

***Assessing the Needs of Elder Floridians, 2004***

**Survey Instrument**



## Florida Statewide Needs Assessment Questionnaire

Hello, my name is \_\_\_\_\_. I'm calling from the University of Florida on behalf of the Department of Elder Affairs

We are conducting a survey for the Department of Elder Affairs. The Department of Elder Affairs recently sent you a letter to inform you about a statewide survey we are conducting to determine the needs of older people in Florida.

Your phone number was selected at random from a list provided by the Department of Elder Affairs. We are only interested in your opinion and you do not have to answer any questions if you do not wish to answer. This is not a sales call; we are only interested in your opinion.

May we begin?

(Interviewer Note: If they have any questions about the survey they can call Laurie Koburger or Sean Lewis at (850) 414-2095 at the Dept. of Elder Affairs.)

(Please Note: This introduction was modified as appropriate for specific situations, such as talking to a proxy, Spanish speakers, and postponed interviews.)

(These pieces of information were already available to the interviewer.)

CLIENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Gender       Male       Female

Race/Ethnicity

White

Black of African-American

Asian

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

Respondent is:

- The person who is on the respondent list
- A proxy for the person on the respondent list

**If the respondent is a proxy, the questions should be answered from the perspective of the person on the call list, except for the caregiver questions.**

1. What is your current living situation? (Check all that apply)

- Live alone
- Live with spouse
- Live with child
- Live with grandchild or other relative
- Live with friend
- Other (specify \_\_\_\_\_)
- Don't know*
- Refused*

2. Who would you say is the head of the household? Please pick one. Would you say...

- Myself
- Spouse
- Child and/or child's spouse
- Grandchild and/or grandchild's spouse
- Other
- Don't know*
- Refused*

3. How often are you able to do the basic personal care tasks that you need to do such as bathing and dressing, without help by another person? (READ CHOICES)

- Always (SKIP TO # 5)
- Most of the time (SKIP TO #5)
- Sometimes (GO TO #4)
- Hardly ever/never (GO TO #4)
- Don't know* (SKIP TO #5)
- Refused to answer* (SKIP TO #5)

4. How often do you receive the help that you need? Would you say...

(INT: If needed: Help with tasks such as bathing and dressing)

(INT: READ CHOICES)

- Always
- Most of the time
- Sometimes
- Hardly ever/never
- Don't know*
- Refused to answer*

5. How often are you able to do household management tasks such as balancing your checkbook or paying you bills without help from another person?

(INT: READ CHOICES)

- Always (SKIP TO #7)
- Most of the time (SKIP TO #7)
- Sometimes (GO TO #6)
- Hardly ever/never (GO TO #6)
- Don't know* (SKIP TO #7)
- Refused to answer* (SKIP TO #7)

6. How often do you receive the help you need?

(INT: If needed: with talks such as balancing the checkbook, paying bills or making appointments)

(INT: READ CHOICES)

- Always
- Most of the time
- Sometimes
- Hardly ever/never
- Don't know*
- Refused to answer*

7. How often are you able to do your grocery shopping or go to doctor appointments without help from another person? (READ CHOICES)

- Always (SKIP TO #9)
- Most of the time (SKIP TO #9)
- Sometimes (GO TO #8)
- Hardly ever/never (GO TO #8)
- Don't know* (SKIP TO #9)
- Refused to answer* (SKIP TO #9)

8. How often to you receive the help you need?

(INT: If needed: Help with you grocery shopping or going to doctor appointments)

(INT: Read choices)

- Always
- Most of the time
- Sometimes
- Hardly ever/never
- Don't know*
- Refused to answer*

### Caregiving

**As the caregiver, you may answer these next few questions from your perspective. I will notify you when you should answer as the questions as \_\_\_\_\_ would.**

9. Do you ever provide care, either directly or indirectly over the telephone, for someone who is not able to take care of him or herself? (READ CHOICES)

- Yes
- No (SKIP TO #18)
- Maybe
- Don't know* (SKIP TO #18)
- Refused to answer* (SKIP TO #18)

10. How often do you provide care? Would you say...

(INT: READ CHOICES)

- Every day (throughout the day if the person lives with the caregiver)
- Several times a week
- Several times a month
- Hardly ever/never (SKIP TO #18)
- Don't know* (SKIP TO #18)
- Refused* (SKIP TO #18)

11. How old is the person(s) for whom you provide care? (Just say YES or NO to each of the age categories I read if a person you provide care to fits in to that age group.)

