Welcome!

Thank you for taking the Napa County Older Adults Needs Assessment (NOAA) survey. In September 2022, the Napa County Board of Supervisors recognized that the COVID-19 pandemic significantly harmed our county’s older adults (ages 60 and above). The Supervisors then voted to work with several organizations to assess the needs of our older adults, in light of the pandemic, and develop an action plan to identify ways to build resilience among older adults and ensure we’re better prepared for future catastrophes.

It’s extremely important for all Napa County older adults to take this survey. Whether you live here full-time or part-time, we need your input to help our community plan programs and services to meet the needs of all of us as we age.

This survey will take about an hour to complete, an important investment of time spent on improving the lives of older adults in your community. Please know that this survey does not ask you to identify your name, so we will not know which responses are yours. We value your privacy and assure you that all responses will be anonymous.

If you are an ADULT AGE 60 OR OLDER, please answer the following questions for YOURSELF. If you are completing this survey ON BEHALF OF AN OLDER ADULT AGE 60 OR OLDER, please answer the following questions for THAT OLDER ADULT. Please complete this survey by June 30, 2023, 11:59 pm.

If you have any questions, please contact us at info@NapaOlderAdultsAssessment.org or call us at 707-253-4248. Thank you for investing your time to ensure that the voices of Napa County’s older adults are heard.

To learn more about the Napa County Older Adults Assessment (NOAA) or to register to participate in an upcoming focus group, please visit https://communityhealthnapavalley.org/noaa/

Please note: Questions with * require a response.
**Demographics**

*Before we get started, please tell us about yourself.*

1. **Where do you live in Napa County?**
   *(Select the one that’s closest to where you live)*
   - □ American Canyon
   - □ Angwin
   - □ Berryessa/Moskowite Corner
   - □ Calistoga
   - □ Deer Park
   - □ Napa (including Silverado Resort)
   - □ Oakville
   - □ Pope Valley
   - □ Rutherford
   - □ St. Helena
   - □ Yountville

2. **What is your age/age of the person for whom you’re completing this survey?**
   *(Select one)*
   - □ 60-64
   - □ 65-69
   - □ 70-74
   - □ 75-79
   - □ 80-84
   - □ 85-89
   - □ 90 or above

3. **How many years have you lived in Napa County?**
   *(Select one)*
   - □ Less than 2 years
   - □ 2-5 years
   - □ 6-10 years
   - □ 11-20 years
   - □ More than 20 years

4. **What race/ethnic group do you most consider yourself a part of?**
   *(Select one)*
   - □ White
   - □ Black or African American
   - □ American Indian and Alaska Native
   - □ Asian
   - □ Native Hawaiian and other Pacific Islander
   - □ Hispanic or Latino
   - □ Two or more races
   - □ Other [please specify]: ______________________
   - □ Prefer not to state
5. *What best describes your gender?  
(Select one)  
☐ Man  
☐ Woman  
☐ Non-binary  
☐ Transgender  
☐ Other [please specify]: __________________________  
☐ Prefer not to state

6. *Please identify the total annual household income your household received in the past 12 months:  
(Select one)  
☐ Less than $10,000  
☐ $10,000-$14,999  
☐ $15,000-$24,999  
☐ $25,000-$34,999  
☐ $35,000-$49,999  
☐ $50,000-$74,999  
☐ $75,000-$99,999  
☐ $100,000-$149,999  
☐ $150,000-$199,999  
☐ $200,000 or more  
☐ Not sure  
☐ Prefer not to state

7. *What is your marital or relationship status?  
(Select one)  
☐ Divorced  
☐ In a committed relationship, but not married  
☐ Married  
☐ Single, never married  
☐ Widowed  
☐ Prefer not to state

8. *How would you describe your sexual orientation?  
(Select one)  
☐ Heterosexual/straight  
☐ Homosexual (gay, lesbian)  
☐ Bisexual, pansexual or queer  
☐ Prefer not to state  
☐ Other [please specify]: __________________________
9. *What’s the highest level of education you have completed?  
(SELECT one)  
☐ Some high school or less  
☐ High school or GED  
☐ Some college credit, no degree  
☐ Trade/technical/vocational training  
☐ Associate degree  
☐ Bachelor’s degree  
☐ Master’s degree  
☐ Professional degree  
☐ Doctorate degree  
☐ Prefer not to state  

10. *Have you ever served in the United States military?  
(SELECT one)  
☐ Yes  
☐ No  
☐ Not sure

Please continue to the next page
**Overall Community Quality**

11. **Please rate each of the following aspects of your quality of life in your community and Napa County:**

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>My community is a good place to live</td>
<td></td>
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<tr>
<td>My neighborhood is a good place to live</td>
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<tr>
<td>My community is a good place to retire</td>
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<tr>
<td>The sense of community in my community</td>
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<td></td>
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<tr>
<td>The overall quality of life in my community</td>
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</tr>
</tbody>
</table>

12. **On a scale of 1 to 10 how would you describe your quality of life in general?**

1 being poor and 10 being excellent. (circle one)

<table>
<thead>
<tr>
<th>Poor</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Excellent</th>
<th>10</th>
</tr>
</thead>
</table>

**Health and Wellness**

13. **Please rate the following regarding general health and wellness for older adults in your community:**

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of long-term care options</td>
<td></td>
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<tr>
<td>Availability of daytime care options for older adults</td>
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<tr>
<td>Availability of affordable quality physical health care</td>
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<tr>
<td>Availability of affordable quality mental health care</td>
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<tr>
<td>Availability of preventative health services</td>
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<tr>
<td>(e.g., health screenings, flu shots, educational workshops)</td>
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</tbody>
</table>
14. Have you ever been diagnosed by a physician with any of the following medical conditions?  
(SELECT ALL THAT APPLY)

