



**San Francisco Department of Aging and Adult Services**  
*Dignity Fund Needs Assessment Survey*

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**Survey responses are due December 8**

**San Francisco Department of Aging & Adult Services**  
**Community Needs Assessment Survey**

*What do older adults and adults with disabilities living in San Francisco need?  
We want to hear from you!*

The San Francisco Department of Aging and Adult Services (SF DAAS) is conducting a citywide Community Needs Assessment to understand strengths, opportunities, challenges, and gaps in current services for older adults and adults with disabilities.

In 2016, San Francisco voters passed Proposition I to establish the Dignity Fund to secure funding for services that support older adults and adults with disabilities over the next 10 years. This survey gathers community input to **inform future decisions about funding priorities and program investments** to support older adults and adults with disabilities. Thank you for your time and feedback!

*Please note that this survey is completely voluntary and all information you provide will remain confidential. Nothing you say on this survey will impact your access to services.*

**If you are a consumer or service provider and need additional paper copies of this survey, please contact Melissa McGee at 415-355-6782 or [melissa.mcgee@sfgov.org](mailto:melissa.mcgee@sfgov.org).**

**If you are a paid provider of services for older adults or adults with disabilities OR would like to take this survey online instead of paper, please visit the following website:  
<http://www.surveygizmo.com/s3/3958484/SF-Dignity-Fund-Survey>**



## A. Survey Respondent Information

First, we would like to know a little bit about you.

1. Please select the statement that best describes you. (Please select all that apply.)

- ☐ I am an **older adult** (age 60 or older)
- ☐ I am an **adult with disability**
- ☐ I **help take care of an older adult or adult with disability** (*You may assist your care recipient in submitting a separate survey with their own responses.*)
- ☐ I **work for an agency that provides services.** (If so, please complete survey on-line.)
- ☐ Other (please specify): \_\_\_\_\_

2. How did you hear about this survey? (Please select all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Community Forum                       | <input type="checkbox"/> Internet                      |
| <input type="checkbox"/> Friend or Family                      | <input type="checkbox"/> Newspaper or newsletter       |
| <input type="checkbox"/> Community Organization                | <input type="checkbox"/> Flyer                         |
| <input type="checkbox"/> Church or Other Faith-Based Community | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Physician/Medical Professional        |  |



## B. Experience with SF DAAS Programs and Services

Next, we would like to know about your experience and knowledge of supportive services for older adults and adults with disabilities. *Please fill this out based on your own experience.*

### 3. Adult Day Programs with on-site supportive services (like Adult Day Health Centers, Adult Social Day, or Alzheimer's Day Care Resource Centers)

- a. Have you heard of **Adult Day Programs** with on-site supportive services (like Adult Day Health Centers, Adult Social Day, or Alzheimer's Day Care Resource Centers)?  
☐ Yes ☐ No
- b. Have you participated in this service?  
☐ Yes ☐ No
- c. **If you have participated in this service**, how would you rate the service?  
☐ Very Good ☐ Good ☐ Acceptable ☐ Poor ☐ Very Poor
- d. **If you have not participated in this service**, what kept you from participating?
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> I don't need this service | <input type="checkbox"/> Staff do not have similar culture or background as me | <input type="checkbox"/> I am not aware of this service and/or how to access it |
| <input type="checkbox"/> Transportation            | <input type="checkbox"/> I'm not eligible or not sure if I'm eligible          | <input type="checkbox"/> I don't experience barriers                            |
| <input type="checkbox"/> Location                  | <input type="checkbox"/> I'm concerned that people will judge me               | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Language                  |  |   |
| <input type="checkbox"/> Cost                      |  |   |
| <input type="checkbox"/> Disability access         |  |   |
| <input type="checkbox"/> Program is full           |  |   |



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**4. Assisted Transportation** (*like Paratransit, Group Van, Shopping Shuttle*)