(INT: CHECK ALL THAT APPLY)

- Older Adult (Age 60+) (ANSWER #11A)
- Adult (Age 19-59) (ANSWER TO #11B)
- Child (Age 0-18) (ANSWER #11C)
- Don't Know*
- Refused* (SKIP TO #12)

11a. How many older adults aged 60 or older do you provide care for?

(ENTER #)

- Don't know* (SKIP TO #18)
- Refused* (SKIP TO #18)

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11arel. How are the people aged 60 or older related to you that you provide care for? Just say YES or NO to each of the choices I read from the list.

(INT: CHECK ALL THAT APPLY)

- Spouse
- Adult Child (respondent's child aged 18+)
- Parent/other relative
- Neighbor
- Friend
- Other adult (Specify \_\_\_\_\_)
- Don't know*
- Refused*

11b. How many adults aged 19-59 do you provide care for?

(ENTER #)

- Don't know* (SKIP TO #18)
- Refused* (SKIP TO #18)

11brel. How are the people aged 19 to 59 related to you that you provide care for? Just say YES or NO to each of the choices I read from the list.

(INT: CHECK ALL THAT APPLY)

- Spouse
- Adult Child (respondent's child aged 18+)
- Parent/other relative
- Neighbor
- Friend
- Other adult (Specify \_\_\_\_\_)
- Don't know*
- Refused*

11c. How many children aged 0-18 do you provide care for?

(ENTER #)

- Don't know* (SKIP TO #18)
- Refused* (SKIP TO #18)

11.crel. How are the children aged 0 to 18 related to you that you provide care for? Just say YES or NO to each of the choices I read from the list.

(INT: CHECK ALL THAT APPLY)

- Child (son or daughter)
- Neighbor
- Friend
- Other child (Specify \_\_\_\_\_)
- Don't know*
- Refused*

13. Do you have help with your caregiving duties?

- Yes
- No
- Don't know*
- Refused to answer (GO TO #18)*

14. Do you need or want help with you caregiving duties?

- Yes
- No (GO TO #17)
- Don't know (GO TO #17)*
- Refused to answer (GO TO #18)*

15. What type of help do you need?

(INT: READ CHOICES. CHECK ALL THAT APPLY)

- Help with household chores such as laundry and housekeeping
- Personal care help such as with dressing or bathing
- Someone to provide care so I can have a break (respite, relief, time off)
- Financial help
- Information about resources
- Training on how to provide care (how to properly lift someone without injury etc)
- Emotional support (to keep from getting discouraged or down)
- Transportation
- Other \_\_\_\_\_
- Don't know*
- Refused*



INT: **\*\*ONLY ASK IF MORE THAN ONE CHOICE APPEARS\*\***

16 If you could only choose one thing, what type of help would be most important to you?  
(INT: IF THIS QUESTION IS ANSWERED, SKIP TO #18)

- Help with household chores such as laundry and housekeeping
- Personal care help such as with dressing or bathing
- Someone to provide care so I can have a break (respite, relief, time off)
- Financial help
- Information about resources
- Training on how to provide care (how to properly lift someone without injury etc)
- Emotional support (to keep from getting discouraged or down)
- Transportation
- Other \_\_\_\_\_
- Don't know*
- Refused*

17. Are any of the following reasons why you do not need or want help with your caregiving duties? (INT: READ CHOICES. CHECK ALL THAT APPLY)

- I don't want strangers in my house
- The care does not require so much time or energy that I need help
- My family and/or friends provide all the help I need
- Other \_\_\_\_\_
- Don't know*
- Refused*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

**Health/Health Promotion**

Please resume answering the questions as \_\_\_\_\_ would.