☐ Alcohol abuse
☐ Alzheimer’s disease or other dementias
☐ Arthritis
☐ Asthma
☐ Autism Spectrum Disorder
☐ Bipolar
☐ Cancer
☐ Chronic Obstructive Pulmonary Disease (COPD)
☐ Chronic pain
☐ Covid-related long-term impact (Covid fog, etc.)
☐ Depression or Anxiety
☐ Diabetes
☐ Drug abuse
☐ Heart disease
☐ Heart failure
☐ High blood pressure
☐ HIV/AIDS
☐ Neurological Diseases (Parkinson’s, ALS, MS, etc.)
☐ Obesity
☐ Osteoporosis
☐ Post-Traumatic Stress Disorder (PTSD)
☐ Schizophrenia or other psychotic disorders
☐ Stroke
☐ Traumatic Brain Injury
☐ Other [please specify]: ____________________________
☐ None of the above

15. Have you received at least one COVID-19 vaccination?  
(SELECT ONE)

☐ Yes  [SKIP TO #17]
☐ No  [GO TO #16]
☐ I don’t know  [SKIP TO #17]
☐ Prefer not to state  [SKIP TO #17]
16. If not, why have you not obtained a COVID-19 vaccination?  
(Select all that apply)
- Concern about possible side effects
- Concern about the cost
- Doctor has not recommended it
- Doctor has advised me not to get it for medical reasons
- Don’t believe I need a COVID-19 vaccine
- Don’t know if a COVID-19 vaccine will protect me
- Don’t think COVID-19 is that big a threat
- Don’t trust the COVID-19 vaccines
- Don’t trust the government
- Fear of needles
- I don’t know how or where to get it
- Plan to wait to see if it’s safe
- Other [please specify]: ______________________

17. On average, how many times each week do you exercise, including walking, for 20 minutes or more?  
(Select one)
- Less than 1 time
- 1-2 times
- 3-5 times
- 6 or more times

18. In the past two weeks, how much did pain interfere with your normal activities?  
(Select one)
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

19. Over the past two weeks, how often have you felt the following ways:  
(Check all that apply)

<table>
<thead>
<tr>
<th></th>
<th>All the time</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>A little bit</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peaceful and calm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Energetic</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Down and blue</td>
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<td></td>
</tr>
<tr>
<td>Lost interest in past activities that you once enjoyed</td>
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<tr>
<td>Isolated</td>
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<td></td>
<td></td>
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<tr>
<td>Disregarded by society</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hopeful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
20. What forms of health insurance do you have?  
*(Select all that apply)*

- □ Medi-Cal  
- □ Medicare  
- □ Medicare Advantage  
- □ Medicare Part D (prescription drug coverage)  
- □ Medicare Supplement Insurance/Medigap Plan (Includes Part C, F, G, N, L, or K)  
- □ Kaiser, Sharp, or other HMO (Health Maintenance Organization)  
- □ Private insurance*  
- □ Employer paid insurance  
- □ Tricare  
- □ None – I do not have health insurance  
- □ I don’t know  
- □ Other [please specify]: ____________________________

*{(Examples: Aetna, Anthem Blue Cross, Blue Shield, Cigna, HealthNet, United Healthcare, Western Health Advantage, etc.)}

21. Why do you not have health insurance?  
*(Select all that apply)*

- □ I cannot afford it  
- □ I do not know how to enroll  
- □ I do not qualify for Medicare  
- □ I am ineligible (ex: immigration status)  
- □ Other [please specify]: ____________________________

22. Are you able to find a primary care or family doctor that takes your insurance close to where you live?  
*(Select one)*

- □ Yes  
- □ No  
- □ I don’t know

23. Does your primary care provider or family doctor use language that you easily understand?  
*(Select one)*

- □ Yes  
- □ No  
- □ I do not have a family care provider

24. Do you have access to dental care?  
*(Select one)*

- □ Yes  
- □ No  
- □ I don’t know
25. If you answered no, what barriers are there to you receiving dental care?  
*(Select all that apply)*

- Anxiety
- Cannot afford it
- I don’t know where to find dental care
- I don’t think I need dental care
- Language or communication barriers
- Lack of dental offices that are accessible to those with disabilities
- There is not a dental care provider near where I live
- Transportation barriers
- Too time consuming
- Other [please specify]: ________________________________
- None of the above

26. Do you need assistance managing your medications?  
*(Select one)*

- Yes [GO TO #27]
- Sometimes [GO TO #27]
- No [SKIP TO #28]
- I don’t know [SKIP TO #28]

27. What causes you to need assistance with taking your medications?  
*(Select all that apply)*

- I have a hard time keeping track of my medications
- I have a hard time reading or seeing the information on the bottles
- I have a hard time understanding and managing the side effects
- I need help taking or administering my medications
- I need reminders to take my medication
- Other [please explain]: ________________________________

28. Over the past year, how much time did you spend in each of the following?  
*(Select one)*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>0 days</th>
<th>1-2 days</th>
<th>3-5 days</th>
<th>6 or more days</th>
<th>I am not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a patient in the hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a long-term care facility</td>
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<td></td>
</tr>
</tbody>
</table>
 *(including nursing home or in-patient rehabilitation facility)*
29. How confident are you with your medical team?
(Select one)
- Extremely confident
- Very confident
- Somewhat confident
- Not so confident
- Not at all confident
- I do not have a medical team
- I do not know