- a. Have you heard of **Assisted Transportation** (*like Paratransit, Group Van, Shopping Shuttle*)?  
☐ Yes ☐ No
- b. Have you participated in this service?  
☐ Yes ☐ No
- c. **If you have participated in this service**, how would you rate it?  
☐ Very Good ☐ Good ☐ Acceptable ☐ Poor ☐ Very Poor
- d. **If you have NOT participated in this service**, what kept you from participating?  
☐ I don't need this service  
☐ Transportation  
☐ Location  
☐ Language  
☐ Cost  
☐ Disability access  
☐ Program is full  
☐ Staff do not have similar culture or background as me  
☐ I'm not eligible or not sure if I'm eligible  
☐ I'm concerned that people will judge me  
☐ I am not aware of this service and/or how to access it  
☐ I don't experience barriers  
☐ Other: \_\_\_\_\_

**5. Caregiver Support** (*like respite, support groups*)

- a. Have you heard of **Caregiver Support** (*like respite, support groups*)?  
☐ Yes ☐ No
- b. Have you participated in this service?  
☐ Yes ☐ No
- c. **If you have participated in this service**, how would you rate the service?  
☐ Very Good ☐ Good ☐ Acceptable ☐ Poor ☐ Very Poor
- d. **If you have not participated in this service**, what kept you from participating?  
☐ I don't need this service  
☐ Transportation  
☐ Location  
☐ Language  
☐ Cost  
☐ Disability access  
☐ Program is full  
☐ Staff do not have similar culture or background as me  
☐ I'm not eligible or not sure if I'm eligible  
☐ I'm concerned that people will judge me  
☐ I am not aware of this service and/or how to access it  
☐ I don't experience barriers  
☐ Other: \_\_\_\_\_



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#### 6. Case Management *(like navigating the care system, getting access to services)*

- a. Have you heard of **Case Management** *(like navigating the care system, getting access to services)*?  
☐ Yes ☐ No
- b. Have you participated in this service?  
☐ Yes ☐ No
- c. **If you have participated in this service**, how would you rate the service?  
☐ Very Good ☐ Good ☐ Acceptable ☐ Poor ☐ Very Poor
- d. **If you have not participated in this service**, what kept you from participating?  
☐ I don't need this service  
☐ Transportation  
☐ Location  
☐ Language  
☐ Cost  
☐ Disability access  
☐ Program is full  
☐ Staff do not have similar culture or background as me  
☐ I'm not eligible or not sure if I'm eligible  
☐ I'm concerned that people will judge me  
☐ I am not aware of this service and/or how to access it  
☐ I don't experience barriers  
☐ Other: \_\_\_\_\_

#### 7. Community Service Centers and activities *(sometimes called "senior centers")*

- a. Have you heard of **Community Service Centers** and activities *(sometimes called "senior centers")*?  
☐ Yes ☐ No
- b. Have you participated in this service?  
☐ Yes ☐ No
- c. **If you have participated in this service**, how would you rate the service?  
☐ Very Good ☐ Good ☐ Acceptable ☐ Poor ☐ Very Poor
- d. **If you have not participated in this service**, what kept you from participating?  
☐ I don't need this service  
☐ Transportation  
☐ Location  
☐ Language  
☐ Cost  
☐ Disability access  
☐ Program is full  
☐ Staff do not have similar culture or background as me  
☐ I'm not eligible or not sure if I'm eligible  
☐ I'm concerned that people will judge me  
☐ I am not aware of this service and/or how to access it  
☐ I don't experience barriers  
☐ Other: \_\_\_\_\_



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#### 8. Health Promotion *(like Always Active, fall prevention & disease management programs)*

- a. Have you heard of **Health Promotion** *(like Always Active, fall prevention & disease management programs)*?  
☐ Yes ☐ No
- b. Have you participated in this service?  
☐ Yes ☐ No
- c. **If you have participated in this service**, how would you rate the service?  
☐ Very Good ☐ Good ☐ Acceptable ☐ Poor ☐ Very Poor
- d. **If you have not participated in this service**, what kept you from participating?  
☐ I don't need this service  
☐ Transportation  
☐ Location  
☐ Language  
☐ Cost  
☐ Disability access  
☐ Program is full  
☐ Staff do not have similar culture or background as me  
☐ I'm not eligible or not sure if I'm eligible  
☐ I'm concerned that people will judge me  
☐ I am not aware of this service and/or how to access it  
☐ I don't experience barriers  
☐ Other: \_\_\_\_\_