18. During the past year have you attended an event offering free health information?  
(INT: If necessary, an example of an event is: health fair, health expo)

- Yes
- No
- Don't know*
- Refused to answer*

19. If you need medical care, are you able to get it? (READ CHOICES)

- Yes, always (SKIP TO #21)
- Yes, sometimes (SKIP TO #21)
- No, never or hardly ever (SKIP TO #20)
- Don't know* (SKIP TO #21)
- Refused to answer* (SKIP TO #21)

20. What keeps you from getting medical care?  
(INT: DO NOT READ CHOICES. CHECK ALL THAT APPLY)

- Lack of transportation
- Lack of money
- No provider will take my insurance
- No insurance
- Insurance does not cover all I need
- No local provider (doctor, clinic, etc.)
- Caregiving responsibilities
- Language barrier
- Other \_\_\_\_\_
- Don't know*
- Refused*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

21. If training or classes were available to help you learn about keeping yourself healthy, how interested would you be in attending? (If respondent is a caregiver, ask for a response putting aside caregiving considerations.)

- Very interested (SKIP TO #23)
- Somewhat interested (SKIP TO #23)
- Not interested (GO TO #22)
- Don't Know*
- Refused to answer* (SKIP TO #23)

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

22. May I ask why you would not be interested?  
(INT: DO NOT READ CHOICES. CHECK ALL THAT APPLY)

- I already have this information
- I do not have transportation
- It requires too much effort
- I do not have the time
- It won't do any good
- Not interested
- Other \_\_\_\_\_
- Don't know*
- Refused*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

**Advance alert: If the response to all of the questions 23-26 is no, don't know, not applicable, and/or refused to answer, skip to question 28.**

23. In the last 12 months, have you had to delay or do without prescription medications?

- Yes
- No
- Not applicable
- Don't know*
- Refused to answer*

24. In the last 12 months, have you had to delay or do without a hearing aid?

- Yes
- No
- Not applicable
- Don't know*
- Refused to answer*

25. In the last 12 months, have you had to delay or do without dental care?

- Yes
- No
- Not applicable
- Don't know*
- Refused to answer*

26. In the last 12 months, have you had to delay or do without new eyeglasses or eye care?

- Yes
- No
- Not applicable
- Don't know*
- Refused to answer*

27. What has limited your ability to get any of the following: Prescription medications  
Hearing Aids, Dental Care, or Eyeglasses?

(INT: READ CHOICES. CHECK ALL THAT APPLY)

- Shortage of money
- I can't find the service(s) in my community
- Lack of transportation
- Caregiving responsibilities
- Other \_\_\_\_\_
- Don't know*
- Refused*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

28. What kinds of health care insurance do you/your spouse have?

(INT: READ CHOICES. CHECK ALL THAT APPLY)

- Medicare
- Medicaid
- Medicare supplement (Medigap)
- Insurance that will cover care if I become incapacitated for a long period of time
- Other private insurance (Specify \_\_\_\_\_)
- Veteran's health benefits
- Employer retiree plan
- Current employer plan
- Other insurance (Specify \_\_\_\_\_)
- None
- Don't know*
- Refused*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

**Information & Assistance**

29. Who would you contact if you needed information about services that help older adults? (INT: READ CHOICES. CHECK ALL THAT APPLY)

- Family member
- Neighbors/friends
- Local agency (such as the council on aging)
- Elder Helpline (1-800-96-ELDER)
- Area Agency on Aging
- 2-1-1
- My health care provider (doctor, clinic)
- Church
- Internet
- Other \_\_\_\_\_
- Don't know*
- Refused*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

30. How do you find out what is going on in your community? (INT: DO NOT READ CHOICES. CHECK ALL THAT APPLY)

- Newspaper
- Television
- Internet
- Radio
- Church announcements
- Community flier
- Family/Neighbors/Friends
- Meals on Wheels
- Senior Center
- Newsletters (SKIP TO #30A)
- Other \_\_\_\_\_
- Don't know*
- Refused*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

30A. You indicated that you receive information about your community from newsletters. Which newsletters do you review? (INT: These can be newsletters they receive from any source such as from a condo organization, Dept. of Elder Affairs, etc.)

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**Nutrition**

31. How often do you get all the food you need? Would you say...(INT: READ CHOICES)

- Always (SKIP TO #33)
- Most of the time
- Sometimes
- Hardly ever/never
- Don't know*
- Refused to answer*

32. I am going to read a list. Please tell me Yes or No to each item I read off. Why is it that you do not get all the food you need?

