



Age Strong is conducting this survey to learn more about the needs and priorities of Boston's older adults. This survey will inform the Age Strong Plan which aims to make Boston inclusive and accessible to people of all ages. This is a valuable opportunity to let your voice be heard! Your responses will help shape Age Strong's work and funding decisions in the years ahead, helping to create a Boston that we can all grow older in. ***Your responses will be kept confidential and will not be shared outside of Age Strong.***

### 1. What Boston neighborhood do you live in?

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Allston                              | <input type="checkbox"/> Dorchester<br>(South of Park Street) | <input type="checkbox"/> Mission Hill |
| <input type="checkbox"/> Brighton                             | <input type="checkbox"/> Downtown                             | <input type="checkbox"/> North End    |
| <input type="checkbox"/> Back Bay                             | <input type="checkbox"/> East Boston                          | <input type="checkbox"/> Roslindale   |
| <input type="checkbox"/> Beacon Hill                          | <input type="checkbox"/> Fenway                               | <input type="checkbox"/> Roxbury      |
| <input type="checkbox"/> Charlestown                          | <input type="checkbox"/> Hyde Park                            | <input type="checkbox"/> South Boston |
| <input type="checkbox"/> Chinatown/<br>Leather District       | <input type="checkbox"/> Jamaica Plain                        | <input type="checkbox"/> South End    |
| <input type="checkbox"/> Dorchester (North<br>of Park Street) | <input type="checkbox"/> Mattapan                             | <input type="checkbox"/> West End     |
|   |   | <input type="checkbox"/> West Roxbury |
|   |   | <input type="checkbox"/> Other _____  |

### 2. How long have you lived in Boston?

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Fewer than 5 years | <input type="checkbox"/> 35-44 years |
| <input type="checkbox"/> 5-14 years         | <input type="checkbox"/> 45-54 years |
| <input type="checkbox"/> 15-24 years        | <input type="checkbox"/> 55+ years   |
| <input type="checkbox"/> 25-34 years        |                                      |

### 3. How important is it for you to remain living in the neighborhood where you currently live as you get older? (Check only one)

- |   |   |
|---|---|
| <input type="checkbox"/> Very important     | <input type="checkbox"/> Slightly important   |
| <input type="checkbox"/> Somewhat important | <input type="checkbox"/> Not important at all |

**4. Do you work for pay?**

- Yes, full-time
- Yes, part-time
- Looking for work
- Retired

**5. Please indicate your level of agreement with the following statement: “I have adequate resources to meet my financial needs, including home maintenance, personal healthcare, and other expenses.”**

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

**6. Was there any time in the past 12 months when you did not have money for the following necessities? (Select all that apply)**

- Food
- Housing (rent/mortgage)
- Transportation
- Heat
- Electricity
- Prescriptions
- Medical needs
- Debts
- Childcare
- Caregiving (elder care, spousal care, caring for a dependent)
- Home repair
- Cable/Internet
- None of the above
- Other \_\_\_\_\_

**7. Do you rent or own your home?**

- Owned by you or someone in your household with a mortgage or loan
- Owned by you or someone in your household without a mortgage or loan
- Rented by you or someone in your household
- Other \_\_\_\_\_

**8. Who do you live with? (Select all that apply)**

- I live alone
- My adult child(ren) (age 18 or older)
- A spouse/partner
- My grandchild(ren)
- Another relative(s)
- My child(ren) (under age 18)
- Pets
- Someone else (roommate, friend, non-relative)

**9. In the next 5 years, if you needed to move from your current home, what kind of housing would you prefer in Boston? (Select all that apply)**

- Smaller single-family home
- Accessory apartment (add-on apartment to an existing home)
- Apartment, condominium or townhome
- 55+ retirement community
- Assisted living community
- Subsidized housing (with a voucher or waiver)
- Other \_\_\_\_\_

