
- Lack of clear pathways to navigate (inside and/or outside)
- Poor lighting
- Slippery or uneven floor surfaces
- Lack of heat
- Other
- Not applicable

19. Emergency Plan *

Do you have a plan in place in case of an emergency (for example, a blackout in your area)?

- Yes
- No

20. Finances *

Do you have any trouble paying for any of the following? Select all that apply

- Rent, mortgage
- Food
- Credit card bills
- Utilities
- Medication
- Medical appointments
- Other
- None of the above

21. Healthy Food Availability *

Are there stores in your community where you can purchase healthy food?

- Yes, I can purchase healthy food in my community
- Yes, but the options in the stores are too expensive for me to purchase healthy food
- Yes, but the stores have limited options
- No, there is no store in my community that I can easily travel to for healthy food

22. Services *

Which of the following services have you heard of before? Select all that apply

- Adult Day Care (i.e., social programs for impaired older adults)
- Assistance with home maintenance and home repairs
- Bill payer assistance (i.e., help and organization of bill payment via a personal account manager)
- Crime victim services
- Employment opportunities
- Health insurance assistance
- Help with obtaining benefits or entitlements, such as Medicaid or SNAP
- Homecare/Housekeeping
- Home-delivered meals/Meals on Wheels
- Information services through the Harris County Area Agency on Aging or 211
- Legal assistance
- Mental health services (e.g., counseling)
- Housing Assistance
- Senior Center (older adult center)
- Services for caregivers (e.g., support groups, counseling, respite care, financial assistance)
- Technology classes / individual support for technology
- Transportation services
- Volunteer Opportunities
- Other
- None of the above

23. Needed Services *

Which of the following services do you need, but don't currently receive? Select all that apply.

- Adult Day Care (i.e., social programs for impaired older adults)
- Assistance with home maintenance and home repairs
- Bill payer assistance (i.e., help and organization of bill payment via a personal account manager)
- Crime victim services
- Employment opportunities
- Health insurance assistance
- Help with obtaining benefits or entitlements, such as Medicaid or SNAP
- Homecare/Housekeeping
- Home-delivered meals/Meals on Wheels
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- Technology classes / individual support for technology
- Transportation services
- Volunteer Opportunities
- Other
- None of the above

24. Senior Center or Older Adult Center *

In the last 12 months, have you been to a senior center or older adult center?

- Yes, I regularly attend
- Yes, but I don't regularly attend
- No
- I don't know

25. Senior Center Attendance *

If you don't attend a senior center, why don't you regularly attend a senior center or older adult center? Select all that apply

- I feel too young to attend
- I am not familiar with what senior centers offer
- I don't know where one is in my neighborhood
- The senior center is not open when I can attend (evenings or weekends)
- I don't like and/or am not interested in the activities
- I cannot travel to the senior center
- I am afraid of getting sick/COVID/FLU concerns
- I can't physically access the senior center
- Food-related reasons
- I do not travel to the senior center because of crime in my neighborhood
- No one speaks my language at the senior center
- The members at the senior center are not friendly/don't like them
- Other
- Not applicable

26. Safety Concern *

Are you worried that someone you live with or spend a lot of time with might hurt you or steal your money or property?

- Yes
- No
- I don't know

27. Safety Concern *

Do you feel emotionally and/or physically unsafe at your home?

- Yes
- No
- I don't know

28. Victim of Crime Inquiry *

Since you turned 60 years of age, have you been the victim of abuse or a crime committed by a stranger or a person you do not know very well?

- Yes
- No
- I don't know
- I am not 60 years of age or older

29. Crime Reporting *

Did you report your experience of elder crime or abuse to the police?

- Yes
- No
- I don't know

30. Experience With Reporting Crime *

If you did report the crime or abuse, please share with us your experience reporting elder crime or abuse to the police. Select all that apply

- Nothing happened
- The police were helpful
- I heard back from the police
- The incident was resolved to my satisfaction
- I was referred to another organization for help
- Other
- Not applicable

31. Declined to Report Crime *

If you did not report the crime or abuse, why didn't you report your experience of elder crime or abuse to the police? Select all that apply.

- I didn't think the police would help
- I don't feel comfortable going to the police
- I didn't know that I could report it to the police
- I didn't want to get my family member in trouble
- I tried to work it out with the individual first
- I was referred to another agency for help
- Other
- Not applicable

32. Help Currently Receiving *

Are you currently receiving help from a family member, friend, or neighbor for any of the following tasks? Select all that apply.

- Household Chores
- Shopping (including groceries, toiletries, clothing, and other necessities)
- Meal preparation/cooking
- Receiving help in emergency situations
- Transportation
- Utilizing technology, electronics, and/or other communication
- Home maintenance or repairs
- Scheduling appointments
- Managing your finances
- Administering medication
- Managing personal care (i.e., bathing, dressing, or feeding)
- Language translation
- Lawn care
- Helping to maintain your religious practices, hobbies, or other interests
- Pet care
- Childcare
- Other
- None, I receive no help

33. Health Care Provider *

In the last 12 months, have you seen a healthcare provider?

- Yes
- No
- I don't know

34. No Health Care Provider in the Last Year *

Why have you not seen a healthcare provider in the last 12 months? Select all that apply

- No need
- I can't find a medical provider that I like
- Too expensive
- Hard to travel for appointments
- I can't find one that speaks my language
- Other
- Not applicable

35. Screenings and Vaccines *

Which of the following screenings and vaccines have you had in the last 12 months?

Select all that apply

- FLU vaccine
- Cancer screenings (i.e., colonoscopy, mammogram)
- Diabetes screening
- Pneumonia vaccine
- Shingles vaccine
- RSV vaccine
- COVID vaccine
- Other
- None of the above

36. Do either of the following apply to you? *

- I am deaf or have serious difficulty hearing
- I am blind or have serious difficulty seeing, even when I wear glasses
- No

37. Do you wear hearing aids? *

- Yes
- No

38. Ability to Leave Your Home *

Has any of the following limited your ability to leave your home? Select all that apply.

- Physical limitations make it difficult to get around
- Concerns of falling
- Fear of crime
- Lack of transportation in my neighborhood
- Other
- None, I have no limitations

39. Are you sexually active?

If you are sexually active, do you use safe practices to prevent sexually transmitted diseases (i.e., use of a condom)?

- Yes
- No
- Not applicable

40. Loneliness *

In a typical week, how often do you feel lonely?

- Rarely or none of the time (less than one day a week)
- Some of little of the time (1-2 days a week)
- Occasionally or a moderate amount of the time (3-4 days of the week)
- All of the time (5-7 days of the week)

- Send me a copy of my responses

Submit

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The Harris County Area Agency on Aging
appreciates your feedback on this survey
and wishes you a wonderful day