#### 9. Housing Support *(like housing subsidies, home modifications)*

- a. Have you heard of **Housing Support** *(like housing subsidies, home modifications)*?  
☐ Yes ☐ No
- b. Have you participated in this service?  
☐ Yes ☐ No
- c. **If you have participated in this service**, how would you rate the service?  
☐ Very Good ☐ Good ☐ Acceptable ☐ Poor ☐ Very Poor
- d. **If you have not participated in this service**, what kept you from participating?  
☐ I don't need this service  
☐ Transportation  
☐ Location  
☐ Language  
☐ Cost  
☐ Disability access  
☐ Program is full  
☐ Staff do not have similar culture or background as me  
☐ I'm not eligible or not sure if I'm eligible  
☐ I'm concerned that people will judge me  
☐ I am not aware of this service and/or how to access it  
☐ I don't experience barriers  
☐ Other: \_\_\_\_\_



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#### 10. Information and Referral Assistance (*like Aging and Disability Resource Centers, Benefits and Resource Hub at 2 Gough*)

- a. Have you heard of **Information and Referral Assistance** (*like Aging and Disability Resource Centers, Benefits and Resource Hub at 2 Gough*)?
- ☐ Yes ☐ No
- b. Have you participated in this service?
- ☐ Yes ☐ No
- c. **If you have participated in this service**, how would you rate the service?
- ☐ Very Good ☐ Good ☐ Acceptable ☐ Poor ☐ Very Poor
- d. **If you have not participated in this service**, what kept you from participating?
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> I don't need this service | <input type="checkbox"/> Staff do not have similar culture or background as me | <input type="checkbox"/> I am not aware of this service and/or how to access it |
| <input type="checkbox"/> Transportation            | <input type="checkbox"/> I'm not eligible or not sure if I'm eligible          | <input type="checkbox"/> I don't experience barriers                            |
| <input type="checkbox"/> Location                  | <input type="checkbox"/> I'm concerned that people will judge me               | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Language                  |  |   |
| <input type="checkbox"/> Cost                      |  |   |
| <input type="checkbox"/> Disability access         |  |   |
| <input type="checkbox"/> Program is full           |  |   |

#### 11. In-Home Care (*like help with personal tasks, like dressing or bathing*)

- a. Have you heard of **In-Home Care** (*like help with personal tasks, like dressing or bathing*)?
- ☐ Yes ☐ No
- b. Have you participated in this service?
- ☐ Yes ☐ No
- c. **If you have participated in this service**, how would you rate the service?
- ☐ Very Good ☐ Good ☐ Acceptable ☐ Poor ☐ Very Poor
- d. **If you have not participated in this service**, what kept you from participating?
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> I don't need this service | <input type="checkbox"/> Staff do not have similar culture or background as me | <input type="checkbox"/> I am not aware of this service and/or how to access it |
| <input type="checkbox"/> Transportation            | <input type="checkbox"/> I'm not eligible or not sure if I'm eligible          | <input type="checkbox"/> I don't experience barriers                            |
| <input type="checkbox"/> Location                  | <input type="checkbox"/> I'm concerned that people will judge me               | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Language                  |  |   |
| <input type="checkbox"/> Cost                      |  |   |
| <input type="checkbox"/> Disability access         |  |   |
| <input type="checkbox"/> Program is full           |  |   |



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**12. Legal Services** *(including help with naturalization)*

- a. Have you heard of **Legal Services** *(including help with naturalization)*?  
☐ Yes ☐ No
- b. Have you participated in this service?  
☐ Yes ☐ No
- c. **If you have participated in this service**, how would you rate the service?  
☐ Very Good ☐ Good ☐ Acceptable ☐ Poor ☐ Very Poor
- d. **If you have not participated in this service**, what kept you from participating?  
☐ I don't need this service  
☐ Transportation  
☐ Location  
☐ Language  
☐ Cost  
☐ Disability access  
☐ Program is full  
☐ Staff do not have similar culture or background as me  
☐ I'm not eligible or not sure if I'm eligible  
☐ I'm concerned that people will judge me  
☐ I am not aware of this service and/or how to access it  
☐ I don't experience barriers  
☐ Other: \_\_\_\_\_