30. How much do you agree or disagree with the following?
(Check all that apply)

<table>
<thead>
<tr>
<th>(Strongly agree)</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have enough food to eat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can afford the food I need/want</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have access to nutritious food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I use food banks, pantries, or meal programs to have enough food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(i.e., Meals on Wheels, dining at senior centers)

31. Which food banks, pantries, or meal programs have you used in the past 3 years?
(Optional)

________________________________________________________________________

32. Do you feel physically and emotionally safe where you live?
(Select one)
- Yes
- No
- Not sure

33. Do you feel physically or emotionally safe in your community?
(Select one)
- Yes
- No
- Not sure

34. In the past two years, have you experienced any of the following?
(Select all that apply)
- Being victim of a crime [GO TO #35]
- Being victim of a fraud or scam [GO TO #35]
- Being physically or emotionally abused [GO TO #35]
- Other [please specify]: ___________________________________________________________________ [GO TO #35]
- I have not experienced any of these things [SKIP TO #36]
35. Who did you tell about your experience?
(Select all that apply)
- Family or friend
- Counselor, doctor, spiritual advisor
- Law enforcement
- Napa County’s Adult Protective Services
- No one
- Other [please specify]: __________________________

Independent Living

36. Do any of the following limit your daily activities?
(Select all that apply)
- Hearing impairment
- Fear of falling
- Fear of leaving your home
- Shortness of breath
- Memory impairment
- Mobility limitations
- Pain
- Vision impairment
- Other [please specify]: __________________________
- None

37. Do you have difficulty doing the following daily activities because of health or physical challenges?
(Select all that apply)
- Bathing
- Dressing
- Eating
- Maintaining finances
- Getting out of bed or chairs
- Grocery shopping
- Housework
- Preparing meals
- Toileting
- Using phones or other technology
- Walking
- Other [please specify]: __________________________
- Not applicable - I do not have any difficulty with daily activities  [SKIP TO #39]
38. Who generally helps you with these daily activities?
(Select all that apply)
☐ Spouse or partner
☐ A paid worker, including caregiver
☐ Friend
☐ Family member (not spouse/partner)
☐ Volunteer from nonprofit or agency
☐ I don’t need help
☐ I need help, but don’t know where/how to find it
☐ Other [please explain]:

39. What mobility or assistive devices or technology do you need for navigation or travel?
(Select all that apply)
☐ Cane or walking stick
☐ Eyeglasses
☐ Guide dog or other service animal
☐ Hearing aids or cochlear implant
☐ Prosthetics
☐ Scooter
☐ Walker
☐ Wheelchair
☐ Grabber/Reacher extension tools and/or dressing tools
☐ I do not need any mobility or assistive devices or technology
☐ Other [please specify]:

40. Do you need any help adding any of the following features to your home?
(Select all that apply)
☐ General access (i.e., wider hallways, zero step entrances, ramps)
☐ Bathroom modifications
☐ Kitchen modifications
☐ Improved lighting
☐ Personal emergency response systems (i.e., medical alert system)
☐ Technology (i.e., large button phones, smart lighting, Alexa, security cameras)
☐ I do not need any help with these features
☐ Not applicable
☐ Other [please specify]:
41. Do you have someone you can call if you need help with medical care, food, a ride somewhere, or other things? Examples include friends, family, neighbors, or caregivers. This does not include emergency services like the fire department or ambulances. 
(Select one)
☐ Yes
☐ Not sure
☐ No

42. Which of the following describes how many accidental falls you’ve had within the last year? 
(Select all that apply)
☐ 0 [SKIP TO #44]
☐ 1-4 [GO TO #43]
☐ 5-9 [GO TO #43]
☐ 10 or more [GO TO #43]
☐ I fell, but don’t know how many times [GO TO #43]

43. Regarding your fall(s) in the past year, please check all that apply:
(Select all that apply)
☐ I was uninjured/did not require medical treatment
☐ 911/first responder provided assistance in the home
☐ I was taken to the emergency room
☐ I was hospitalized and/or required out-of-home care
☐ I don't remember

44. Are you concerned about falling? 
(Select one)
☐ No
☐ Yes
☐ I don't know

45. Have you ever taken a fall prevention class? 
(Select one)
☐ No
☐ Yes
☐ I don't know
46. Fall prevention

Falls are a leading cause of avoidable hospitalizations. Preventing falls is easy if you follow a few steps.

- Know your fall risk – understand the supports you need.
- Make small changes to your home environment – install grab bars, shower bench, night lights—small changes can make a big difference.
- Check your vision – make sure your prescription is up to date.
- Eat right – feed your body with the correct nutrients.
- Exercise – even walking and standing can strengthen your core and steady your gait.
- Persons 60 years and older are at a greater risk of falling and losing their independence.
- Napa County offers free fall prevention classes in-person and virtually. Participating in these classes can strengthen muscles, increase stability, and reduce falls. We are here to help!

For more information, contact Napa County Information & Assistance at 707-253-4248.

Would you be interested in a free fall prevention class?