**10. If you were to move out of your current residence, what would be the reason why? (Select all that apply)**

- Size of home (wanting more or less space)
- Housing costs (rent/ mortgage, home repair, property taxes)
- Wanting to live in a different area with different amenities
- Being closer to friends/family
- Need for a home that supports independent living as you age (ex. a home without stairs)
- Not planning to move
- Other \_\_\_\_\_

**11. Are you adequately housed?**

- Adequately housed (enough space)
- Over housed (more than enough space)
- Under housed (not enough space, staying with friends/family)

**12. How frequently do you feel at risk of losing your housing (e.g., not being able to pay the bills, eviction, or changes to your property ownership)?**

- Never
- Constantly
- Once a month
- Within the last six months
- Within the last year
- I feel at risk of losing my housing in the future

***\*If you are at risk of losing your housing and you need help, please call Age Strong at 617-635-4366, and someone from the housing team will assist you. For help outside of business hours, please call 3-1-1.***

**13. Please indicate your level of agreement with the following statement: “I feel that I belong in the neighborhood I live in.”**

- |   |  |
|---|--|
| <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Disagree          |
| <input type="checkbox"/> Agree          | <input type="checkbox"/> Strongly Disagree |

**14. If there were an emergency today, do you know a neighbor or community member who would check on you and your household?**

- Yes
- No
- Unsure

**15. Has language been a barrier to accessing services in Boston?**

- Yes
- No

**16. How do you learn about what is going on in your neighborhood? (Select all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Newspaper      | <input type="checkbox"/> Church/Faith organizations |
| <input type="checkbox"/> TV             | <input type="checkbox"/> Community organizations    |
| <input type="checkbox"/> Radio          | <input type="checkbox"/> Signs/Flyers               |
| <input type="checkbox"/> Neighbors      | <input type="checkbox"/> Internet/Social media      |
| <input type="checkbox"/> Friends/Family | <input type="checkbox"/> Other_____                 |

**17. Please rate your level of agreement with the following statement: “I feel that I know where to get information about services, resources and activities to have my needs met.”**

- |   |  |
|---|--|
| <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Disagree          |
| <input type="checkbox"/> Agree          | <input type="checkbox"/> Strongly Disagree |

**18. Which of the following currently apply to you? (Select all that apply):**

- Need access to cultural or social activities (such as cultural events, religious services, social groups)
- Live with vision loss
- Live with hearing loss
- Live with physical disabilities (including mobility impairments and chronic physical health issues)
- Are in frail or weak health
- Need support as a caregiver
- Are a grandparent raising grandchildren
- Need legal services (such as help with housing issues, government benefits, power of attorney, and legal advice)
- Are part of the LGBTQIA+ community
- Have mental or emotional health issues (such as anxiety, depression, stress)
- Need help with meals or nutrition (such as difficulty cooking, need for meal delivery)
- Other (Please specify): \_\_\_\_\_

**Demographic Information**

**19. How old are you? (write in):** \_\_\_\_\_

**20. My gender identity is...**

- Woman
- Man
- Non-binary, genderqueer, gender non-conforming
- I'm not sure
- Prefer not to answer
- Other\_\_\_\_\_

**21. My racial/ethnic identity is... (Select all that apply)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latine/o/a
- Middle Eastern or North African
- Native Hawaii or Pacific Islander
- White
- Prefer not to answer
- Other\_\_\_\_\_

**22. Do you speak a language other than English at home?**

- Yes
- No

**23. If yes, what other language(s) do you speak?**

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**24. Is your total annual household income less than \$20,000? (Optional)**

- Yes
- No
- Prefer not to answer

**25. Are you currently a MassHealth member?**

- Yes
- No
- I don't know

**Please use this space to provide us with any additional information you'd like to share:** \_\_\_\_\_

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Want to join the Age Strong email list?

Email address: \_\_\_\_\_ Zip code: \_\_\_\_\_

*\*All information on this survey is confidential. If you choose to sign up for our email list, your email address, name, and any other identifying information will not be linked to your responses to this survey. \**

**Return by mail:** Attn: Ava Portela  
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