(INT: READ CHOICES. CHECK ALL THAT APPLY)

- Do not have transportation to get to the grocery store
- I am too tired or weak to prepare the food
- I have chewing or swallowing problems that make eating difficult
- I have problems with my hands that make eating difficult (arthritis, Parkinson's, stroke, amputation)
- I do not have teeth or dentures that fit
- Not enough money for food
- I don't like to eat alone
- Other \_\_\_\_\_
- None of the above (INT: DO NOT READ)
- Don't know*
- Refused*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*



33 How often do you receive help with meals or meals preparation? Would you say...

(INT: READ CHOICES)

- Always
- Most of the time
- Sometimes
- Hardly ever/never
- Don't know* (SKIP TO #35)
- Refused to answer* (SKIP TO #35)

34. You indicated that you get help with meals. From whom do you get that help?

(INT: DO NOT READ CHOICES. CHECK ALL THAT APPLY)

- Family member
- Friends/neighbors
- Church or religious group
- Charitable group
- Other \_\_\_\_\_
- Don't Know*
- Refused*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

35. Do you have food stamps or a food debit card? (EBT card, Food Stamps card)

- Yes
- No
- Don't know*
- Refused to answer*

**Senior Centers**

36. How often do you go to the senior center? Would you say...

(INT: READ CHOICES)

- Often (SKIP TO #39)
- Sometimes (SKIP TO #39)
- Never/hardly ever
- Don't know* (SKIP TO #39)
- Refused to answer* (SKIP TO #39)

37. Why is it that you hardly ever or never go to the Senior Center?

(INT: READ CHOICES, CHECK ALL THAT APPLY)

- I don't have time (SKIP TO #39)
- I don't have a reason to go/haven't thought about it (SKIP TO #39)
- I don't know about it, or don't know what is offered (SKIP TO #39)
- I don't like the activities offered (GO TO #38)
- Transportation is not available (SKIP TO #39)
- There is not a senior center nearby (SKIP TO #39)
- Caregiving responsibilities (SKIP TO #39)
- Physically unable to attend (SKIP TO #39)
- Other (SKIP TO #39) \_\_\_\_\_
- Don't know* (SKIP TO #39)
- Refused to answer* (SKIP TO #39)

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

38. You stated that you don't like the services offered at the senior center. What kinds of services or activities do you think should be offered?

(INT: DO NOT READ CHOICES. CHECK ALL THAT APPLY)

- Genealogy classes
- Arts and crafts/hobby classes
- Card games
- Travel/tour coordination and arrangements
- Transportation
- Other \_\_\_\_\_
- Don't know*
- Refused*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

**Transportation**

39. Are you able to drive when you need or want to?

- Yes
- No
- Don't know*
- Refused to answer*

40. What limits how often you drive? (INT: DO NOT READ CHOICES. CHECK ALL THAT APPLY/FIT BEST TO RESPONDENT'S ANSWER)

- Nothing (no limit)
- Illness or physical problem
- Visual impairment
- Car in use by someone else
- Car problems (needs repairs, etc.) no car
- Spouse or other person usually drives
- Other \_\_\_\_\_
- Don't know*
- Refused*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

41. When you are not driving, how do you get places?  
(INT: READ CHOICES. CHECK ALL THAT APPLY)

- A family member, friend or neighbor drives me
- I take a taxi
- I use public transportation
- Senior ride service
- Not applicable
- Other \_\_\_\_\_
- Don't know*
- Refused*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

42. Are the road signs and signals in your community usually easy to see and read?

- Yes
- No
- Don't know*
- Refused to answer*

43. How often do you use public transportation?

(INT: READ CHOICES)

- No public transportation is available in this area (SKIP TO #46)
- Often
- Sometimes
- Seldom
- Never/hardly ever (SKIP TO #45)
- Don't know*
- Refused to answer*

44. Please rate your level of satisfaction with the public transportation services.

(INT: READ CHOICES)

- Very satisfied (SKIP TO #46)
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Don't Know*
- Refused to answer*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