☐ Yes, I am interested in learning more about free fall prevention classes offered in Napa County
☐ I am not interested in taking a fall prevention class

47. How concerned are you about being able to find a caregiver if you needed to? (Select one)

☐ Not concerned
☐ Slightly concerned
☐ Very concerned
☐ I don’t know

Please continue to the next page
Financial Security

48. Which of the following best describes how well you are managing financially these days? (Select one)
   - Living comfortably
   - Doing okay
   - Just getting by
   - Finding it difficult to get by
   - I don’t know

49. Over the next five years, how do you expect your financial situation to change? (Select one)
   - I expect it to improve
   - I expect it to stay the same
   - I expect it to decline
   - I don’t know

50. How would you rate the cost of living in your community? (Select one)
   - High
   - Moderate
   - Low
   - Don’t know

51. What are your primary sources of household income? (Select all that apply)
   - Social Security Income
   - Supplemental Security Income (SSI)
   - Retirement/Pension income
   - Investment income/securities
   - Employment income
   - Savings/IRA/401k/457k/SEP
   - SNAP benefits
   - Cash public assistance
   - Other [please specify]: ________________________________
52. Since the pandemic started in 2020, have you been unable to afford any of the following?

(Select all that apply)
- Caregiver or childcare costs
- Clothing and/or shoes
- Health insurance
- Healthy food
- Medical bills
- Medications
- Phone service (including cellular or landline)
- Property or income taxes
- Recreation or entertainment
- Rent or mortgage
- Transportation (ex: bus or taxi fees, gasoline, car maintenance)
- Utilities
- Other [please specify]: ____________________________________________________________________
- I have been able to afford everything listed above

Employment

53. How would you describe your current paid employment situation?

(Select one)
- Retired
- Employed – full-time or more
- Employed – part-time and looking for more work
- Employed – part-time and not looking for more work
- Employed – seasonal work
- Unemployed – looking for work
- Unemployed – not looking for work
- Other [please specify]: ____________________________________________________________________

54. If you are still working or looking for work, what is your main reason for doing so?

(Select one)
- I cannot afford to stop working
- It gives me a sense of purpose
- It keeps me active physically and/or mentally
- I like to socialize with other people at work
- I like to have fun money
- Other [please specify]: ____________________________________________________________________
55. Please rate the following regarding employment opportunities for older adults in your community:

- Opportunities to build new work skills
- Opportunities to use existing work skills
- Availability of employment opportunities for older adults
- Quality of employment opportunities available for older adults
- Variety of employment opportunities available for older adults
- Compensation for opportunities available for older adults

56. If you are currently seeking work, what is your main barrier to finding a job? (Select all that apply)

- Discrimination/Ageism
- I cannot find work close to my home or near transit options
- I cannot find work that matches my skills or experience level
- I have gaps in my work history or do not have references
- I have legal issues that make finding work challenging
- My health or disability
- Other [please specify]: ________________________________
- I am not seeking work at this time

57. What type of housing do you currently live in? (Select one)

- Apartment
- Assisted living
- Hotel
- House
- Independent living community
- Licensed Board and Care/Residential Care Facility for the Elderly (RCFE)
- Long-term care facility
- 55+ community (i.e., senior apartment complex, mobile home park, individual homes in a 55+ neighborhood)
- Manufactured home or mobile home (All-ages community)
- Renting a room
- Shelter or interim housing facility
- Subsidized/low income senior housing
- Unlicensed room and board/Congregate living
- I am currently unhoused
- Other [please describe]: ________________________________
58. Do you rent or own your primary place of residence?  
(Select one)  
☐ Own with mortgage  
☐ Own with no mortgage  
☐ Rent  
☐ Mobile home community  
☐ I do not own or rent  
☐ I don’t know  
☐ Other [please specify]: ________________________________

59. Who else is living with you in your home?  
(Select all that apply)  
☐ Spouse or partner  
☐ Adult children  
☐ Children under 18  
☐ Adult grandchildren  
☐ Grandchildren under 18  
☐ Friends  
☐ Paid caregiver  
☐ Unpaid/in-kind caregiver  
☐ Parents  
☐ Roommates  
☐ I live alone  
☐ Other [please specify]: ________________________________

60. What are your monthly housing costs including mortgage or rent for your residence?  
Please include any HOA, monthly fees, insurance, site rent, taxes, utilities, etc.  
(Select one)  
☐ $0-$500  
☐ $501-$1,000  
☐ $1,001-$2,000  
☐ $2,001-$3,000  
☐ $3,001-$4,000  
☐ $4,001-$5,000  
☐ $5,001-$6,000  
☐ Over $6,000  
☐ Don’t know

61. Does your home have any unresolved maintenance issues? Examples include broken appliances, leaks, pest issues, mold, dry rot, and other concerns  
(Select one)  
☐ Yes  
☐ No  
☐ I don’t know
62. Do you anticipate moving from your current location to a senior living community (i.e. room and board, board and care, independent living facility, assisted living, long term care facility, etc.) in the near- to mid-future?
(Select one)
- Yes
- No
- I already live in a senior living community
- I don’t know

63. What would cause you to move to a senior living community?
(Select all that apply)
- Having a disability or chronic health condition
- The amenities of a senior living community (i.e., swimming pool, dining room for shared meals, game nights)
- Wanting to be around people my own age
- On-site medical care
- Maintenance-free living
- Loss of your living companion
- More cost-effective than current residence
- Inability to drive anymore or other lack of transportation
- Community has a transit service
- Other [Please specify]:

64. Please rate the following regarding housing in your community:
(Select all that apply)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of affordable housing</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Variety of housing options</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Availability of accessible housing (e.g., single-floor living, wide hallways, no steps)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
65. What form(s) of transportation do you currently use? 
(Select all that apply)

