

## June 2022 / Senior Survey

The Beaver Island Rural Health Center is conducting a survey of island seniors to gain a better sense of what is needed for island's senior residents to age in place. If you are 55 or older, this is your opportunity to influence what services could be available to you when you need them. Thank you for taking a few minutes to complete our survey.

1. Sex (circle selection)

- Male - Female

2. Age (circle selection)

- Under 55 - 56-60 - 61-69 - 70-79 - 80-89 - 90+

3. Are you a Veteran? (circle selection)

- Yes - No

4. Where do you live on the Island? (circle selection)

- Peaine Township - St. James Township

5. Do you pay property taxes to Charlevoix County? (circle selection) ● Yes - No

6. Do you live (check all that apply):

- Alone \_\_\_\_
- With your spouse/partner \_\_\_\_
- With adult children \_\_\_\_
- With other adults \_\_\_\_
- With paid caregiver \_\_\_\_
- With child/children under 18 \_\_\_\_
- Other (whom) \_\_\_\_\_

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7. Where do you get information about services available on the island for older residents? (check all that apply)

- Radio (WVBI) \_\_\_\_
- Newspaper (Northern Islander/Charlevoix Courier) \_\_\_\_
- Church bulletin \_\_\_\_
- Friends/family/word of mouth \_\_\_\_
- Charlevoix County Commission on Aging (COA) Webage \_\_\_\_
- Medical professionals \_\_\_\_
- Internet/online (Facebook) \_\_\_\_
- Posters/bulletin boards \_\_\_\_
- BI Rural Health Center \_\_\_\_
- Don't know where to find information \_\_\_\_
- Haven't looked for information \_\_\_\_
- Suggestion: \_\_\_\_\_

8. Please select the top three services that are **important to you** (please rank order your selections, as in #1; #2 & #3).

- Transportation \_\_\_\_
- Medical care including mental health \_\_\_\_
- Food and nutrition \_\_\_\_
- Social activities or other social contact \_\_\_\_
- Housing \_\_\_\_
- Help with computers or smartphones \_\_\_\_
- Other: \_\_\_\_\_

9. Please select the three services that are of **less importance to you** (please rank order your selections, as in #1; #2 & #3).

- Transportation \_\_\_\_
- Medical care including mental health \_\_\_\_
- Food and nutrition \_\_\_\_
- Social activities or other social contact \_\_\_\_
- Housing \_\_\_\_
- Help with computers or smartphones \_\_\_\_
- Other: \_\_\_\_\_

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10. Do you need assistance with any of the following tasks of daily living? (check all that apply)

- Personal needs, such as dressing and bathing? \_\_\_\_
- Household chores, like cleaning and cooking? \_\_\_\_
- Managing your finances or paying bills? \_\_\_\_
- Grocery shopping or doing errands? \_\_\_\_
- Engaging in social interactions? \_\_\_\_

11. Does your current living situation need to be adapted to be made more accessible and safe for: (check all that apply)

- Mobility issues \_\_\_\_
- Hearing impairment \_\_\_\_
- Vision impairment \_\_\_\_
- Cognitive impairment \_\_\_\_
- I have no disability \_\_\_\_
- Other (please specify) \_\_\_\_\_

12. Do you have or have you had any of the following conditions that require medical attention NOT available on the island? (check all that apply)

- Heart disease \_\_\_\_
- Cancer \_\_\_\_
- Alzheimer's disease \_\_\_\_
- Dementia \_\_\_\_
- Diabetes \_\_\_\_
- Stroke \_\_\_\_
- Arthritis \_\_\_\_
- Allergies or asthma \_\_\_\_
- Chronic lung problems \_\_\_\_
- Cataract, Glaucoma or Macular degeneration \_\_\_\_
- Hearing impairment \_\_\_\_
- None \_\_\_\_
- Any other conditions? \_\_\_\_\_

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13: Which services do you need now but are not able to get on the island? (check all that apply)

- Assistance with daily living in home \_\_\_\_
- Assisted living/housing \_\_\_\_
- Hospice \_\_\_\_
- Memory care \_\_\_\_
- Specialty medical or dental services \_\_\_\_
- Physical Therapy \_\_\_\_
- Long term care/nursing home \_\_\_\_
- I can get all the services I need on the island \_\_\_\_
- I don't need any of these services \_\_\_\_
- Other (please specify) \_\_\_\_\_

14. Which of the following on or off island Commission On Aging services do you use? (check all that apply)

- Foot Care Clinics \_\_\_\_
- Blood Pressure Check Clinics \_\_\_\_
- Hearing Check and Hearing Aid Cleaning Clinics \_\_\_\_
- In-Home Respite provided by trained assistants for seniors with dementia and those with special needs who need supervision \_\_\_\_
- In-Home assessments performed by a registered nurse to determine the need for services and to make appropriate referrals and education \_\_\_\_
- In-Home Homemaker Program where COA approved homemakers provide laundry, shopping, errands and routine light-duty housekeeping tasks to help maintain a clean and healthy environment \_\_\_\_
- In-Home Personal Care where COA approved trained assistants provide help with  
"activities of daily living" such as: bathing, dressing, grooming, toileting, transferring, ambulation, nail and hair care \_\_\_\_
- In-Home Foot Care where scheduled visits by a skilled certified foot care nurse, who is COA approved, treats high-risk, homebound patients in need of proactive foot care \_\_\_\_

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Question #14 Continued

- Home Delivered Nutritious Meals delivered to homes of qualified home-bound Charlevoix County residents 60 and over \_\_\_\_
- Meal Voucher Program \_\_\_\_
- Scheduled COA events, activities and programs \_\_\_\_
- None \_\_\_\_
- Other (please specify) \_\_\_\_\_

15. Please choose from the following Activities you may be interested in (circle all that apply):

Zumba - Yoga - Wellness Programs - Coffee/Donuts & Conversation - Puzzles/Games - Chess/Checkers - Card Games (Bridge/Cribbage) - Lectures - Watercolor & Sketching - Crafts - Bocce/Pickleball - Nature Preserve Walks - Gardening - Day Trips - Book Club - Cooking classes - Genealogy class - Computer class - Pizza Night - Movie Night - Summer Concerts - Seasonal Special Events - Fishing -

16. Would you be willing to make a co-pay if any additional services or activities were made available? (circle selection) Yes - No

17. Do you have any additional comments/thoughts/concerns/suggestions you would like to share (more space available on the back of the page).

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**Thank you** for taking the time to fill-out and submit this information. Your input is beneficial to identifying and strengthening senior services on Beaver Island.

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