45. May I ask why? (INT: DO NOT READ CHOICES. CHECK ALL THAT APPLY)

- The schedule is not regular
- It is not accessible for someone in a wheelchair
- Can't afford/use public transport svcs as often as wanted
- It is not available on weekends
- I do not feel safe using the public transportation service
- The vehicle is not comfortable
- The vehicle makes too many stops, making the trip too long
- The ride is too long because it covers too large an area
- The schedules are not flexible enough to meet my needs
- There is not a stop close enough to my home
- I have my own car
- Other \_\_\_\_\_
- Don't know*
- Refused to answer*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

**Advocacy/Perspective of Aging by the Community**

46. Do you feel your city/town values older people or is elder friendly? (READ CHOICES)

(INT: If necessary: Value older people/elder-friendly means to treat you respectfully)

- Yes, very much so
- Yes, somewhat
- No, not very much (SKIP TO #48)
- No not at all (SKIP TO #48)
- Don't know* (SKIP TO #49)
- Refused to answer* (SKIP TO #49)

47. What makes your city/town elder-friendly to you?  
 (INT: DO NOT READ CHOICES. CHECK ALL THAT APPLY)

- I am treated with respect (SKIP TO #49)
- Transportation is available to me (SKIP TO #49)
- Street signs are easily read (SKIP TO #49)
- I feel safe when I am out in the community (SKIP TO #49)
- People are nice to me (SKIP TO #49)
- Other (SKIP TO #49) \_\_\_\_\_
- Don't know* (SKIP TO #49)
- Refused* (SKIP TO #49)

48. What makes your city/town not seem elder-friendly to you?  
 (INT: DO NOT READ CHOICES. CHECK ALL THAT APPLY)

- I am not treated with respect
- Transportation is not available to me
- Street signs are not easily read
- I do not feel safe when I am out in the community
- People are not nice to me
- Other \_\_\_\_\_
- Don't know*
- Refused*

**Housing**

49. Do you have any problems with your home?

- Yes
- No (Skip to #53)
- Don't know*
- Refused to answer*

50. What problems do you have with your home?

(INT: DO NOT READ CHOICES. CHECK ALL THAT APPLY)

- Major repairs are needed
- Yard maintenance is needed
- Don't like the neighbors or neighborhood
- High crime area
- It is no longer affordable (utilities, upkeep, rent too expensive, etc.)
- Pests (roaches, rats, etc.)
- Landlord does not respond to my needs
- My house is too large for my needs
- My house has stairs which are difficult for me to use
- Flooding or other similar environmental problems
- Other \_\_\_\_\_
- Don't know*
- Refused*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

51. If you want or need to move, what type of housing arrangement would you prefer?  
(INT: READ CHOICES. CHECK ALL THAT APPLY)

- To live in a family neighborhood (all ages)
- To live in a seniors-only retirement community
- To live in apartment-type housing requiring no yard work or maintenance
- To live in a setting that provides supportive services
- To live in a more secluded, more rural setting
- I don't want or need to move
- Other
- Don't know*
- Refused*

52. If you want or need to move, what prevents you from moving?  
(INT: READ CHOICES. CHECK ALL THAT APPLY)

- Not enough money
- Attachments to current residence (memories)
- Option not available in my community
- My home has devalued, I won't get enough money out of it
- I don't know what options are available
- I don't want or need to move
- Other \_\_\_\_\_
- Don't know*
- Refused*

53. How often do you feel safe at home? (INT: READ CHOICES)

- Most of the time (SKIP TO #55)
- Some of the time
- Rarely ever/never
- Don't know*
- Refused to answer*



54. What makes you feel unsafe at home?

(INT: DO NOT READ CHOICES. CHECK ALL THAT APPLY)

Unsafe building, uneven flooring, unsafe stairways or walkways

Afraid of falling

Health/mobility concerns

Afraid of crime

Other \_\_\_\_\_

*Don't know*

*Refused*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

55. How often do you feel safe out in your neighborhood?

(INT: READ CHOICES)

Most or all of the time (Skip to #57)

Some of the time

Rarely ever/never

*Don't know*

*Refused to answer*

56. What makes you feel unsafe while out in your neighborhood?

(INT: READ CHOICES. CHECK ALL THAT APPLY)