☐ I drive my own vehicle
☐ Bicycle
☐ Friends or family drive me
☐ Healthcare provider (i.e., Collabria Care, Partnership HealthPlan, etc.)
☐ Private hire
☐ Nonprofit organization (i.e., Molly’s Angels)
☐ Paratransit (VineGo)  
[demand-responsive transit, meaning it provides a ride whenever one is requested]
☐ Public transportation (i.e., the Vine’s shuttles, buses)
☐ Rideshares (i.e., Uber or Lyft)
☐ Taxi
☐ Walking
☐ I do not have or use transportation  [GO TO #66]
☐ Other [please specify]: ______________________________________________________

66. Why do you not have transportation  
(Optional)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

67. Please rate each of the following characteristics as they relate to older adults in your community

<table>
<thead>
<tr>
<th>Easy of travel by public transportation</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of travel by car</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ease of walking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of bicycling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of getting to places you usually must visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
68. Are there certain activities that you are not able to do or attend due to lack of affordable and accessible transportation? 
(Select all that apply)
- I am not limited by this issue
- Entertainment (i.e., movies, theater, concerts)
- Errands (i.e., going to hardware store, post office)
- Grocery shopping
- Medical appointments
- Outdoor activities (i.e., hiking, visiting a park)
- Prescription drug filling or pickup
- Services (i.e., legal services, food pantry, senior center)
- School
- Visiting friends or family
- Work or volunteering
- Worship
- Other [please specify]: ________________________________

69. What types of transportation would you use? 
(Select all that apply)
- Between counties (i.e., Calistoga to Santa Rosa)
- Airport shuttle
- Transportation to out-of-county medical appointments (Kaiser, VA, etc.)
- Door to door
- Inside to inside (being moved from your home into a vehicle and vice versa)
- Free or low cost on-demand services
- More public transportation (including more buses or routes)
- Same day on demand—no appointment needed
- Someone who accompanies me during travel
- Wheelchair accessible
- None—I have adequate transportation
- Other [please specify]: ________________________________

70. Have you used public transportation in Napa County in the past three years? 
(Select one)
- Yes [SKIP TO #72]
- No [GO TO #71]
- I don’t know [SKIP TO #73]
71. If you are not using public transportation, why not?
(Select all that apply) [COMPLETE AND SKIP TO #73]

☐ Difficulty getting on or off bus or shuttle
☐ I don’t feel safe
☐ I don’t know where to find information about routes, fares, and schedules
☐ I have a health condition that makes using public transportation difficult
☐ I have no interest in using public transportation regardless of the reason
☐ It is too hard to get to and from the stop
☐ It takes too long to get where I need to be
☐ It’s too expensive
☐ It’s too unreliable
☐ Lack of accessible seating on the bus or shuttle
☐ There are no stops near the places I need to go
☐ There are no stops conveniently located near where I live
☐ Other [please specify]: ____________________________________________________________

72. If you have used public transportation in Napa County, please rate your satisfaction with the services you have used.
(Optional) ____________________________

<table>
<thead>
<tr>
<th>Service</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>I have not used</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Vine--Napa area fixed schedule</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Vine Go-Paratransit on demand service to bus stop</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>American Canyon Transit</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>St. Helena Shuttle</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Calistoga Shuttle</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yountville Bee Line (Trolley)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ride the Vine App</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Napa UpValley Connector Napa-St. Helena-Calistoga</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Napa Vallejo Connector to transfer station and Ferry</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Napa Solano Express to Ferry</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Napa BART Express</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>NVTA ambassador service-ride along to try the system</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Molly’s Angels</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>American Cancer Society</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>DMV (Dept. of Motor Vehicles) Senior Driver</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>

73. Please share any additional thoughts about your experience with public transportation in Napa County below.
(Optional) ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
74. In general, how informed or uninformed do you feel about services and activities available to older adults in your community?
(Select one)
- Very informed
- Somewhat informed
- Somewhat uninformed
- Very uninformed

75. Do you have access to the internet?
(Select one)
- Yes [GO TO #76]
- No [SKIP TO #77]
- I don’t know [SKIP TO #78]

76. If yes, how do you access the internet?
(Select all that apply) [COMPLETE AND SKIP TO #78]
- At home
- At coffee shops, cafes, or other businesses
- At friends’ or family’s houses
- At library
- At a senior center
- At work
- At school
- I use my own computer, laptop, or tablet
- I use my own mobile or smartphone
- Other [please specify]:

77. Why don’t you have access to the internet
(Select all that apply)
- I am not able to use the internet due to physical or mental health reasons
  (ex: cognitive issues, eyesight)
- I do not know who to contact or how to install it
- I do not need/want internet access
- I don’t own a computer/other device or the computer/other device I have doesn’t connect to the internet
- I have privacy and/or security concerns
- It’s too expensive
- There is no internet available in the area where I live
- Other [please specify]:

23.
78. How do you like to learn about information, resources, events and/or the news?
(Select all that apply)
- Email
- Business advertising
- Mailings
- Newspapers or magazines
- Phone apps
- Phone calls
- Posters/flyers/billboards
- Radio
- Social media
- Text
- Television
- Websites
- Internet research
- Word of mouth
- Church bulletins
- Other [please specify]:

79. What types of community services have you received in the past 3 years or are currently receiving?
(Select all that apply)
- Adult day care
- Case management
- Community health clinics
- Community meals at senior centers, community centers, faith-based organizations, or other locations
- Disaster assistance
- Financial and/or utilities assistance (i.e., help with paying rent or bills)
- Food banks or pantries
- Help with chores or caring for the home
- Home delivered meals
- Information and referrals (i.e., benefits eligibility, caregiver referrals)
- In-Home Supportive Services (housecleaning, meal prep, laundry, personal care, bathing, grocery shopping, paramedical services)
- Legal
- Personal care (i.e., bathing, dressing)
- Counseling or other mental health services
- Substance abuse services
- Tax assistance
- Transportation
- Other [please specify]:
- I have not or am not using any services
80. What additional services do you anticipate needing over the next five years to help you remain independent in the community?
(Select all that apply)
- Adult day care
- Caregiver
- Case management
- Community health clinics
- Community meals at senior centers, community centers, faith-based organizations, or other locations
- Disaster assistance
- Financial and/or utilities assistance (i.e., help with paying rent or bills)
- Food banks or pantries
- Help with chores or caring for the home
- Home delivered meals
- Information and referrals (i.e., benefits eligibility, caregiver referrals)
- In-Home Supportive Services (housecleaning, meal prep, laundry, personal care, bathing, grocery shopping, paramedical services)
- Legal
- Personal care (i.e., bathing, dressing)
- Counseling or other mental health services
- Substance abuse services
- Tax assistance
- Transportation
- Other [please specify]:
- I will not need any services in the next five years

81. Do you anticipate having any challenges finding the services you selected?
(Select one)
- Yes
- No
- I’m not sure

82. Do you anticipate having any challenges affording the services you selected?
(Select one)
- Yes
- No
- I’m not sure
83. Do you have access to legal services if you need them?  
(Select one)  
☐ Yes  
☐ No  
☐ I’m not sure

84. Do you have any of these future planning documents?  
(Select all that apply)  
☐ Advanced health care directive  
☐ Burial plan  
☐ Long term care insurance  
☐ Physician order for life-sustaining treatment (POLST)  
☐ Power of attorney  
☐ Revocable living trust  
☐ Will/trust  
☐ I don’t know  
☐ Other [please specify]:  
☒ None of the above

85. What is your experience when seeking help in meeting your needs as you get older?  
(Select one response for each)  

<table>
<thead>
<tr>
<th>Yes</th>
<th>Sometimes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
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</tbody>
</table>

Other [please specify]:  


Community Engagement and Connectedness

86. Please rate the following regarding general community engagement and connectedness for older adults in your community:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recreation opportunities (e.g., games, arts, libraries)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fitness opportunities (e.g., exercise classes, paths, or trails)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities to participate in community matters</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Opportunities to volunteer</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Opportunities to enroll in skill-building or personal enrichment classes</td>
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</tr>
<tr>
<td>Opportunities to attend social events or activities</td>
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<td></td>
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<tr>
<td>Opportunities to attend religious or spiritual activities</td>
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</tr>
</tbody>
</table>

87. How many family members do you have in the community? (Select one)

- None
- One
- A few
- Many

88. How many friends do you have in the community? (Select one)

- None
- A few
- Many

89. How often do you see or communicate with friends and/or family? (Select one)

- Daily
- Weekly
- Monthly
- Yearly
- Never

90. In the past week, how often did you see or communicate with people that you care about or feel close to? (i.e., talk on the phone, text, email, Zoom, Facetime, What’s App with family/friends, visiting family or friends, attending a club meeting, or going to church) (Select one)

- Never
- Less than once this past week
- 1-2 times this past week
- 3-4 times this past week
- 5 or more times this past week
91. Have you engaged in social activities within the past week?
(Select one)
☐ Yes  [SKIP TO #93]
☐ No

92. If you selected yes, please check all that apply whether in-person or virtually (ex: Zoom): (Select all that apply)
☐ I attended a place of worship or related religious activities in the past week
☐ I attended or participated in a movie, bingo, concert, sports, played cards, or another social activity in the past week
☐ I attended or participated in a group activity including classes/workshops, dancing, hiking, choir, travel/sightseeing/cultural activities, walking, or bicycling in the past week
☐ I participated in events/activities at a senior center or community center this past week
☐ I participated in a family or neighborhood function in the past week
☐ Other [please describe]:

93. In the past year, have you done any of the following civic activities? (Select all that apply)
☐ Attended a local public meeting (of local elected officials, HOA, town halls, neighborhood watch, etc.)
☐ Watched (online or television) a local public meeting
☐ Wrote a letter to the editor to a local newspaper
☐ Voted in your most recent local election
☐ Participated in an election-related activity
☐ Participated in a civic group (Elks, Rotary, Kiwanis, Masons, etc.)
☐ Participated on a board, commission, or advisory committee
☐ None of the above
☐ Other [please describe]:

94. Do you currently volunteer? (Select all that apply)
☐ Yes  [GO TO #96]
☐ No – I would like to volunteer  [GO TO #95]
☐ No – I do not want to volunteer  [SKIP TO #97]

95. What prevents you from volunteering? (Select all that apply)  [COMPLETE AND SKIP TO #97]
☐ I don’t know how to find out where to volunteer
☐ I don’t have transportation to get to a location to volunteer
☐ I only want to volunteer if I can do it from my home
☐ I’m too busy with other activities/responsibilities right now
☐ I have health-related limitations that make it difficult for me to volunteer
☐ Other [please describe]:

28.
96. If yes, what are your main reasons for volunteering?  
(Select all that apply)
- It gives me purpose in life
- It makes me feel good
- I like to give back to my community
- To meet other people
- To stay mentally active
- To stay physically active
- Other [please specify]:

97. How concerned are you about feeling isolated from others?  
(Select one)
- Not concerned
- Slightly concerned
- Very concerned

98. Over the last two weeks, how often have you had little interest or pleasure in doing things?  
(Select one)
- Not at all
- Several days
- Half the days
- Nearly every day

99. In the past five years, have you visited or used services offered at a senior center?  
(Select one)
- Yes
- No  [SKIP TO #102]