**13. Neighborhood-Based Connection Programs** *(like Villages or Community Connectors)*

- a. Have you heard of **Neighborhood-Based Connection Programs** *(like Villages or Community Connectors)*?  
☐ Yes ☐ No
- b. Have you participated in this service?  
☐ Yes ☐ No
- c. **If you have participated in this service**, how would you rate the service?  
☐ Very Good ☐ Good ☐ Acceptable ☐ Poor ☐ Very Poor
- d. **If you have not participated in this service**, what kept you from participating?  
☐ I don't need this service  
☐ Transportation  
☐ Location  
☐ Language  
☐ Cost  
☐ Disability access  
☐ Program is full  
☐ Staff do not have similar culture or background as me  
☐ I'm not eligible or not sure if I'm eligible  
☐ I'm concerned that people will judge me  
☐ I am not aware of this service and/or how to access it  
☐ I don't experience barriers  
☐ Other: \_\_\_\_\_



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#### 14. Nutrition Support (like Home-Delivered Meals, Congregate Meals at community centers)

- a. Have you heard of **Nutrition Support** (like Home-Delivered Meals, Congregate Meals at community centers)?  
☐ Yes ☐ No
- b. Have you participated in this service?  
☐ Yes ☐ No
- c. **If you have participated in this service**, how would you rate the service?  
☐ Very Good ☐ Good ☐ Acceptable ☐ Poor ☐ Very Poor
- d. **If you have not participated in this service**, what kept you from participating?  
☐ I don't need this service  
☐ Transportation  
☐ Location  
☐ Language  
☐ Cost  
☐ Disability access  
☐ Program is full  
☐ Staff do not have similar culture or background as me  
☐ I'm not eligible or not sure if I'm eligible  
☐ I'm concerned that people will judge me  
☐ I am not aware of this service and/or how to access it  
☐ I don't experience barriers  
☐ Other: \_\_\_\_\_

#### 15. Technology Classes (like SF Connected training and education)

- a. Have you heard of **Technology Classes** (like SF Connected)?  
☐ Yes ☐ No
- b. Have you participated in this service?  
☐ Yes ☐ No
- c. **If you have participated in this service**, how would you rate the service?  
☐ Very Good ☐ Good ☐ Acceptable ☐ Poor ☐ Very Poor
- d. **If you have not participated in this service**, what kept you from participating?  
☐ I don't need this service  
☐ Transportation  
☐ Location  
☐ Language  
☐ Cost  
☐ Disability access  
☐ Program is full  
☐ Staff do not have similar culture or background as me  
☐ I'm not eligible or not sure if I'm eligible  
☐ I'm concerned that people will judge me  
☐ I am not aware of this service and/or how to access it  
☐ I don't experience barriers  
☐ Other: \_\_\_\_\_



### C. General experience with Programs and Services

Next, we would like to know about your experience and perspective on general supportive services and programs for older adults and adults with disabilities.

#### 16. Please rate your agreement with the following statements regarding older adults:

	Not at all true	A little bit true	Mostly True	Very True	Not Applicable
There are services and programs for older adults in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get services and programs for older adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services and programs in San Francisco meet the needs of older adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older adults can get services and programs in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 17. Please rate your agreement with the following statements regarding adults with disabilities:

	Not at all true	A little bit true	Mostly True	Very True	Not Applicable
There are services and programs for adults with disabilities in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get services and programs for adults with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services and programs in San Francisco meet the needs of adults with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults with disabilities can get services and programs in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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#### 18. In general, how do you typically find out about programs and services that might be helpful to you? (Please select all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Friend or Family                        | <input type="checkbox"/> Community Services Center        |
| <input type="checkbox"/> Physician/Medical Professional          | <input type="checkbox"/> Internet                         |
| <input type="checkbox"/> Hospital Discharge Planner              | <input type="checkbox"/> Television                       |
| <input type="checkbox"/> SF Department of Aging & Adult Services | <input type="checkbox"/> Newspaper or Newsletter          |
| <input type="checkbox"/> Social Worker or Case Manager           | <input type="checkbox"/> Radio                            |
|  | <input type="checkbox"/> Other (please specify):<br>_____ |

#### 19. What form(s) of transportation do you typically use to travel in San Francisco? (Please select all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Walk   | <input type="checkbox"/> Taxi                              |
| <input type="checkbox"/> Public transportation (such as Muni or BART) | <input type="checkbox"/> Rideshare (such as Lyft/Uber)     |
| <input type="checkbox"/> Paratransit                                  | <input type="checkbox"/> I do not frequently leave my home |
| <input type="checkbox"/> Drive my own car                             | <input type="checkbox"/> Other (please specify):<br>_____  |
| <input type="checkbox"/> Rides from friends or family                 |  |

#### 20. If you have participated in any of the services discussed in this section, what about those services is working well?



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**21. Please provide any suggestions or ideas you may have for programs or services for older adults and adults with disabilities in San Francisco.**



## D. Health and Well-Being

Next, we would like to know a little bit about your health and well-being.

### 22. During a typical month, how often do you do the following activities?

	Not at All	Rarely	Somewhat Often	Often	Very Often	Not Applicable
Leave my home or go outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit with friends or family in person or on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide help to friends or relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in activities at a Community Services Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work for pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer or help in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in a hobby such as art, gardening, or music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in a club or civic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in religious or spiritual activities with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide care for another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**23. Over the last 12 months, how often have you felt concerned about the following issues?**

	<b>Not at All</b>	<b>Rarely</b>	<b>Somewhat Often</b>	<b>Often</b>	<b>Very Often</b>	<b>Not Applicable</b>
Having good physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling isolated and lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having enough food to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting the healthcare or medication I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having inadequate transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having limited mobility or walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with legal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing everyday activities like eating or bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having too few activities or feeling bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being unable to do housework or home maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**24. Please indicate whether any of the following apply to you. (Please select all that apply.)**

- ☐ I have a disability
- ☐ I have a chronic health condition
- ☐ I have limitations in my daily life activities due to a chronic or ongoing condition
- ☐ Other (please specify): \_\_\_\_\_
- ☐ None of the above apply to me



**25. Please indicate if you need accommodations in any of the following areas. (Please select all that apply.)**

- ☐ Vision
- ☐ Hearing
- ☐ Other forms of communication: \_\_\_\_\_
- ☐ Physical mobility
- ☐ Learning
- ☐ Memory
- ☐ Long-term health needs (such as having a chronic health condition)
- ☐ Self-care (such as difficulty dressing or bathing)
- ☐ Independent living (such as difficulty doing errands alone including visiting a doctor's office or shopping)
- ☐ Other (please specify): \_\_\_\_\_
- ☐ None of the above apply to me



## E. Caregiver Questions

The following questions are for people who help care for an older adult or an adult with a disability. If that is not you, please skip to the Demographic Information questions on page 18.

**26. Do you provide care for one or more family member(s) or friend(s)? (Please select one.)**

- ☐ Yes  
☐ No (please skip to the Demographic Information questions on page 18)

**27. How frequently do you provide care to one or more family member(s) or friend(s)? (Please select one.)**

- ☐ Daily  
☐ Weekly  
☐ Monthly  
☐ Once in a while

**28. How often in the past month have you felt stress that was related to caring for a relative or friend?**

	Not at All	Rarely	Somewhat Often	Often	Very Often	Not Applicable
Physical Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**29. Please rate how true the following statements are for you:**

	Not at all true	A little bit true	Mostly True	Very True	Not Applicable
There are services available to support caregivers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get support as a caregiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**30. Please indicate whether any of the following apply to you. (Please select all that apply.)**