Afraid of crime

Sidewalks are broken and uneven

No streetlights

Intrusive noises, cars, loud neighbors

High-speed traffic/dangerous roadways

My own health limitations

Other

*Don't know*

*Refused*

**Abuse, Neglect and Exploitation Issues**

57. Have you bought something because you felt pressured or threatened in recent years?

- Yes
- No
- Don't know*
- Refused to answer*

58. Have you felt pressured to make a financial or legal commitment you did not agree with?

- Yes
- No
- Don't know*
- Refused to answer*

59. Do you know about any resources available to older consumers to protect them from overly aggressive sales people?

- Yes
- No
- Don't know*
- Refused to answer*

60. Do you know about any low-cost legal services to help older adults?

- Yes
- No
- Don't know*
- Refused to answer*

**Volunteerism**

61. Do you currently volunteer?

- Yes
- No (SKIP TO #63)
- Don't know* (SKIP TO #64)
- Refused to answer* (SKIP TO #64)

62. What type of organization do you volunteer for?

(INT: DO NOT READ CHOICES. CHECK ALL THAT APPLY)

- Church or religious-based (SKIP TO #64)
- School related (SKIP TO #64)
- Community (SKIP TO #64)
- Senior center (SKIP TO #64)
- Other (SKIP TO #64) \_\_\_\_\_
- None of the above (DO NOT READ)
- Don't know*
- Refused*

63. What keeps you from volunteering?

(INT: DO NOT READ CHOICES. CHECK ALL THAT APPLY)

- Not enough time
- Caregiving responsibilities
- Burned out from earlier volunteer experiences
- Don't want to/not for me
- Haven't been asked
- Haven't found a volunteer activity that interests me
- Other \_\_\_\_\_
- None of the above (DO NOT READ)
- Don't know*
- Refused*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

64. How often do you help someone out, such as picking up groceries, giving a ride, other than caregiving? (READ CHOICES)

- Often
- Sometimes
- Not very often
- Never/hardly ever
- Don't know*
- Refused to answer*

**Employment**

65. What is your employment status?  
(INT: READ CHOICES. CHECK ALL THAT APPLY)

- Working part-time (GO TO CLOSING)
- Working full-time (GO TO CLOSING)
- Full-time homemaker (GO TO CLOSING)
- Retired (GO TO CLOSING)
- Unemployed (GO TO #66)
- Not currently working but may want to work (GO TO #66)
- Other (GO TO #66) \_\_\_\_\_
- Don't know*
- Refused*

66. Are you interested in part or full-time work? (INT: READ CHOICES)

- Part-time work
- Full-time work
- Part or full-time work
- Not currently looking
- Caregiving responsibilities interfere with ability to look for work
- Don't know*
- Refused to answer*

67. Do you know about employment-finding services or job matching services?

- Yes
- No
- Don't know*
- Refused to answer*

68. Do you know about any job-training services for older people?

- Yes
- No
- Don't know*
- Refused to answer*

69. Do you want job-training?

- Yes
- No
- Already received training
- Don't know*
- Refused to answer*

70. Do you feel you have been refused a job because of your age in recent years?

- Yes
- No
- Don't know*
- Refused to answer*

71. If you have been unable to find employment, what interferes with your ability to find a job? (INT: DO NOT READ CHOICES, CHECK ALL THAT APPLY)

- Lack of transportation
- Lack of job skills
- Limited types of jobs available
- Age
- Years out of the work force
- Working would disqualify me from receiving other benefits
- Other \_\_\_\_\_
- None of the above (DO NOT READ)
- Don't know*
- Refused*

*(Please Note: The above options were modified in the final analysis based on actual survey responses.)*

When the respondent is a proxy, to determine proxy age, please ask:

May I have your date of birth? (mm/dd/yy)

**CLOSING**

**Thank you for participating in the survey. The information will be very helpful as we plan for services to help elders in Florida. That is all the questions I have for you at this time.**

INTERVIEWER INITIALS \_\_\_\_\_

SURVEY DATE \_\_\_\_\_

INTERVIEWER NOTES \_\_\_\_\_

*(Please Note: **Don't Know** and **Refused** options were not read to the respondent, but were used only for coding purposes. In addition, it is noted in the document when questions were modified to reflect actual survey results.)*