100. If yes, why do you visit or use services at senior centers?  
(Select all that apply)
- To learn new skills or gain knowledge
- To play games
- To eat lunch
- To receive helpful information or services
- To see my friends or meet new people
- To stay healthy and active
- To volunteer and help others
- Other [please specify]:
101. What types of activities or services do you engage in at senior centers? These activities/services may be in-person, by phone, or virtually (i.e., Zoom). [COMPLETE AND SKIP TO #104]

(Select all that apply)

☐ Bingo, cards, or mahjong
☐ Classes, seminars, or workshops
☐ Clubs or social groups (i.e., men’s or women’s group, LGBTQ, Latinx, knitting or book club)
☐ Computer access or support
☐ Concerts, movies, or theater events
☐ Counseling
☐ Fitness activities (i.e., yoga, tai chi, strength training, Zumba, walking, hiking)
☐ Eat meals onsite or picked up and taken home
☐ Health clinics (i.e., hearing/vision check-ups, vaccinations, blood pressure screenings)
☐ Lending library
☐ Participate in performing arts
☐ Support groups (i.e., caregivers, Alzheimer’s and other dementias, cancer, grief)
☐ Support services (i.e., tax filing, legal services, healthcare enrollment, information & referrals)
☐ I don’t remember
☐ None of these are available or offered at the senior center I visit or use
☐ Other [please specify]: ________________________________

102. Why do you not participate in activities or receive services at senior centers? (Select all that apply)

☐ I am not able to access the center due to lack of transportation
☐ I am not able to access the center due to my health
☐ I am not interested in utilizing the senior center
☐ I am not or do not feel old enough to use a senior center
☐ I am too busy
☐ I don’t know if there’s a senior center near where I live
☐ I do not know about activities or services offered at the senior center
☐ I do not want to spend time with other seniors
☐ The center is outdated and needs facility upgrades
☐ I receive services or participate in activities elsewhere
☐ My friends don’t go there
☐ Senior center is not open convenient hours
☐ I don’t know
☐ Other [please specify]: ________________________________
103. If you don’t use a senior center, what offerings or activities would it take for you to use the services provided by your local senior center?

(Select all that apply)

☐ Socially distanced programming (whether indoors or outdoors)
☐ High quality meals prepared by professional local chefs
☐ Professional entertainment from musicians, authors, actors, and artists
☐ Grab and go/take-out meals
☐ Games with high value prizes
☐ Food truck pop-ups
☐ Wine tasting pop-ups
☐ Special dining and holiday events (i.e., Christmas dinner, dinner and a show)
☐ Vaccination clinics
☐ Activities for Spanish or Tagalog speakers
☐ Extended hours (beyond 9-5)
☐ New or renovated, state-of-the-art center
☐ Activities with your pet
☐ Preventative care check-up events (i.e., blood pressure check)
☐ Book clubs or other group activities (virtual or in-person)
☐ Speaker series (virtual or in-person)
☐ Hybrid programming – option to attend in-person or virtually
☐ Take home craft sets or activities
☐ Free broadband internet access
☐ Technology classes or support
☐ Allow seniors to drop in without requiring registration – just hang out!
☐ Having people of different ages involved in activities (intergenerational activities)
☐ Allow for my family to attend activities with me
☐ I would never use the services of a senior center regardless of what was offered
☐ Other [please specify]:

--------------------
**Emergency Response**

104. How do you access information during an emergency, such as a wildfire or earthquake? *(Select all that apply)*
- [ ] AM/FM radio
- [ ] Email
- [ ] Emergency or weather radio
- [ ] Nextdoor (website)
- [ ] Organization’s website *(ex: Red Cross, County of Napa)*
- [ ] Phone call
- [ ] Social media
- [ ] Text message/Nixle
- [ ] TV
- [ ] Word of mouth
- [ ] I don’t know
- [ ] Other [please specify]: ________________________________________________

105. If authorities announced a mandatory evacuation in your community due to an emergency or disaster *(ex: wildfires or floods)*, would anything prevent you from evacuating? *(Select all that apply)*
- [ ] No, I would evacuate
- [ ] Thinking that I/my house will be OK
- [ ] Concern about leaving my property
- [ ] Concern about leaving pets or livestock
- [ ] Concerned that other household members won’t or can’t leave
- [ ] Concern about personal safety
- [ ] Health challenges or medically unable to evacuate
- [ ] Not being aware that there was an evacuation order
- [ ] I have nowhere to go
- [ ] It is too expensive to evacuate
- [ ] Lack of transportation
- [ ] Lack of trust in public officials
- [ ] Other [please specify]: ________________________________________________

106. Do you have an emergency kit you can take with you in the event of an evacuation? *(Select one)*
- [ ] Yes
- [ ] No
- [ ] I don’t know

107. Do you have an emergency or evacuation plan in place at home? *(Select one)*
- [ ] Yes
- [ ] No
- [ ] I don’t know
108. Have you ever had to evacuate from your Napa County residence due to an emergency, including wildfires or floods?  
(Select one)  
☐ Yes  
☐ No  
☐ I don’t remember

109. If yes, where did you go when you evacuated?  
(Select all that apply)  
☐ Community shelter (Fairgrounds, Napa Valley College, Crosswalk Church, etc.)  
☐ Friends’ or family’s house  
☐ My second home  
☐ Hotel/motel  
☐ Place of worship  
☐ Red Cross shelter  
☐ I don’t remember or know  
☐ Other [please specify]:__________________________________________

