

Office on Aging Needs Assessment Survey

Please complete the survey below. This information will allow us to better serve you. If you wish to complete this via a paper copy, [please download this](#) and return it to Mercer County Office on Aging/ADRC, 640 S. Broad St., P.O. Box 8068, Trenton, NJ 08650-0068 or fax your response to 609-588-0005.

1. How difficult is it for you - or the person/people to whom you provide care - to do the following:

	No help needed	Getting all the help needed	Getting some of the help needed	Not getting any of the help needed	Don't know if help is needed
Find information on available services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Purchase enough food to eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shop for groceries or other needed items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find transportation when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for personal needs - bathing, dressing, using the toilet, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean your home, prepare meals, and do laundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take care of simple tasks like changing lightbulbs or batteries, small repairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spend time with family and friends in person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stay connected with people by phone, video, or through the internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with lawn care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtain medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtain legal advice or assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. If you are **NOT** able to get the help that you or a loved one needs, why is that? (Check all that apply.)

- Services are too expensive.
- The amount of care I already receive is not enough.
- The needs are not covered by insurance or the provider.
- There is a waiting list for the help needed.
- I don't know where to find the help needed.
- Other

3. Are you providing care for a family member, friend, or neighbor?

- Yes
- No (if you answered "No," please skip to #7.)

4. If you are a family caregiver, would you like additional help getting in-home care to meet the needs of your loved one(s)?

- Yes
- No

5. Are you participating in any caregiver support groups?

- Yes
- No

If you answered "Yes" to the above question, please indicate which one(s). if you answered "No," please tell us why you are not participating in any caregiver support groups.

6. What types of other services would help you care for others or take care of your needs better?

7. Have you tried to find professional help when feelings of loneliness, grief, isolation, or hopelessness make it too hard for you to take care of yourself or others?

- Yes, and it helped.
- Yes, but I still need help.
- Yes, but it is too expensive.
- Yes, but I couldn't get there.
- No, I haven't needed to.
- No, I don't know where to look.

8. Do you feel you or a loved one might have been physically, emotionally, financially, or sexually mistreated?

- Yes
- No

If you answered "Yes" to the above question, would you like to be contacted to find help? (Please provide your name and phone number.)

9. What services do you think should be provided or funded by the Mercer County Office on Aging for people over age 60, younger adults with disabilities, and their family caregivers?

- Transportation
- Screening for in-home services
- Adult day healthcare programs
- Outdoor chore services
- Home-delivered meals
- Meals at sites such as senior centers
- Legal help
- Adult protective services
- Indoor chore services
- Health screenings

- Nutrition screening and help
- Respite for family caregivers
- Home health aide services
- Individual advocacy help
- Socialization/recreational programs
- Dental care
- Low-income housing assistance
- Emergency financial assistance
- Help getting home repairs

10. What are your top three concerns as you age or your loved one ages?

If you are assisting someone to complete this survey, please answer the following for them:

I am a (please check all that apply):

- Senior (age 60 or older)
- Family member
- Caregiver
- Professional/senior service provider
- Veteran
- Member of the LGBTQ+ community

I am caring for (please check all that apply):

- A spouse
- A grandchild
- A partner or significant other
- An adult child with a disability
- A friend or neighbor
- Another family member

I identify as:

Gender

- Female
- Male
- Other

I identify as:

Race

- White/Non-Hispanic
- Black or African American
- White Hispanic
- American Indian/Native American
- Asian
- Native Hawaiian or Pacific Islander
- Two or more races
- Other

I identify as:

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

My age is:

- Under 60
- 60-64
- 65-74
- 75-84
- 85-94
- 95+

Please provide any additional comments, suggestions, or ideas for the Mercer County Office on Aging.

Where do you look for information about services and programs for adults over age 60? (Please select as many as apply.)

- Word of mouth/friends/family
- Newspaper
- Senior center
- Office on Aging
- Television
- Radio
- Websites
- Facebook, Instagram, Twitter, or other social media sources
- 211
- Doctor or another medical provider
- Other (please specify)

The Mercer County Office on Aging welcomes your calls, concerns, and questions. Please call 609-989-6661 to speak with a member of our staff.

To receive a copy of your submission, please fill out your email address below and submit.

Email Address

I'm not a robot reCAPTCHA
Privacy - Terms

SUBMIT