

**South Carolina Association of Area Agencies on Aging
2018 Needs Assessment**

**ARE YOU CURRENTLY RECEIVING SERVICES FROM A SENIOR CENTER OR AREA AGENCY ON
AGING? NO YES**

Section 1: Demographic Information	
County	<input type="checkbox"/> Richland <input type="checkbox"/> Lexington <input type="checkbox"/> Newberry <input type="checkbox"/> Fairfield <input type="checkbox"/> _____ Zip code _____
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Race	<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White Other _____
Age	<input type="checkbox"/> Less than 40 <input type="checkbox"/> 55-59 <input type="checkbox"/> 70-74 <input type="checkbox"/> 85 or older <input type="checkbox"/> 41-49 <input type="checkbox"/> 60-64 <input type="checkbox"/> 75-79 <input type="checkbox"/> 50-54 <input type="checkbox"/> 65-69 <input type="checkbox"/> 80-84
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Living with Partner <input type="checkbox"/> Single
Income (monthly)	<input type="checkbox"/> \$750 or Less <input type="checkbox"/> \$1,006-\$1,336 <input type="checkbox"/> unknown <input type="checkbox"/> \$751-\$850 <input type="checkbox"/> \$1,337-\$2,010 <input type="checkbox"/> \$851-\$1005 <input type="checkbox"/> \$2,011- or more
Number in Household	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more people living in the home
Section 2: Please check <input checked="" type="checkbox"/> all the below items that <u>you</u> can relate to and are currently experiencing.	
	1. I have trouble keeping my home clean.
	2. It is difficult for me to do my laundry due to lifting, folding and putting clothes away.
	3. I cannot do my yard work due to physical or medical reasons.
	4. It is difficult for me to get to the grocery store, pharmacy and/or medical appointments.
	5. I have trouble keeping up with paying my bills.
	6. I need assistance with bathing, dressing and toileting.
	7. I am concerned about falls or other accidents.
	8. I need legal advice, but I cannot afford it.
	9. Sometimes I feel lonely or sad, even isolated.
	10. I can't grocery shop or cook much so home delivered meals would be helpful.
	11. I don't know where the closest senior center is located.
	12. Sometimes I don't have enough food to eat.
	13. I need to exercise more but don't know where to start.
	14. I am responsible for taking care of a child or children under the age of 18.
	15. I am taking care of one or more adults over the age of 60.
	16. I have a serious problem with bugs in my house.
	17. I have bed bugs and can't get rid of them.

Section 3: My Concerns

Please put a check by the items on the list below that you are concerned when it comes to your ability to remain independent at home.

	1. I need safe and affordable housing.
	2. I have difficulty paying for my prescription medicines.
	3. My physical health is declining.
	4. I have mental health issues that sometimes make it difficult for me to live on my own.
	5. I am unable to make necessary repairs on my home due to the costs.
	6. I am unable to read and understand all my mail.
	7. I have problems keeping my paperwork in order and sometimes loose things.
	8. My Insurance premium are a struggle to pay monthly.
	9. I don't know how I could afford nursing home care when and if I need it.
	10. I can't afford to pay for dental care.
	11. I can't afford hearing aids.
	12. I can't afford eyeglasses.
	13. I have trouble finding a doctor or medical specialist near me.
	14. I or someone close to me has a drug or alcohol problem.
	15. I have to deal with challenging family issues that are stressful.
	16. I do not have friends, neighbors or others that have a positive influence on my life.
	17. I struggle to make ends meet on a monthly basis.
	18. I struggle keeping my home warm or cool due to poor insulation, leaky windows and/or structural damage.
	19. Other:

Section 4: Family Caregivers

Please answer the questions below if you provide substantial care to a loved one over the age of 60 or to anyone who has been diagnosed with dementia.

1. Do you provide hands on care for a loved one? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip questions 2-5)
2. How many hours a <u>week</u> do you provide direct hands on care? <input type="checkbox"/> 0-9 <input type="checkbox"/> 10-20 <input type="checkbox"/> 21-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70-79 <input type="checkbox"/> 80-89
3. How many people are you currently providing direct hands on care for? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
4. Are you currently receiving funding from the Family Caregiver Support Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. If so, would your loved one be able to remain at home without the support of the Family Caregiver Support Program? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5: Senior Centers

1. Does your community have a Senior Center? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
2. If yes, do you attend? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?

Please return to: Central Midlands Council of Governments, 236 Stoneridge Dr., Columbia, SC 29210