110. Does anyone in your household (including you) have any of the following conditions that could be a barrier to effective communication during an emergency or disaster?  
(Select all that apply)  
☐ Cognitive impairment  
☐ Difficulty understanding the English language  
☐ Difficulty understanding written material  
☐ Impaired hearing  
☐ Impaired vision  
☐ Physical disability  
☐ No phone, radio, and/or power loss  
☐ None  
☐ Other [please specify]:__________________________________________

111. Thinking about what you have in your pantry and any medications you have on hand, for how many days would you be able to stay in your home without having to leave for additional supplies?  
(Select one)  
☐ 7 days or more  
☐ 4 to 6 days  
☐ 1 to 3 days  
☐ I’m not sure

112. If your home lost power/electricity, would you need help maintaining medications or medical equipment?  
(Select one)  
☐ Yes  
☐ No  
☐ I don’t know
113. Please rate the following regarding equity and inclusion of older adults in your community:

(Check all that apply)

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Openness and acceptance from the community towards older residents of diverse backgrounds</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Making older residents feel welcome</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Valuing older residents in your community</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Neighborliness of your community toward older adults</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

114. Over the past year, have you experienced any of the following?

(Select one)

☐ Being treated unfairly or discriminated against because of your age
☐ Feeling like you do not fit in or belong
☐ Feeling like your voice is not being heard in the community
☐ I have not experienced any of the above

Caregiving

This section applies to people who are 60 and older who serve as a caregiver for another person. We define caregiver as a person who tends to the needs or concerns of a person with short- or long-term limitations due to illness, injury, or disability.

If completing this questionnaire to assist an older adult, continue to answer these questions on behalf of that older adult.

115. Are you a caregiver for someone else?

(Select all that apply)

☐ No [SKIP TO #124]
☐ Yes, for someone age 60 years or older
☐ Yes, for someone ages 19-59 with a disability
☐ Yes, for someone under the age of 18 with a disability
☐ Yes, for someone under the age of 18 without a disability

116. What is your relationship to the person you care for?

(Select one)

☐ I am their child
☐ I am their spouse or partner
☐ I am their parent
☐ I am a relative, other than parent or child
☐ I am their friend or acquaintance
117. How long have you been providing care for this individual?
(Select one)
- Less than one month
- Between one and six months
- Six months to one year
- More than one year

118. Are you paid for your caregiving services? This includes an hourly, weekly, or monthly salary.
(Select one)
- Yes
- No
- Other [please specify]: ________________________________

119. How many hours do you provide caregiving in a typical week?
(Select one)
- Less than 20 hours per week
- 20-40 hours per week
- More than 40 hours per week
- Not sure
- Other [please specify]: ________________________________

120. Indicate how often you experience the feelings listed below by checking the response that best corresponds to the frequency of these feelings. In the following questions care recipient is the person for whom you provide caregiving assistance.
(Check all that apply)

Do you feel that because of the time you spend with your care recipient, you don't have enough time for yourself? [ ] Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always
Do you feel stressed between caring for your care recipient and trying to meet other responsibilities (work/family)? [ ] Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always
Do you feel angry when you are around the care recipient? [ ] Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always
Do you feel that your care recipient currently affects your relationship with family member or friends in a negative way? [ ] Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always
Do you feel strained when you are around your care recipient? [ ] Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always
Do you feel that your health has suffered because of your involvement with your care recipient? [ ] Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always
Do you feel that you don't have has much privacy as you would like because of your care recipient? [ ] Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always
Do you feel that your social life has suffered because you are caring for your care recipient? [ ] Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always
Do you feel that you have lost control of your life since your care recipient's illness? [ ] Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always
Do you feel uncertain about what to do about your care recipient? [ ] Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always
121. Does your care recipient appear to have a cognitive impairment, including Alzheimer’s disease or other dementias?  
(SELECT ONE)  
☐ Yes  
☐ No [SKIP TO #123]  
☐ I don’t know [SKIP TO #123]

122. If yes, has the care recipient been diagnosed by a physician?  
(SELECT ONE)  
☐ Yes  
☐ No  
☐ I don’t know

123. What is your experience/utilization of the following supports for caregivers?  

<table>
<thead>
<tr>
<th>Support</th>
<th>I use this now</th>
<th>I would possibly use this in the future</th>
<th>I would definitely use this in the future</th>
<th>I would never use</th>
<th>I am not aware that this support is available in Napa Co.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver workshops or training</td>
<td></td>
<td></td>
<td></td>
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<td>Caregiver consultations</td>
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<td>Caregiver referral registry</td>
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<td>Caregiver support groups</td>
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<td>Caregiver support hotlines</td>
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<tr>
<td>Counseling</td>
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<tr>
<td>Day programs/Respite care</td>
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<tr>
<td>In-home respite care</td>
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<tr>
<td>Residential respite care (skilled nursing, assisted living)</td>
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<td></td>
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</tbody>
</table>
124. Thank you for investing your time to provide valuable information to help our community plan programs and services to meet the needs of older adults. If you have additional ideas for ways that organizations can meet your needs over the next five years that you haven’t already mentioned, please provide those ideas here:

(Open-ended response)

__________________________

__________________________

__________________________

__________________________

__________________________

__________________________

To learn more about the Napa County Older Adults Assessment (NOAA) or to register to participate in a focus group, please visit https://communityhealthnapavalley.org/noaa/

You may also email us at info@NapaOlderAdultsAssessment.org

or call us at 707-253-4248

NOAA is funded, in part, by the Napa County Board of Supervisors and by Napa County Health and Human Services through Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds. It is one of several MHSA programs implemented by the Napa County Mental Health Division, which strives to improve mental health outcomes for individuals and families throughout the community.