- ☐ I care for someone with dementia or Alzheimer's disease
- ☐ I am the only one providing help to the person(s) I care for
- ☐ I provide support to multiple people
- ☐ Other (please specify): \_\_\_\_\_
- ☐ None of the above



## **F. Demographic Information**

**Answering these questions will help us understand if your concerns are shared by others in your community. Please remember that this survey is completely confidential. The information you report is voluntary and no direct services will be denied if you decline to provide information.**

### **31. Which part of San Francisco do you live in? (Please select one.)**

- ☐ District 1 (Richmond)
- ☐ District 2 (Cow Hollow, Marina, Pacific Height)
- ☐ District 3 (Russian Hill, Nob Hill, Telegraph Hill, North Beach)
- ☐ District 4 (Sunset)
- ☐ District 5 (Haight Ashbury, Panhandle, Western Addition)
- ☐ District 6 (South of Market/SOMA, Tenderloin, Treasure Island)
- ☐ District 7 (Park Merced, West Twin Peaks)
- ☐ District 8 (Castro, Glen Park, Noe Valley)
- ☐ District 9 (Mission District, Bernal Heights)
- ☐ District 10 (Bayview Hunters Point, Potrero, Visitacion Valley)
- ☐ District 11 (Excelsior, Oceanview, Merced Heights, Ingelside)
- ☐ I do not live in San Francisco.
- ☐ I am homeless and do not have a regular place to stay.
- ☐ If you are unsure which district you live in, what is your zip code? \_\_\_\_\_
- ☐ Decline to answer

### **32. How many years have you lived in San Francisco? (Please select one.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Less than 2 years | <input type="checkbox"/> 21 to 30 years                 |
| <input type="checkbox"/> 3 to 5 years      | <input type="checkbox"/> More than 30 years             |
| <input type="checkbox"/> 6 to 10 years     | <input type="checkbox"/> I do not live in San Francisco |
| <input type="checkbox"/> 11 to 20 years    |   |



## San Francisco Department of Aging and Adult Services

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#### 33. What age range do you fall in? (Please select one.)

- |   |  |
|---|--|
| <input type="checkbox"/> 17 years or less | <input type="checkbox"/> 60 - 64 years     |
| <input type="checkbox"/> 18 - 24 years    | <input type="checkbox"/> 65 - 74 years     |
| <input type="checkbox"/> 25 - 34 years    | <input type="checkbox"/> 75 - 84 years     |
| <input type="checkbox"/> 35 - 44 years    | <input type="checkbox"/> 85 - 89 years     |
| <input type="checkbox"/> 45 - 54 years    | <input type="checkbox"/> 90 years or older |
| <input type="checkbox"/> 55 - 59 years    | <input type="checkbox"/> Decline to answer |

#### 34. What best describes your race/ethnicity? (Please select all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian/Native American/<br>Native Alaskan  | <input type="checkbox"/> Hispanic/Latino/a:<br><input type="checkbox"/> Caribbean<br><input type="checkbox"/> Central<br>American: _____   |
| <input type="checkbox"/> Asian:<br><input type="checkbox"/> Asian Indian/South Asian<br><input type="checkbox"/> Cambodian<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Filipino<br><input type="checkbox"/> Japanese<br><input type="checkbox"/> Korean<br><input type="checkbox"/> Vietnamese | <input type="checkbox"/> Mexican/Mexican-<br>American/Chicano/a/x<br><input type="checkbox"/> Puerto Rican<br><input type="checkbox"/> El Salvadorian<br><input type="checkbox"/> South<br>American: _____ |
| <input type="checkbox"/> Black or African American   | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander   | <input type="checkbox"/> Decline to answer   |
| <input type="checkbox"/> White/Caucasian   |  |

#### 35. What is your preferred language? (Please select one.)

- |   |   |
|---|---|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Spanish                              |
| <input type="checkbox"/> Cantonese              | <input type="checkbox"/> Tagalog                              |
| <input type="checkbox"/> English                | <input type="checkbox"/> Taishanese or Toishanese             |
| <input type="checkbox"/> Japanese               | <input type="checkbox"/> Vietnamese                           |
| <input type="checkbox"/> Korean                 | <input type="checkbox"/> Not Listed. Please specify:<br>_____ |
| <input type="checkbox"/> Mandarin               | <input type="checkbox"/> Decline to answer                    |
| <input type="checkbox"/> Russian                |   |



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**36. What is your marital status? (Please select one.)**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Married   | <input type="checkbox"/> Single (never married) |
| <input type="checkbox"/> Partnered | <input type="checkbox"/> Don't know             |
| <input type="checkbox"/> Widowed   | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Divorced  |   |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Decline to answer      |

**37. What gender do you identify with? (Please select one.)**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Female       | <input type="checkbox"/> Genderqueer                       |
| <input type="checkbox"/> Male         | <input type="checkbox"/> Not Listed. Please specify: _____ |
| <input type="checkbox"/> Trans Female |  |
| <input type="checkbox"/> Trans Male   | <input type="checkbox"/> Decline to answer                 |

**38. What is your sexual orientation? (Please select one.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Straight/Heterosexual          | <input type="checkbox"/> Not Listed. Please specify: _____ |
| <input type="checkbox"/> Bisexual                       |  |
| <input type="checkbox"/> Gay/Lesbian/Same-Gender Loving | <input type="checkbox"/> Decline to answer                 |
| <input type="checkbox"/> Questioning/Unsure             |  |

**39. What is your annual household income? (Please select one.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$30,000   | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> More than \$100,000  |
| <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> Don't know           |
| <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> Decline to answer    |



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**40. What type of residence do you live in? (Please select one.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Single family house                    | <input type="checkbox"/> Single-Room Occupancy (SRO) hotel    |
| <input type="checkbox"/> Apartment or flat                      | <input type="checkbox"/> Homeless (on the streets)            |
| <input type="checkbox"/> In-law unit                            | <input type="checkbox"/> Not Listed. Please specify:<br>_____ |
| <input type="checkbox"/> Supportive housing                     | <input type="checkbox"/> Decline to answer                    |
| <input type="checkbox"/> Assisted living or board and care home |   |
| <input type="checkbox"/> Shelter                                |   |

**41. What is your household size? (Please select one.)**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> I live alone | <input type="checkbox"/> 4 or more people  |
| <input type="checkbox"/> 2 people     | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> 3 people     |  |

**42. What is the highest level of education you have completed? (Please select one.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Less than high school (no diploma or GED) | <input type="checkbox"/> Bachelor's degree               |
| <input type="checkbox"/> High school graduate or GED               | <input type="checkbox"/> Graduate or professional degree |
| <input type="checkbox"/> Some college with no degree               | <input type="checkbox"/> Decline to answer               |
| <input type="checkbox"/> Associate's degree                        |  |

**43. What is your current employment status? (Please select one.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Employed, full-time                 | <input type="checkbox"/> Retired                              |
| <input type="checkbox"/> Employed, part-time                 | <input type="checkbox"/> Unable to work due to disability     |
| <input type="checkbox"/> Unemployed, looking for work        | <input type="checkbox"/> Not Listed. Please specify:<br>_____ |
| <input type="checkbox"/> Unemployed but not looking for work | <input type="checkbox"/> Decline to answer                    |
| <input type="checkbox"/> In school, not working              |   |

**44. Have you ever served on active duty in the United States Armed Forces, National Guard or in a military reserve unit? (Please select one.)**

- |  |
|--|
| <input type="checkbox"/> Yes               |
| <input type="checkbox"/> No                |
| <input type="checkbox"/> Decline to answer |



**San Francisco Department of Aging and Adult Services**  
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**Thank you for completing this survey!**

If you're interested in participating in the raffle for a \$50 gift card, please provide your name and phone number below. We will only use this information to contact you if you win the raffle. Anyone is eligible for winning the raffle, even if you do not complete the survey. Winners will be posted on the DAAS website by the end of December and winners will be notified by phone. A total of five (5) gift cards will be awarded. The raffle and this survey are not affiliated with or endorsed by any of the companies that manufacture the prizes.

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_